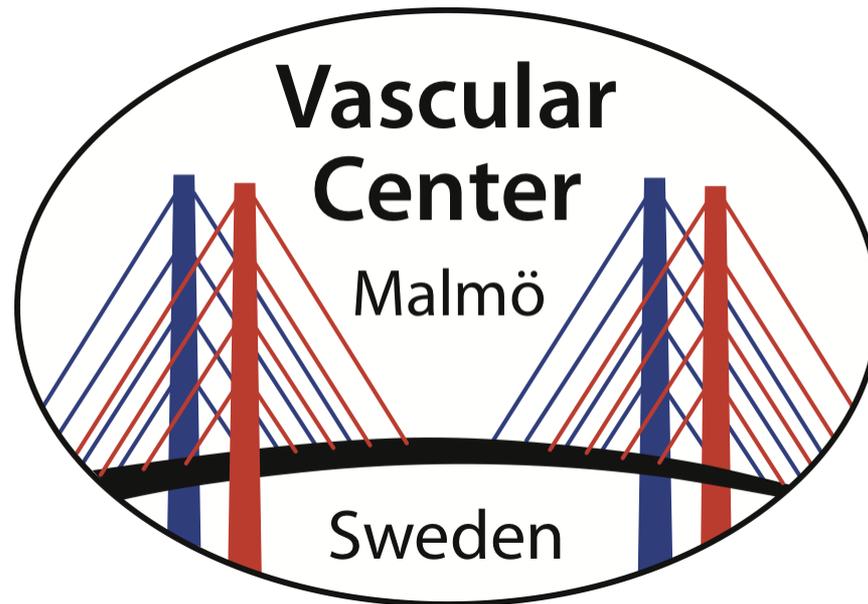


If chance seems too hazardous
- crave CAS !



Katarina Björnes

who am I?



Vascular & Endovascular Surgeon

- perform both CEA and CAS
- assess Vascular non invasive imaging daily (MRA,CTA)
- know how to prescribe drugs
- actually meet patients IRL before and after surgery
- no disclosures

Asymptomatic carotid stenosis and estimated risk for stroke

- Only a **minor** share of all asymptomatic patients will ever get a stroke, however,
- Minorities may be disturbingly powerful and should not be underestimated



Minorities could be difficult to identify:
- who of all these people is colorblind?



which asymptomatic plaque will cause embolisation?

BMT only is not enough for **all** asymptomatic plaques!



So if I take my pills,
and quit smoking,
that plaque will never
get me into trouble?

well uhh, mr
Braveheart, the
truth is we really
dont know...



Since **we** really don't know what the plaque will get up to, is it fair then to burden **the patients** with the decision of treatment?

Dr Plate, I'm so confused, what do you consider best for my plaque?



