


Tips and Tricks for Exposure of the Distal Cervical Internal Carotid Artery

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Presenter Disclosure Information

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FINANCIAL DISCLOSURE:
 none

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Exposure of the Distal Internal Carotid Artery

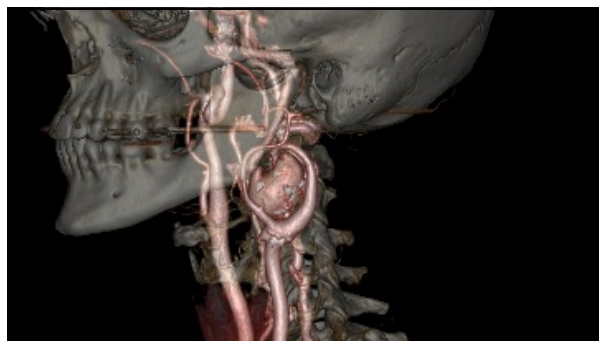
- Indications
- Pre-op imaging
- Positioning of the patient
- Incision
- Exposure

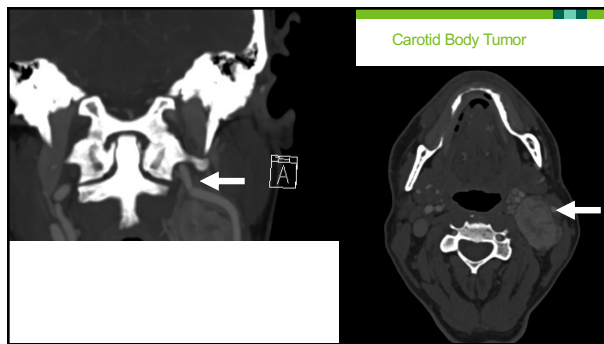
Indications

- Atherosclerosis
- Head and Neck Cancer
- Carotid body tumor
- Aneurysmal disease

Pre-operative Evaluation

- Duplex ultrasound
- Computed tomographic angiography
 - Carotids
 - COW
- Balloon occlusion test
- ENT evaluation
 - Above mid-C2





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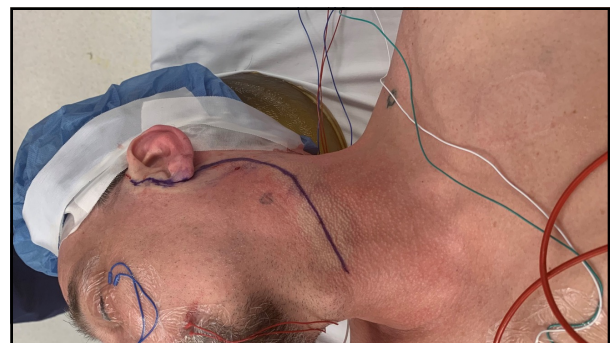
Positioning

- Turn the bed
 - Feet are at anesthesia end of table
- Head rotated away from side of lesion
- Thyroid pillow
- Endotracheal tube out contralateral corner of mouth
- Naso-trachial intubation
- **Subluxation of mandible**

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Incision

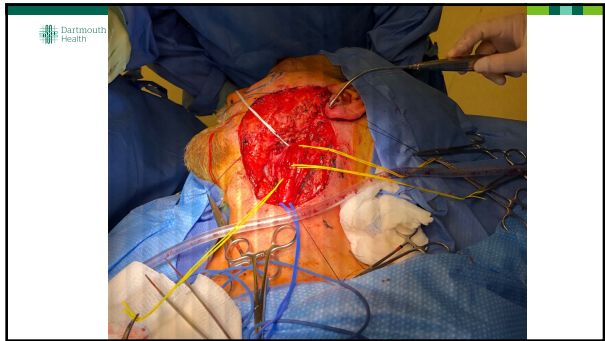
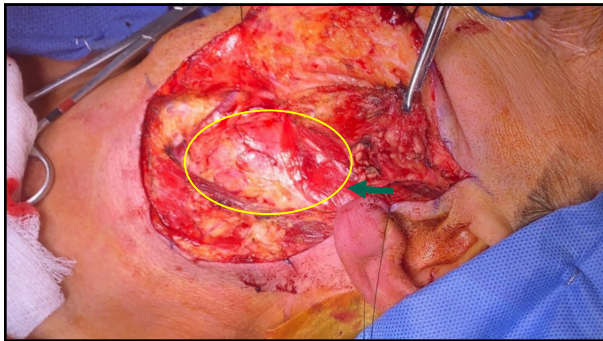
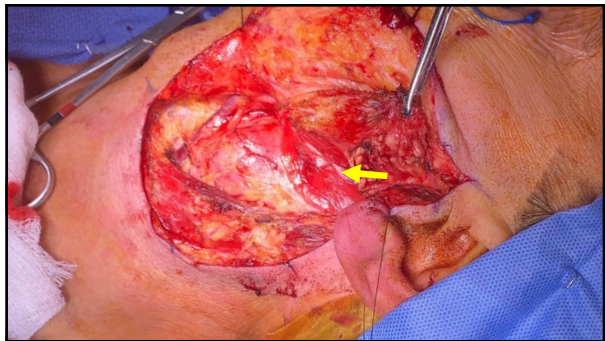
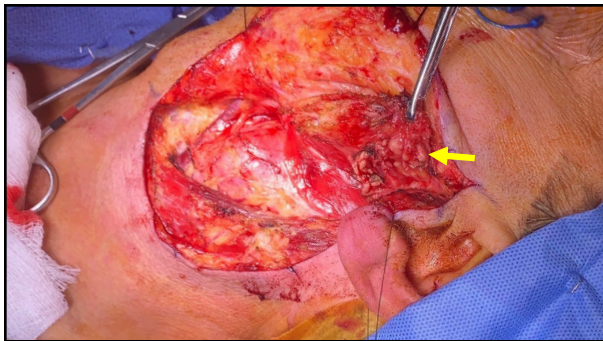
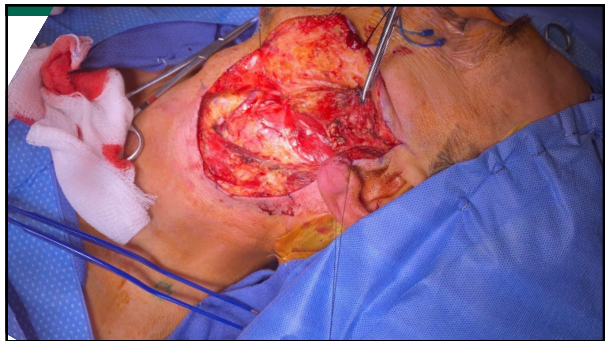
- Lesion below C2
 - Anterior border SCM extending posterior to ear
 - Divide digastric muscle
- Lesion above C2
 - Extending anterior to ear
 - Partial parotid resection (ENT)

