

Who might have a carotid endarterectomy?

Carotid endarterectomy is a surgical procedure that is recommended only if the benefits of preventing a stroke outweigh the risks of the procedure itself. The more severe the blockage in one of your carotid arteries and the higher your risk for stroke, the more likely it is you will benefit from the procedure. To determine your risk of complications from the procedure, your doctor will take into account your age, any other medical problems you have, and the severity of your symptoms.

Should I have Carotid Endarterectomy to Prevent a Stroke?

If you have had a stroke or TIA in the past 6 months

70% - 99%* narrowing	YES
50% - 69%* narrowing	MAYBE†
Less than 50% narrowing	NO

If you have NOT had a stroke or TIA in the past 6 months

60% - 99%* narrowing	MAYBE†
Less than 60% narrowing	NO

*Your risk of stroke or death during the procedure must be low

†Depends on other factors such as age and overall health

If you have had a blocked-vessel (ischemic) stroke or TIA in the past 6 months and you have 70% or more narrowing in one of the carotid arteries, you are likely to benefit from the procedure.

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In one review of two studies including 4033 patients (30% were women), people with more than a 70% narrowing who underwent a carotid endarterectomy had a 15% lower chance of having another stroke and a 5% lower chance of dying or being disabled because of a stroke in the next 5 years, compared with those who received only medication.

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Another study, with 1415 patients (30% were women), found that another stroke occurred within 2 years in 26% of patients taking only medication (usually aspirin) compared with only 9% of patients who had a carotid endarterectomy in addition to taking medication.

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If you are eligible, the procedure should be performed within 2 weeks of your last stroke or TIA, if possible.

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The benefit of carotid endarterectomy is not as clear-cut for women with 50% to 69% narrowing.^{2, 6-8} If you fall into this category, you should discuss the possible risks and benefits of the procedure with your doctor,^{6, 7} as well as the best way to manage other medical conditions that contribute to your risk of having another TIA or stroke, including [high blood pressure](#)

,
[diabetes](#)
, and
[high cholesterol](#)
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If the blockage in one of your carotid arteries is less than 50%, the risks of the procedure probably outweigh the benefits of preventing another TIA or stroke. You and your doctor should concentrate on addressing your other risk factors for stroke, especially high blood pressure and smoking.

If you have never had a blocked-vessel (ischemic) stroke or TIA and you are between 40 and 75 years old and have more than 60% narrowing in one of the carotid arteries in your neck, carotid endarterectomy is an option to prevent a first stroke. However, the benefits are not as clear-cut as in people who have already had a stroke. The decision to have the procedure will depend on how much your arteries are blocked, your overall stroke risk, and your general health: the higher your risk of stroke, the more likely the risks of the procedure are justified. In women who have not had a TIA or stroke, the risk of stroke is low and medication alone is generally used to prevent a first stroke. If your overall stroke risk is low, some doctors may advocate waiting until the narrowing is greater than 80% to perform the surgery.

If you decide to have the procedure, it is very important that you choose a surgeon who is highly skilled and has an excellent success rate in carotid endarterectomy. See "[How do I choose a surgeon and hospital?](#)" for more.

Who should not have carotid endarterectomy?

Carotid endarterectomy is not suitable for everyone, especially if you have other conditions that put you at high risk for complications, including if:⁶

- You are more than 80 years old
- Both of your carotid arteries are narrowed
- Your blockage is located too high in the brain or too low in the chest
- You have serious heart disease
- You have had heart surgery in the last 30 days
- You have high blood pressure that is not under control
- You have severe lung or kidney disease

[Next: Risks of the procedure](#)

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