



Vasospasm Onset after SAH: Outcome Analysis and Implications for Patient Care

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Introduction

Vasospasm following aneurysmal Subarachnoid Hemorrhage (SAH) is an important determinant for patient care following definitive treatment of aneurysm. It is critical to understand the temporal trend in incidence of vasospasm and safety of early patient disposition from intensive care settings with early weaning of external ventricular drain in patients who do not develop early vasospasm.

Methods

A retrospective review of all patients treated was performed after IRB approval. Information collected with chart review included patient demographics, treatment particulars including angiograms, vasospasm, disposition and clinical outcomes.

Results

A total of 247 patients were treated at over a period of five years. Of this group, 22 patients had no evidence of vasospasm in day 7 angiogram, of which only two patients demonstrated mild vasospasm in subsequent angiogram. Early weaning of external ventricular drain was performed in this patient group with early disposition from intensive care setting and no significant adverse event/outcome was noted due to this practice.

Conclusions

A subset of SAH patients who do not develop vasospasm by day 7 can safely be managed aggressively with disposition from intensive care setting. The incidence of late vasospasm is uncommon. This indicates significant cost savings in care of SAH patients while providing optimal care.

Learning Objectives

Recognize the temporal trends of SAH onset and manage patients accordingly

Recognise the safety and advantages of early disposition of subset of SAH patients who do not develop vasospasm.