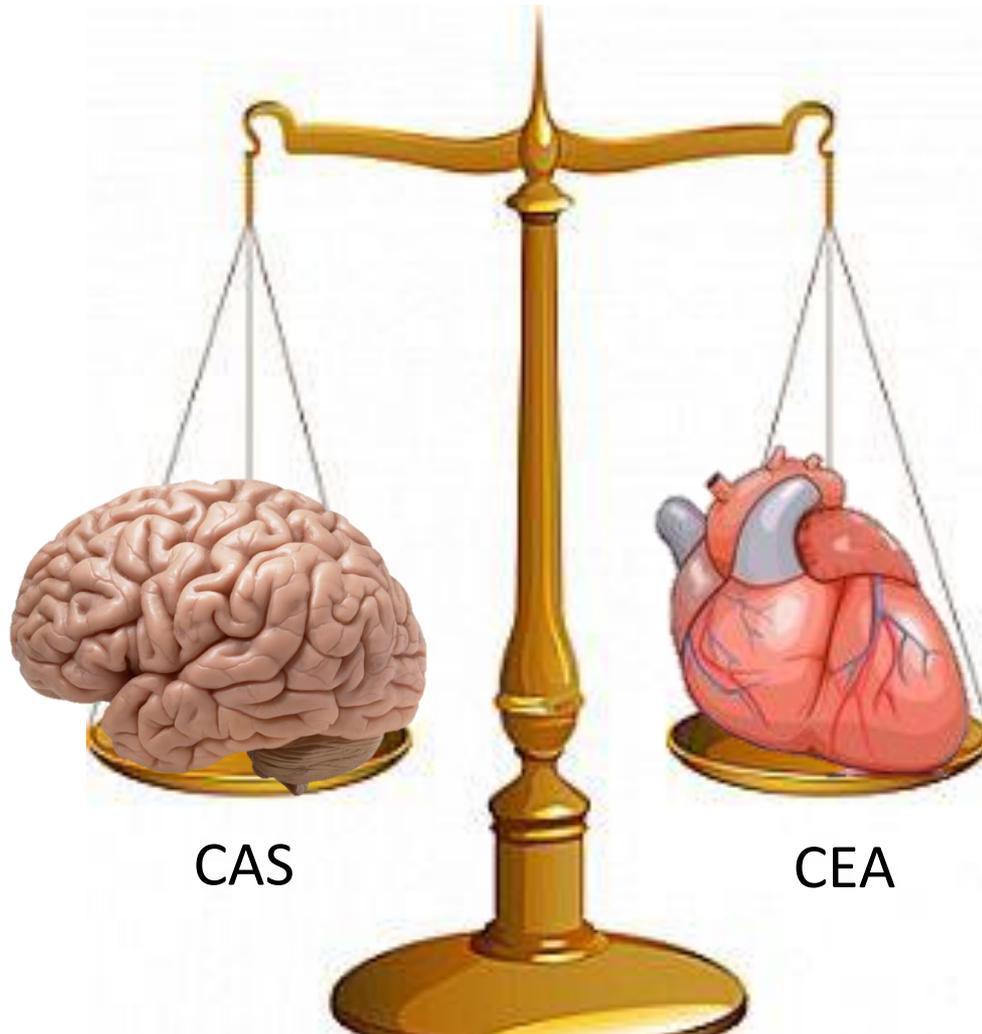
Its your plaque, its your problem!



To be really sure that the plaque is secured, invasive treatment is required:

CAS or CEA

outcome:



CREST, ACT: there is no difference in outcome "stroke, death, MI"

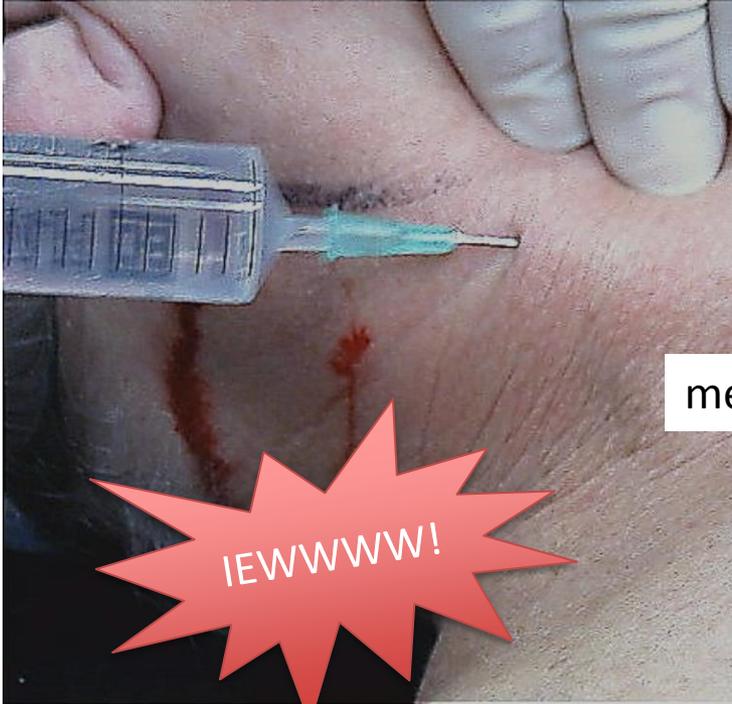
These vascular
patients will kill
me...
ASA II? U bet!
Probably ASA
200...

why CAS ?