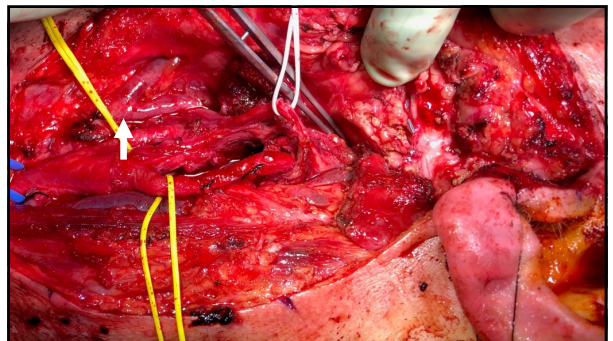
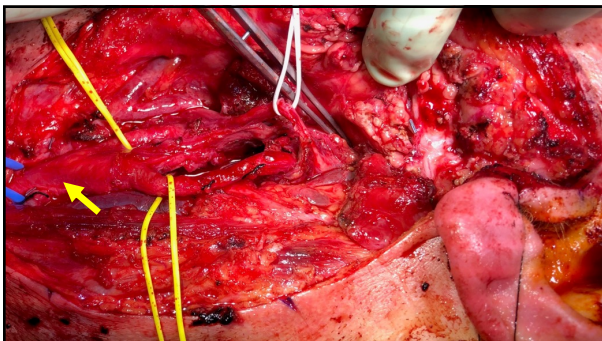
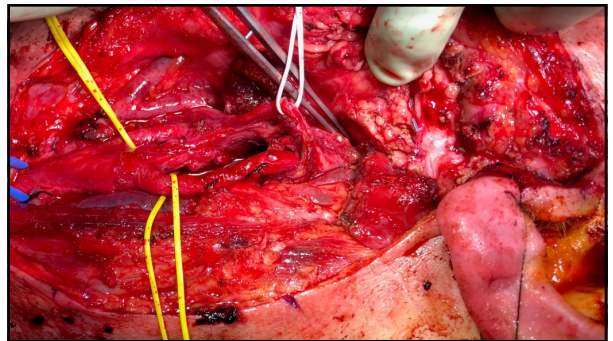
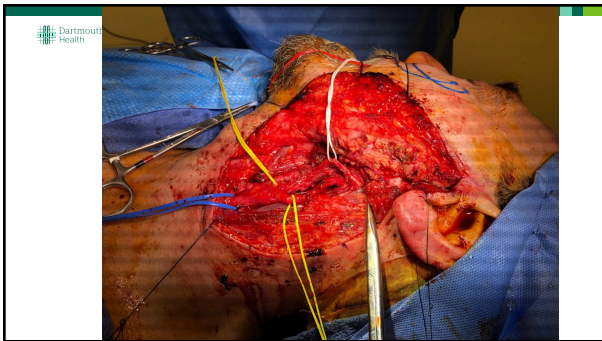
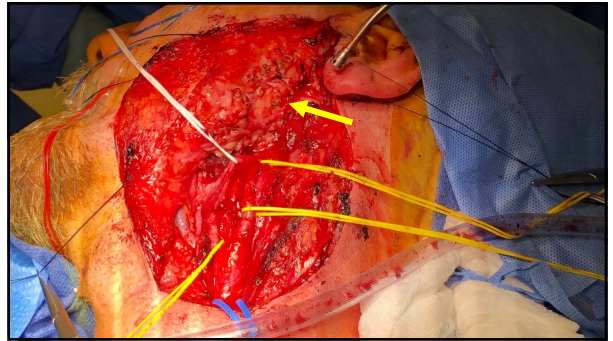
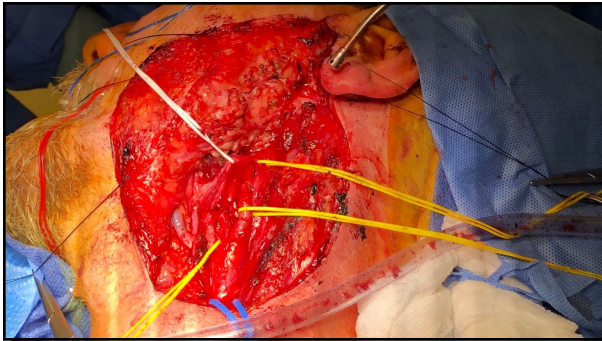


