

## How is Carotid Artery Disease Treated?

When the degree of narrowing in the carotid artery is not severe, treatment includes aspirin as well as treatment of risk factors. A class of drugs called statins can help reduce the amount of cholesterol in the bloodstream and may limit the growth of plaque. If the degree of narrowing becomes severe, and or the patient develops symptoms, then invasive treatment is needed. There are two types of invasive treatment:

**Carotid endarterectomy:** is the traditional treatment for removing plaque from the inner lining of the carotid arteries. The surgeon exposes the carotid artery through an incision in the neck. The artery is then opened and the plaque is removed leaving a smooth, widely open artery. Usually, the patient is able to leave the hospital the following day.

### **Carotid artery angioplasty and stenting:**

With angioplasty, a balloon - tipped catheter is advanced through the artery in the groin and into the narrowed area of the carotid artery. After inflating the balloon to open the narrowing, a stent, a tiny metal mesh tube that serves as a scaffolding to hold the artery open, is inserted. The patient recovers overnight in the hospital, with no incision scar on the neck.

## NOHC Locations

**Bellevue**  
1400 W. Main St.  
Bellevue, Ohio 44811

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960 Clague Rd.  
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**Cleveland**  
2322 East 22nd St.  
Suite 200  
Cleveland, Ohio 44115

**Elyria**  
125 E. Broad St.  
Suite 305  
Elyria, Ohio 44035

**Independence**  
6701 Rockside Rd.  
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44131

**Lorain**  
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Suite 127  
Lorain, Ohio 44053

**Medina**  
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Medina, Ohio 44256

**Middleburg Heights**  
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Middleburg Heights, Ohio  
44130

**Norwalk**  
282 Benedict Ave.  
Medical Park II, Suite D  
Norwalk, Ohio 44857

**Sandusky**  
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Suite 250  
Sandusky, Ohio 44870

**Westlake**  
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WHAT TO KNOW

# Carotid Artery Disease



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## What is carotid artery disease?

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Carotid Artery Disease is a very common component of peripheral arterial disease (PAD) and a major cause of stroke. The problem arises when atherosclerotic plaque (hardening of the arteries) causes a narrowing in the arteries in the neck that supply the brain. If the narrowing is severe enough, the patient may end up with a “ministroke” or TIA (transient ischemic attack) or a stroke. Often, the occurrence of a TIA is a warning of a future stroke. The risk of a TIA or stroke is related to the severity of the narrowing.

## Who is at risk?

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Atherosclerosis is caused by fatty deposits or plaques that build up and narrow the artery. Atherosclerosis is at the root of most arterial disease, including carotid artery disease. Risk factors for carotid artery disease are the same as those for atherosclerosis:

- **Smoking**
- **High blood pressure**
- **Diabetes**
- **Male gender**
- **Family history of atherosclerosis**

Patients with coronary artery disease or peripheral artery disease may also have carotid artery disease.

## What are the symptoms of carotid artery disease?

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Most patients have no active symptoms. Not everyone who has a stroke from carotid artery diseases experiences a TIA as a warning sign. Unfortunately, a stroke is often the first symptom of carotid artery disease. The risk of symptoms, whether a TIA or stroke, is related to the severity of narrowing. The classic symptoms are:

- **Difficulty speaking, pronouncing words or understanding speech**
- **Weakness or paralysis of an arm and/or leg**
- **Numbness, tingling of an arm and/or leg**
- **Partial loss of vision in one eye**

## How is carotid disease diagnosed?

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Diagnosis is based on the patient’s symptoms along with a physical examination. Sometimes a physician can use a stethoscope to listen to the carotid arteries on the sides of the neck to hear a “bruit” or whooshing sound.

Your physician may order one of the following tests:

- **Carotid Duplex Ultrasound**
- **CT angiogram**
- **MR angiogram**
- **Conventional angiogram**

