

Carotid-Subclavian Transposition

How to prepare and what to expect

This handout describes how to prepare for carotid-subclavian transposition and what to expect afterward.

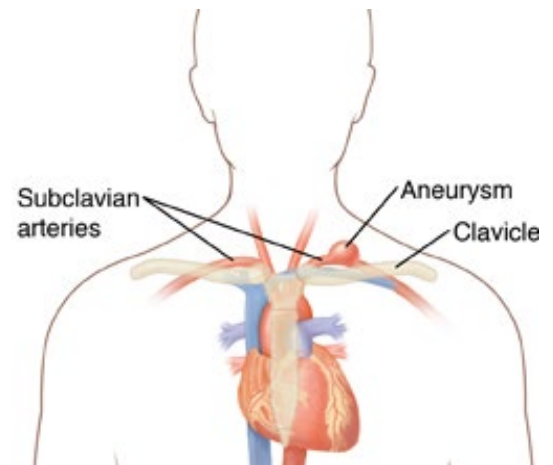
What is a carotid-subclavian transposition?

Carotid-subclavian transposition is a stage of surgery. It may be done before aortic repair or before heart surgery.

This step helps make sure that there is enough blood flow to your body even if one of your *subclavian arteries* is covered during a future surgery. Your surgeon will explain more about this surgery at your office visit.

What are the subclavian arteries?

The subclavian arteries are blood vessels that provide blood to your arms and also to your head and neck. They lie just under your collarbone (*clavicles*).



Subclavian arteries lie just under your clavicle bones.

How do I prepare for surgery?

- **Medicines:**

- If you take aspirin, keep taking it unless your surgery team tells you not to.
- Starting 1 week before your surgery, **stop** taking any *nonsteroidal anti-inflammatory drugs* (NSAIDs) such as ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn).
- Ask your surgical team if you should stop taking medicines that affect blood clotting. These include warfarin (Coumadin), clopidogrel (Plavix), dabigatran etexilate (Pradaxa), and enoxaparin (Lovenox).

- If you take medicine for diabetes, talk with your surgical team. You may need to take a smaller dose or not take some medicine before surgery.
- **Shaving:** Do **not** shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before surgery.
- **Hospital stay:** You will stay in the hospital for 1 to 3 days after your surgery. When you go home, you may need someone to help you fix meals and do other household chores for 1 to 2 weeks.

Day Before Surgery

- **Shower:** Take a shower the night before your surgery:
 - Use the antibacterial soap your nurse gave you to wash your body. Do **not** use the antibacterial soap on your face and hair. (See directions that came with the soap.)
 - Use your own soap and shampoo on your face and hair.
 - Use clean towels to dry off, and put on clean clothes.
- **Arrival time:** A patient care coordinator (PCC) will call you by 5 p.m. the night before your surgery. If you are having surgery on a Monday, the PCC will call you the Friday before. If you do not receive this call by 5 p.m., please call **206.598.6541**.

Day of Surgery

At Home

- **Food and drink:** After midnight the night before surgery, do **not** eat any solid foods or drink alcohol.
- **Clear liquids:** You may drink clear liquids until 2 hours before your scheduled arrival time. Clear liquids include water, clear juices (no pulp), carbonated drinks, clear tea, or coffee (no creamers or milk).
- **Shower:** Take another shower with the antibacterial soap. Follow the same steps as you did the night before.
- **Medicines:** Follow the instructions the nurse gave you about which medicines to take or not take. Remember to sip **only** enough water to swallow your pills.

At the Hospital

- **Heating blanket:** To reduce your risk of infection, we will cover you with a heating blanket while you wait to go into the operating room. This will warm your body and help prevent infection. Ask for a heating blanket if you do not receive one.

After Your Surgery

You will wake up in the Recovery Room or the Intensive Care Unit (ICU). You will feel sleepy. You will have:

- An **intravenous (IV)** tube that goes into a vein in your arm. We use this tube to give you medicine for pain and nausea.
- An **arterial line** which is inserted into your arm. We use this line to monitor your blood pressure.
- **Sequential compression devices (SCDs)** on your legs. These leg wraps inflate from time to time to help with blood flow. They help keep blood clots from forming while you are in bed.

Self-care at Home

Bathing

- You may shower every day.
- Do **not** take a bath, sit in a hot tub or sauna, or go swimming until your incision is fully healed. This will take **at least** 6 weeks.

Incision Care

- Your incision will be about 2 to 3 inches long. It will be right above your collarbone. It will be closed with surgical glue. This glue will come off on its own in 7 to 10 days.
- Check your incision every day. **Call your doctor if you have any signs of infection** (see page 6).
- As your incision heals, there will be a thick ridge over it. This will soften and flatten out over the next several months.
- It is normal to have:
 - Bruising and swelling at your incision site. This will take about 2 to 3 weeks to go away.
 - Numbness along your incision line, jaw, and earlobe. This will go away over time.

- Avoid using lotions or creams on your incision right after surgery, unless your doctor says it is OK to use them.

Pain Control

Use the pain medicine your doctor prescribed for you. Take acetaminophen (Tylenol) for mild to moderate pain. If needed for severe pain, take your *opioid* pain pills exactly as prescribed.

Throat Issues

Your throat may feel sore, or your voice may be hoarse. This is from having tubes in your throat during surgery. This will improve over time. Tell your doctor or nurse **right away** if you have any problems swallowing or breathing.

Activity

- For **4 weeks** after your surgery:
 - Do **not** lift anything that weighs more than 5 to 10 pounds (a gallon of water weighs almost 9 pounds). Your incision will heal more quickly if it is not stressed.
 - Avoid gardening, vacuuming, and any activity that increases your heart rate. Activities that do not cause pain should be safe.
- Walking every day will help speed your recovery. Slowly increase how far you walk.
- After 4 weeks, slowly add your usual activities back into your routine.
- You may resume sexual activity when it is comfortable and you want to do so. Some men may have problems having erections during their recovery period or longer. If you have any questions about sexual function, talk with your doctor.

Driving

- Do **not** drive until your doctor says it is safe.
- Do **not** drive while taking opioid pain pills. This medicine affects how quickly you can react. This makes it unsafe to drive

Follow-up Visit

You will have a follow-up visit with your doctor 2 weeks after this surgery, unless your next surgery is sooner than that.

When to Call

Call a nurse or your doctor if you have:

- Signs of stroke:
 - Facial droop
 - Problems speaking
 - Changes in your vision
 - Numbness or tingling on one side of your face or body
- Other *neurological* changes: muscles weakness, loss of feeling, confusion, or a loss of balance
- Pain not controlled by pain medicine
- Fever higher than 100°F (38°C)
- Shaking or chills
- Any sign of infection in your incision:
 - Redness or a lot of swelling
 - Increased pain
 - Drainage from your incision
 - Drainage that smells bad
- Nausea, vomiting, or both
- Changes in your legs:
 - Pain that you did not have before surgery
 - Skin color changes
 - Legs feeling either very warm or very cold

Questions?

Weekdays from 8 a.m. to 4 p.m., call the Surgical Specialties Nurse Advice Line at 206.598.4477.

After hours and on weekends and holidays, call 206.598.6190 and ask to page the resident on call for Vascular Surgery.

Or, ask to page your surgeon:

Dr. _____