AVOID THIS !



CEA in LA:

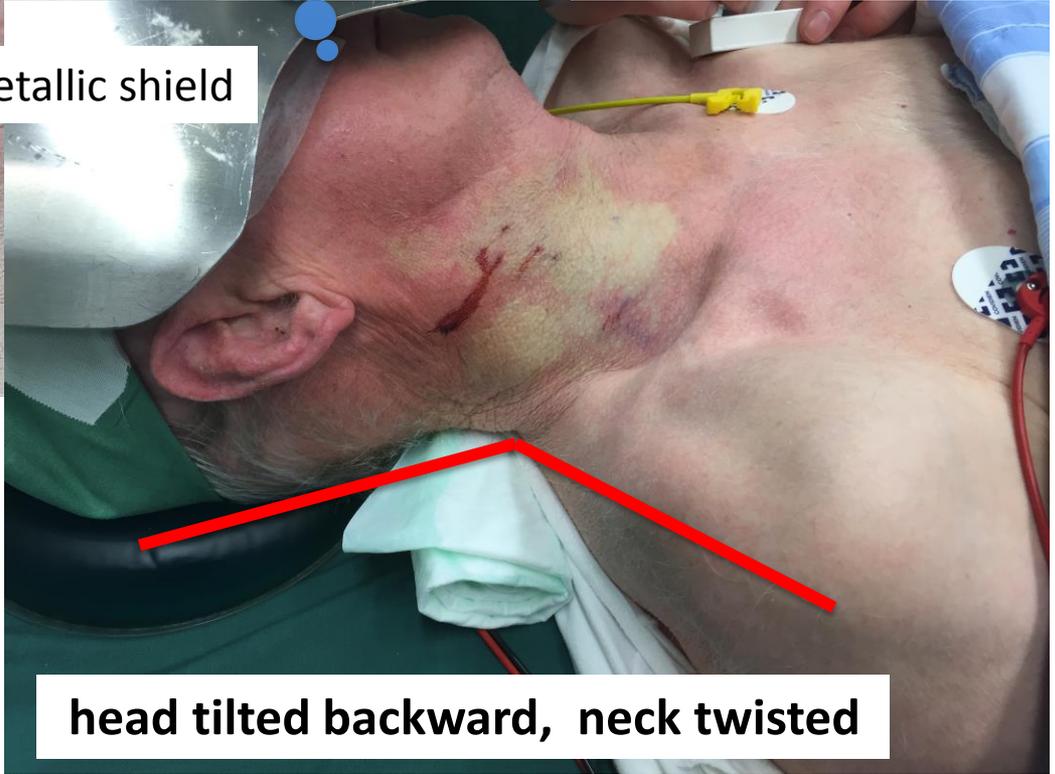


nice view?
NOT!



IEWWWW!

