

CAROTID ARTERY STENOSIS REFERRAL GUIDELINE

For more information or referral questions, contact your local vascular practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SIGNS & SYMPTOMS

Signs of Stroke or TIA:

- Transient monocular blindness
- Expressive or receptive aphasia
- Unilateral weakness or numbness

SUGGESTED PREVISIT WORKUP

Immediate transfer to ED for persistent symptoms suggestive of stroke

For TIA, carotid duplex

If symptoms have resolved, urgent office visit for any carotid stenosis > 50%, these patients warrant surgical intervention within 1-2 weeks

Start aspirin, statin

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SIGNS & SYMPTOMS

High-grade Carotid Stenosis:

- Asymptomatic
- Identification of > 70% stenosis on carotid duplex, CTA, or MRA

SUGGESTED WORKUP

Start aspirin/statin (even if patients have normal cholesterol)

Office visit with vascular surgeon to discuss surgical options (2-4 weeks)

LOW RISK

SUGGESTED ROUTINE CARE

SIGNS & SYMPTOMS

Low-grade Carotid Stenosis:

- Asymptomatic
- Identified on carotid duplex, CTA, or MRA
- Identification of < 70% stenosis on imaging study

SUGGESTED MANAGEMENT

Start aspirin/statin (even if patients have normal cholesterol)

Confirm asymptomatic status

Office visit with vascular surgeon vs. yearly carotid duplex studies with PCP for > 50% stenosis.

Smoking cessation

CLINICAL PEARLS

- Patients with signs of a TIA are likely to have a recurrent event or a stroke if carotid revascularization is not done, with the highest risk being in the first 2 weeks.
- Asymptomatic patients with > 80% stenosis still warrant revascularizations based on current guidelines. There are ongoing trials to study the benefits of medical management alone which can be discussed at the time of consultation

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