

Transfer Directly to the Angiosuite for Acute Stroke Thrombectomy to Reduce Reperfusion Delay

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Introduction

Time from symptom onset until reperfusion is correlated to outcome following acute stroke intervention. Ongoing efforts focus on streamlining the time needed to adequately assess a patient during an acute stroke in order to offer endovascular therapy as quickly as possible. Carefully selected patients who are hemodynamically stable with significant mismatch between high NIHSS and good ASPECT may benefit from transfer directly to the angiosuite.

Methods

Retrospective review of all patients treated by BTJ for acute stroke thrombectomy from Jan 2015 through August 2016 compared outcomes from patients who were taken directly from the helipad to the angiosuite (ASPECT >8, NIHSS >12) versus those who received additional assessments in the emergency room prior to endovascular reperfusion.

Results

A minimum of TIC12B reperfusion was achieved in 75 of 78 (96%) patients. Nine patients were in-house strokes. 21 of the remaining 69 patients (30%) were transferred directly to the angiosuite without evaluation in the emergency room including no additional brain or vessel imaging. Preliminary results include a significant reduction in time from hospital arrival to arterial access (12 vs 137 minutes) and from hospital arrival to recanalization (51 vs 174 minutes). There was no significant difference in puncture to recanalization. Transfer directly to the angiosuite was NOT associated with a significant increase in sICH and only 1 patient transferred directly to the angiosuite required intubation (4.7%).

Conclusions

Transferring patients directly to the angiosuite for endovascular reperfusion during an acute stroke considerably reduces delay to reperfusion without increased sICH or cardiopulmonary instability.

Learning Objectives

By the conclusion of this session, participants should be able to: 1) Describe the importance of reducing delays to revascularization in an acute stroke, 2) Identify selection criteria patients appropriate to transfer directly to the angiosuite.

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