

Carotid Artery Rupture Precautions

Certain types of cancers of the head and neck can put you at risk for a rupture of your carotid artery. Your carotid arteries are on both sides of your neck and they help to deliver blood to your face and brain. The information in this handout will help you prepare and respond to a rupture.

A **rupture** (RUP- shur) of an artery means there is a hole or tear in the wall of your artery. Although it is rare for your carotid artery to rupture, if it does, the bleeding is sudden, heavy and life threatening. A carotid artery rupture can result in death.

It is important to discuss the possibility of a rupture with everyone who may care for you. A rupture can happen suddenly without warning. It may help to become aware of the signs of a rupture:

- Bleeding from your neck, mouth or nose.
- If you have a tracheostomy tube or laryngectomy stoma, bleeding may come from your tube or stoma.
- There may be small bleeds that stop for a few hours or a day before the rupture.

Talk with your doctor about having an intravenous (IV) catheter placed. An IV catheter is a long, thin, flexible tube that is placed in your vein and can be used for fast acting medicines. Your caregiver can be taught how to give these medicines in an emergency.

What supplies should I have at home?

- If you have a laryngectomy or tracheostomy tube without a cuff, you will need a tracheostomy tube with a cuff and a 10 mL syringe.
- 5 or 6 large dark colored towels to absorb the bleeding and clean up blood. Towels should be clean but do not need not to be new.
- Pain and anti-anxiety medicines in prefilled, ready to administer syringes.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

- Disposable plastic gloves.
- Suction machine with Yankauer suction tips.
- Opaque (dark colored) trash bags.
- The telephone number for your hospice or home care nurse should be kept close by.

What should my caregiver do if bleeding occurs?

- **Immediately call 911, unless your loved one has hospice care.**
- If comfort care through a hospice is in place, call the hospice nurse as soon as possible. Remember to share the information in this handout with the nurse.
- To stop bleeding, use the heel of your hand to apply strong pressure to the bleeding area on their neck.
- If they have a tracheostomy tube, use the syringe to inflate the cuff with 4 to 8 mL of air to prevent blood from getting into their lungs.
- If they have a stoma, insert the tracheostomy tube and use the syringe to inflate the cuff with 4 to 8 mL of air.
- Give medicines for pain or anxiety as needed.

What can I do to reduce my risk of a rupture?

1. Make breathing as easy as possible. It may help to sleep in a sitting position. Take 4 or 5 deep breaths every hour to help keep your lungs open and clear.
2. Try to not cough hard. If suction is needed to clear your tracheostomy tube or laryngectomy, suction gently and only when needed.
3. If your cough continues even after your secretions are cleared, talk to your doctor about medicine to suppress your cough.
4. Try not to vomit. Use medicine to stop nausea if needed. If you have a PEG stomach tube, drain your stomach if nausea occurs.
5. Try to not strain with bowel movements. Keep your bowel movements soft and use stool softeners as needed. Try to be sure that you have a bowel movement at least every 2 days.
6. Use medicines as ordered for blood pressure to keep it under control. If anxiety is a problem, discuss this with your doctor or nurse. Treatment may be needed.