

Open carotid surgery in emergency: indication and technique

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Carotid EndArterectomy (CEA) or, generally speaking, carotid intervention is world-wide well-accepted method to prevent stroke. It is precisely indicated both in patients with moderate or severe symptomatic carotid artery stenosis as well as in patients presenting with severe asymptomatic stenoses. Differently there is still no evidence to support the use of emergent/ urgent CEA in neurologically unstable patients. Some papers have demonstrated increased perioperative risk with early CEA both in patients with recent/crescendo transient ischaemic attacks (TIAs), in patients with stroke in evolution or acute fixed stroke. The creation of the “Stroke Units” for the treatment of acute stroke, the good results of fibrinolytic drugs, combined with the more recent improvements in medical, surgical and anaesthesiological techniques, has stimulated a reappraisal toward the use of urgent/emergent surgical treatment of patients with acute unstable neurological symptoms. In our experience, for instance, urgent CEA in patients with recent/crescendo TIA has provided excellent results, with low rates of perioperative and late stroke and a significative acceleration in recovering neurologic symptoms. The team leader in the decision-making process, for managing this unstable neurological patients, must be the neurologist, who should plan the timing between the other professional figures working in the same program. This is now our strategy in our hospital. We have dramatically reduced delay between symptom onset and surgical intervention both in TIA and in the stroke group. Meticulous patients’ selection, with strong cooperation between different specialists (neurologists, neuro-radiologists, rehabilitators and vascular surgeons as a multidisciplinary unit), is crucial point to improve the results of surgical intervention and to reduce the incidence and the severity of early and late complications.