

# Local Anaesthesia for Carotid Endarterectomy

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## Aim of the patient information

This patient information is aimed at patients having a carotid endarterectomy surgery under local anaesthesia.

This patient information aims to tell you why you need a local anaesthetic and what will happen before, during and after the operation.

## Why do I need surgery?

You have narrowing of the artery that supplies blood to your brain (carotid artery). Either you have had a “mini stroke” (TIA) or you do not have any symptoms. The danger is that you could have a major stroke. The aim of this surgery is to decrease the chance of you having another mini stroke or major stroke.

Surgery for clearing a narrowing or blockage in the carotid artery is a major procedure. For most patients the safest technique is a local anaesthetic, which involves numbing the side of the neck being operated on. This allows the doctors looking after you to monitor you in the best possible way.

## Why do I have a local anaesthetic?

During the surgery, a clamp is placed in the carotid artery which may reduce the blood supply to your brain. The best way of assessing this effect is to have you awake and talking to us. If you develop any symptoms similar to a “mini stroke” the doctors can modify your treatment accordingly.

## What happens before the operation?

The anaesthetist will come to see you the night before or on the day of your operation. You will have a local anaesthetic cream and a dressing applied to your neck. You will be encouraged to empty your bladder before going to theatre as it avoids the need for a urinary catheter.

## What happens in the anaesthetic room?

Once you are in the anaesthetic room you will be attached to some routine monitoring devices (ECG, blood pressure cuff and oxygen monitor in your finger).

The anaesthetist will put two drips in your arm that are on the same side as your operation. He will also give you some medication to help you relax. He will clean your neck with an antiseptic solution and then make some marks on your neck. He will then give you 3 to 5 injections in your neck, always explaining what he is doing. An Ultrasound machine may be used by the anaesthetist to do these injections.

## What happens in theatre?

In the operating theatre there will be a full team of staff attending to you. The surgeon will clean your neck and place a plastic drape over your neck. This is the surgical field and helps to keep everything clean and stops the wound from getting infected. You will not be able to see the operating site. You will have a member of staff at your bedside who will keep you company.

You will be given a rubber ball in your other hand (the one without any drips in it) and will be asked to squeeze the ball during the operation. The anaesthetist will be in theatre throughout the procedure keeping a close eye on your vital signs.

If you feel any pain during the operation the surgeon can give you more local anaesthetic to make it better. It is important that you don't make any movements with your hand. You can communicate any concerns to the nurse sat next to you or the anaesthetist.

The procedure takes 2 to 3 hours to complete; you will be able to talk to people during the operation but there will be times when you have to be very still and not talk. The theatre team will do everything they can to keep you as comfortable as possible during the operation. Your co-operation during the procedure is very important.

## What happens after surgery?

Once the operation is finished you will be moved to an area called "recovery" within the theatre complex. You will stay there for at least 2 hours where your blood pressure and neurological signs will be closely monitored. Once the recovery staff are satisfied you are stable you can have something to eat and drink. After this you will return to the surgical ward. Most patients spend 1 to 2 days in hospital and only require simple painkillers. Some patients will need admission into Intensive care for further monitoring.

## Risks

Local anaesthetics are generally very safe and serious problems are rare. Possible complications are:

- Failure/patchy block, but this can be supplemented by the surgeon.
- Accidental injection of local anaesthetic into a blood vessel leading to problems with your heart and death in the extreme.
- Anaphylaxis, which is a serious allergic reaction to local anaesthetic agents. The anaesthetic team are fully prepared to deal with any adverse reaction.
- Blocking of neighbouring nerves leading to coughing, difficulty in swallowing which will usually resolve in a few hours.

You will have an opportunity to discuss these risks in further detail when you meet your anaesthetist.

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