metallic shield



head tilted backward, neck twisted

to this: CAS

soft illumination

visible screens

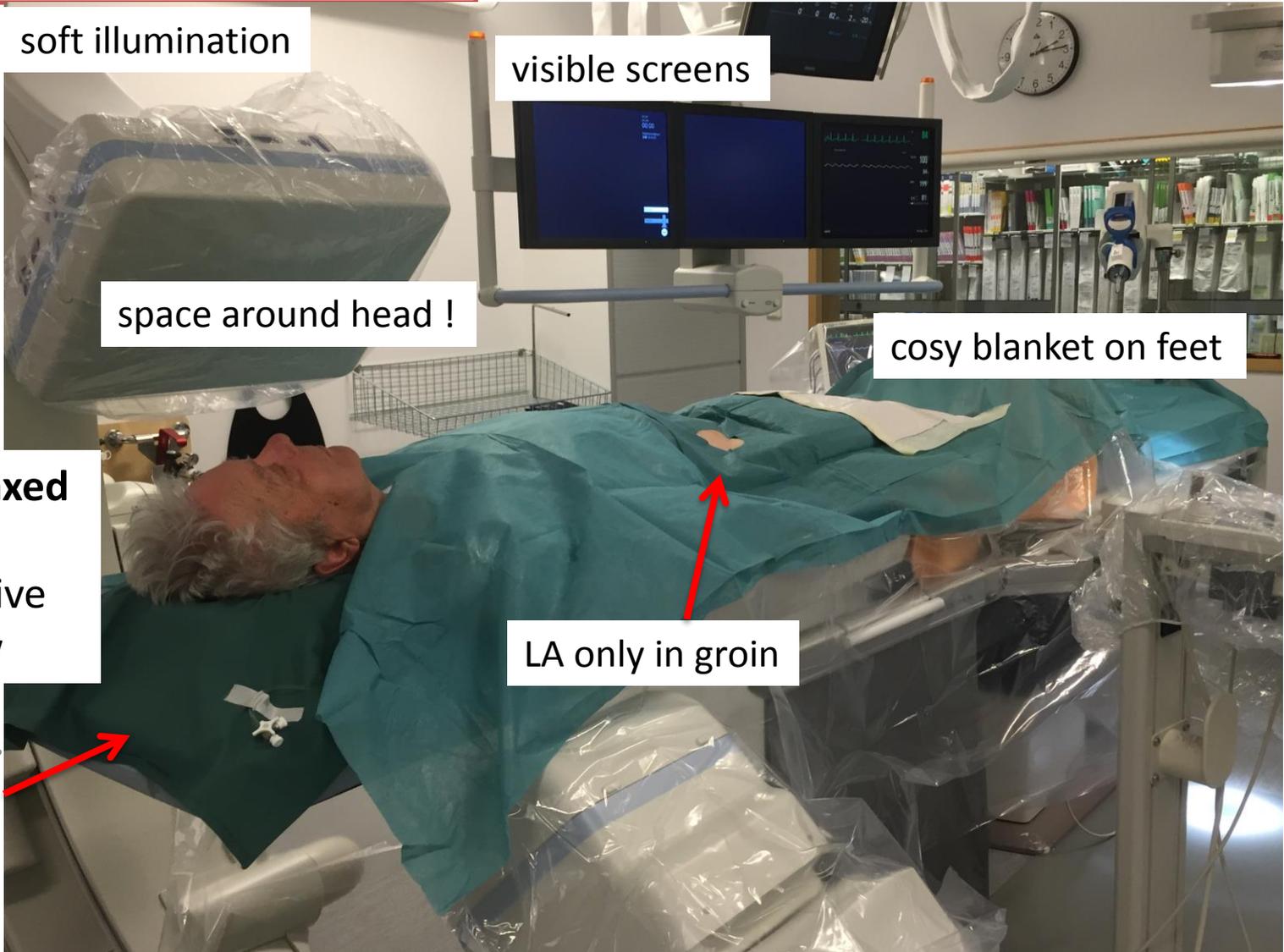
space around head !

