Advantages and technical tips for Mini-incision CEA

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Mini-incision CEA

Rationale

Smaller incision
Cosmetically more acceptable
Endarterectomy typically involves ~ 3cm of artery
Decreased tissue trauma
Clopidogrel, warfarin

Disclosures

Consulting
- WL Gore
- CR Bard
- Veryan

Meeting organizer
- Chair CEC, Bolster Study
- US PI, MIMICS-2

Employee
- Allina Health
Preoperative imaging is essential

Mini-incision CEA
1. Rely on preoperative imaging: CTA
2. General anesthesia with EEG
3. Image the carotid bifurcation with ultrasound
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3. Image the carotid bifurcation with ultrasound
4. Incision < 4cm, centered over the carotid bifurcation
5. Self-retaining retractor
6. The use of a shunt can be challenging: acute ischemic preconditioning
7. Extend the incision if necessary; patient safety is paramount

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Conclusions

The technique is safe
A complete endarterectomy can be achieved
No increase in cranial nerve injury
Superior cosmetic result
“It is better to keep your mouth closed and let people think you are a fool than to open it and remove all doubt...”

Mark Twain