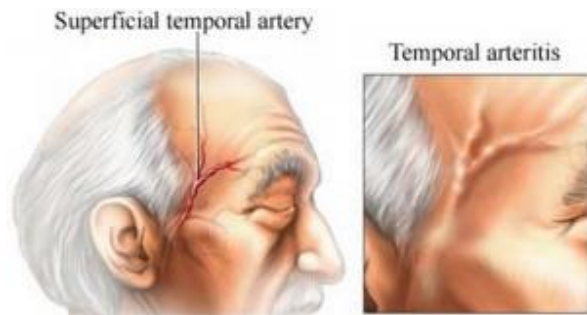


Temporal Arteritis

Temporal arteritis is a condition in which the temporal arteries, which supply blood to the head and brain, become inflamed or damaged. It is also known as cranial arteritis or giant cell arteritis (GCA). Although this condition usually occurs in the temporal arteries, it can occur in almost any medium to large artery in the body. Although the exact cause of the condition is unknown, it may be linked to the body's autoimmune response.



The symptoms of temporal arteritis can include:

- Double vision
- Sudden, permanent loss of vision in one eye
- A throbbing headache that's usually in the temples
- Fatigue and/or weakness
- Loss of appetite
- Jaw pain, which gets worse with chewing
- Fever
- Unintentional weight loss
- Shoulder pain, hip pain, and stiffness
- Tenderness in the scalp and temple areas

If temporal arteritis isn't treated, serious, potentially life-threatening complications can occur. They include vision loss, eye muscle weakness, aneurysms, and stroke.

An easy way to diagnose temporal arteritis is to perform a **temporal artery biopsy**. This is done as an outpatient procedure under local anesthesia. Dr. Ashenurst will take a small sample of the temporal artery, leaving a small scar on your temple.

Pre-Operative Instructions

- DO continue taking prescribed medications, including blood pressure pills, on the day of surgery. Diabetic medication that needs to be taken with food will need to be taken after surgery. We will arrange surgery for diabetics in the morning to ensure you are not fasting too long.
- Blood thinners (**ASA, Warfarin, Pradaxa, Xarelto**) are usually discontinued 1 week prior to surgery – please contact your prescribing doctor to make a specialized plan for you. Other blood thinners such as **Vitamin E, Ginkgo Biloba, ginger, garlic, Advil, Motrin, Naproxen**, and **green tea** need to be discontinued a week prior to surgery.

Note: Tylenol is NOT a blood thinner and can be taken as needed pre-operatively.

- Please remove ALL make-up and arrive with a clean face on the day of surgery. It is best to wash your face with soap on the day of surgery. It is OK to apply a light moisturizer.
- You will not be changing into a robe, so please wear something you are comfortable lying down in.

Post-operative instructions

- Although it is a minor procedure, you must take it easy for the next week. No bending, or strenuous activity. You cannot lift over 30 pounds.
- Polysporin or Ciloxan Ointment must be applied to the incision 2-3 times daily for 2 weeks.
- Ice (or frozen peas) 10 minutes on and 10 minutes off. Continue for two days, while you are awake. Do not leave ice on for any longer than 15 minutes, as this will freeze the skin.
- You can take Advil and Tylenol (as per the manufacturer's instructions) for pain if needed.
- After 48 hours you can cleanse any crusting away from the incision with baby shampoo.

- You may shower the following day so long as you are careful to not get shampoos into the incision, or excessive water.

WHAT IS NOT NORMAL AFTER SURGERY:

- Fever
- Uncontrolled swelling, bruising, pain, and loss of vision are a medical emergency. If this happens contact Dr. Ashenhurst's office immediately or go to an emergency room.
- Excessive bleeding is rare. If you should experience excessive bleeding, apply pressure on the wound with ice packs. Lie quietly with your head elevated. Go to the nearest emergency room or contact Dr. Ashenhurst's office if bleeding is uncontrolled.

After regular office hours you can contact Dr. Ashenhurst directly at (403) 390-5152.

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