cosy blanket on feet

head relaxed
in
supportive
pillow

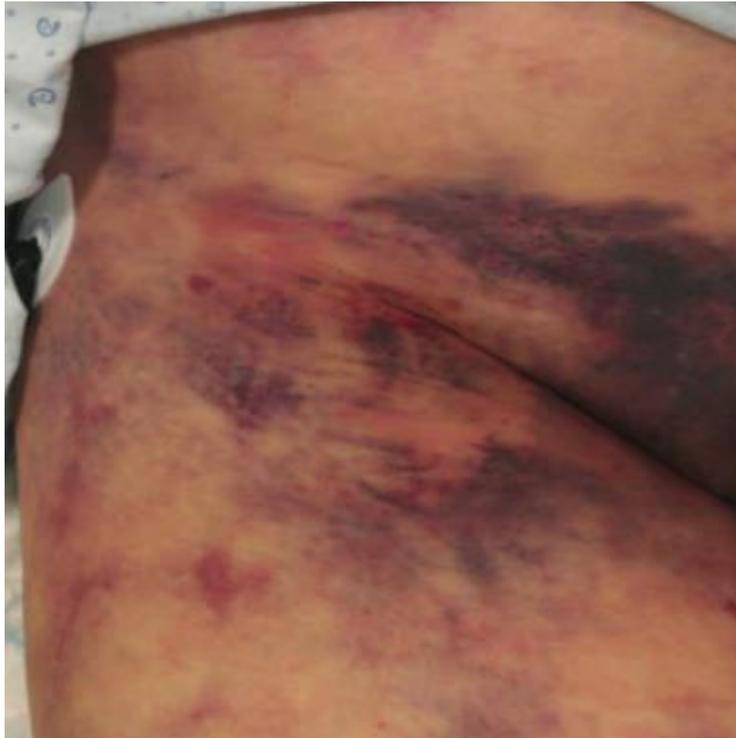
LA only in groin


TEMPUR
mattress



Duration around 1 hour

post procedure: “other complications”



bleeding /hematoma at
puncture site (in groin)
seldom results in:

intubation and ICU

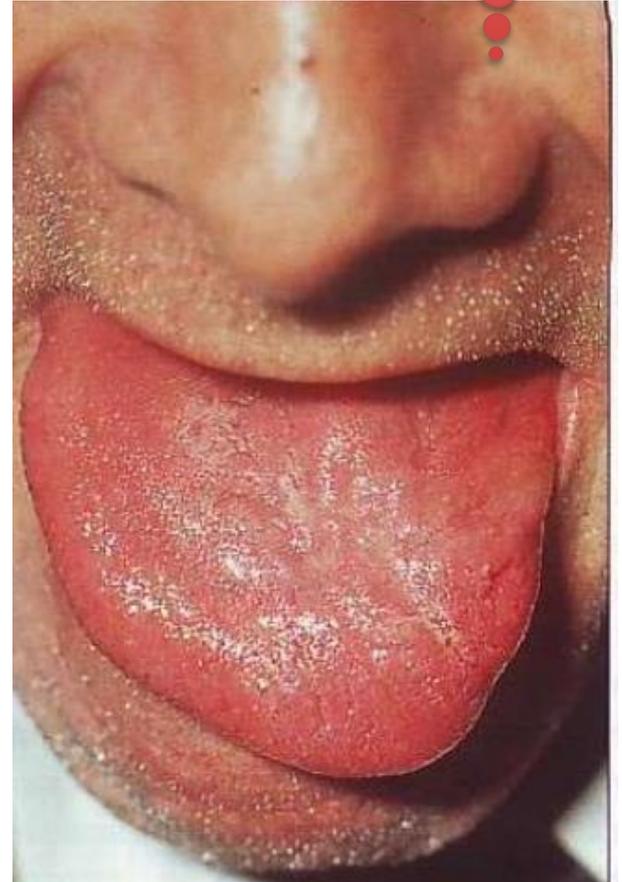


“other complications” CEA



Should
have
chosen
CAS

me too



Probably **not** the
"real Bonnie Tyler"
only similar voice

Well how did
you
experience
your CEA?

like a total
eclipse of
my heart

heartmate



So, how
was your
CAS?

It was great!
Amazing things
I learned
learned at
Rehab



why CAS?

- plaque properly secured against embolisation
- equal results in outcome (stroke/dead/MI) as CEA
- long term results as good as CEA
- if bleeding: no risk of suffocation
- no cranial nerve injuries
- rather short and pleasant procedure compared to CEA
- no general anesthesia



CAS – modern and convenient treatment of asymptomatic carotid plaques

