Enhanced recovery following carotid endarterectomy

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- NICE recommends all patients with stable neurological symptoms or 50-99% stenosis following transient ischaemic attack (TIA) should have an urgent carotid endarterectomy
- These patients were traditionally managed on intensive care (ICU) post-operatively for 1-2 days to manage blood pressure, which is often deregulated following surgery

AIM
- Develop carotid endarterectomy (CEA) pathway to reduce ICU admission rate
- Reduce length of stay in hospital
- Deliver teaching package to recovery and ward staff

JOURNEY
- Five-minute tea trolley presentation to introduce new guidelines
- Clear algorithms added to patient notes for managing both hyper- and hypotension
- Triggers for nurses/junior doctors to alert the anaesthetist or vascular registrar

RESULTS
56 patients underwent CEA over 7 months:
- 44 (78.6%) were managed with ward-based care post-operatively.
- For patients admitted to ICU, mean length of stay was 1.75 days

LEARNING POINTS
- Patients can be safely managed with ward-based care
- Buy in with recovery staff and ward staff was key to the success
- Tea trolley approach engaged staff and delivered training effectively and smartly

CONCLUSION
Providing staff with clear algorithms for blood pressure management enabled direct postoperative admission to the ward. Fewer ICU transfers and reduced length of hospital stay resulted in better patient experience and significant cost-savings for the trust.