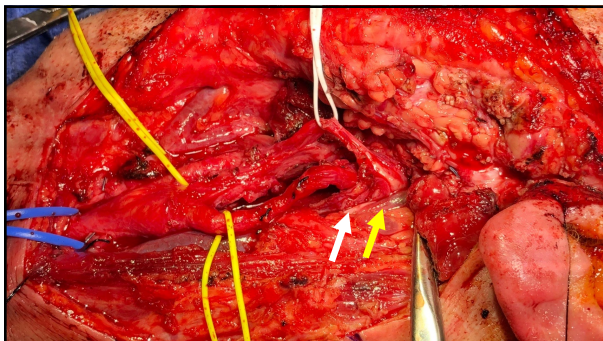
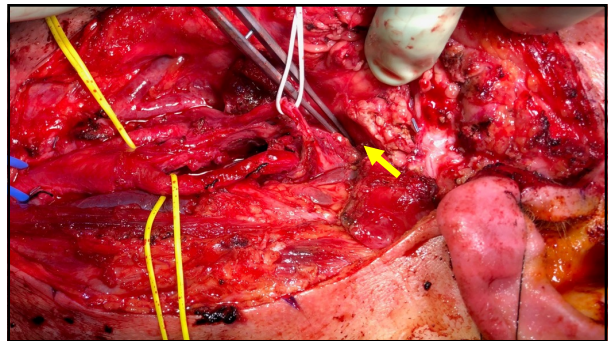
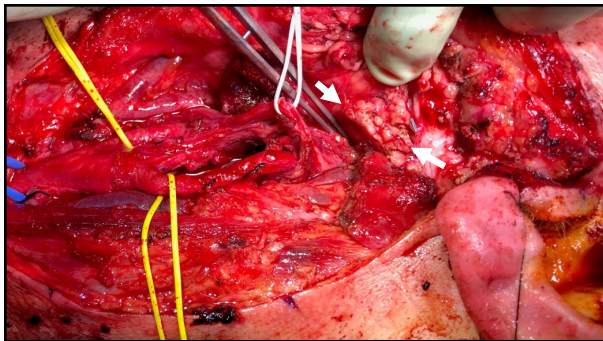
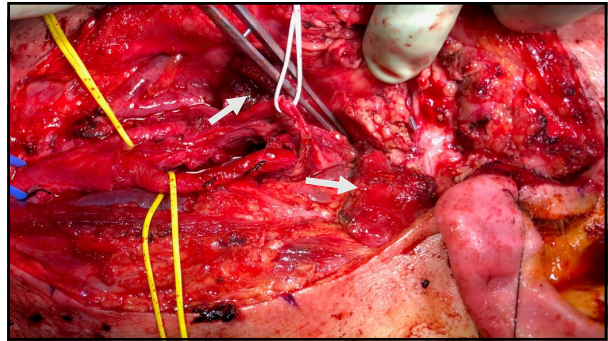
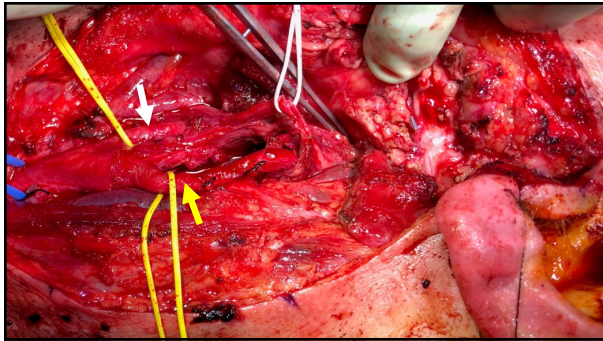
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Exposure

- Superficial parotidectomy with facial nerve exposure
- Divide occipital branch of ECA mobilize hypoglossal nerve
- Divide digastric muscle
- Keep dissection localized to adventitia of ICA







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Conclusions

- Turn the table
- Lesions C-2 and above incision anterior to ear
- Parotidectomy (ENT)
- Divide digastric
- Keep dissection of distal ICA limited to peri-adventitial region