STROKE IMAGING & THROMBECTOMY

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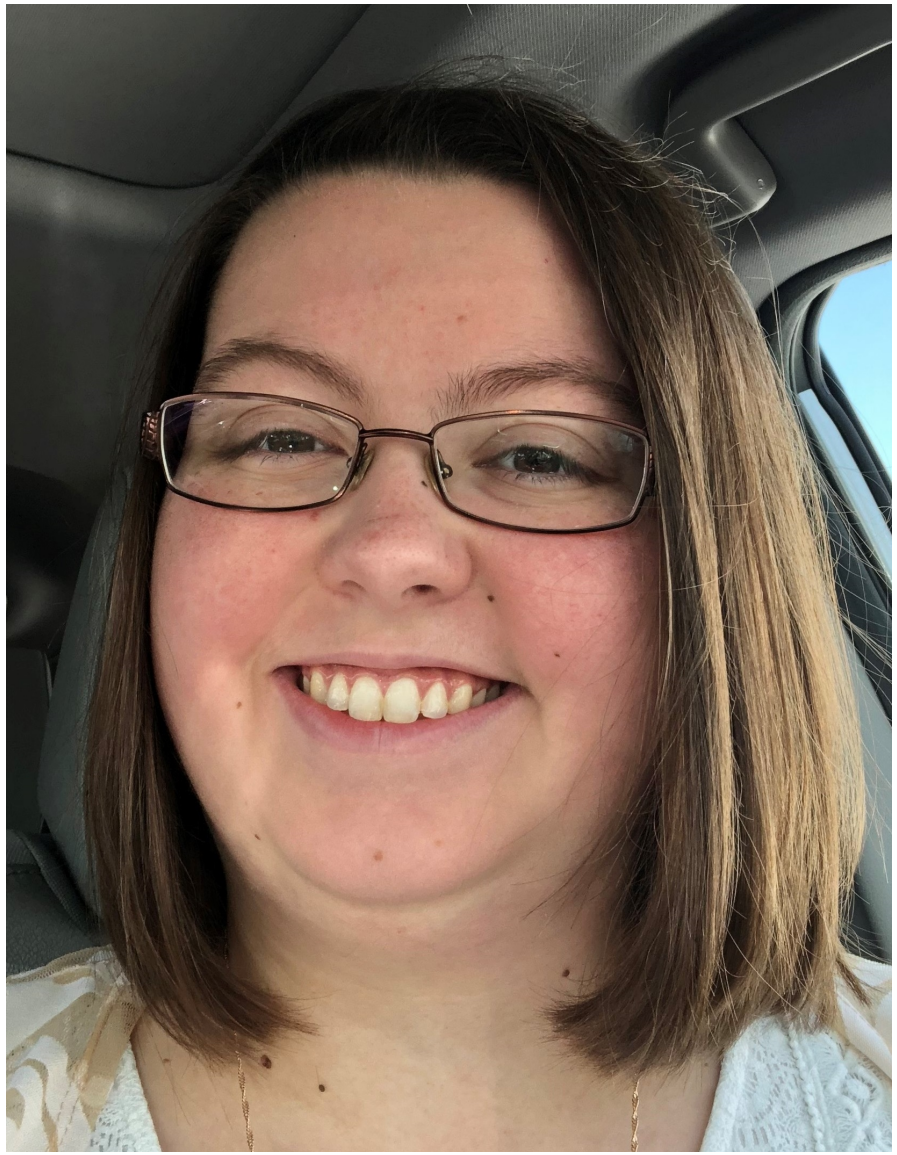

American Heart Association.

DISCLOSURES

FINANCIAL DISCLOSURE:
No financial relationships to disclose

UNLABELED/UNAPPROVED USES DISCLOSURE:
None to disclose

2.2.3 MECHANICAL THROMBECTOMY ELIGIBILITY-VESSEL IMAGING

AHA Recommendation	COR	LOE
For patients who otherwise meet criteria for mechanical thrombectomy, noninvasive vessel imaging of the intracranial arteries is recommended during the initial imaging evaluation	I	A
For patients with suspected LVO who have not had noninvasive vessel imaging as part of their initial imaging assessment for stroke, noninvasive vessel imaging should be obtained as quickly as possible (eg, during alteplase infusion if feasible)	I	A
In patients with suspected intracranial LVO and no history of renal impairment, who otherwise meet criteria for mechanical thrombectomy, it is reasonable to proceed with CTA if indicated before obtaining a serum creatinine concentration	IIa	B-NR
In patients who are potential candidates for mechanical thrombectomy, imaging of the extracranial carotid and verterbral arteries, in addition to the intracranial circulation, may by reasonable to provide useful information on patient eligibility and endovascular procedural planning	IIb	C-EO

2.2.4 MECHANICAL THROMBECTOMY ELIGIBILITY–MULTIMODAL IMAGING

AHA Recommendation	COR	LOE
When selecting patients with AIS within 6 to 24 hours of last known normal who have LVO in the anterior circulation, obtaining CTP or DW-MRI, with or without MRI perfusion, is recommended to aid in patient selection for mechanical thrombectomy, but only when patients meet other eligibility criteria from one of the RCTs that showed benefit from mechanical thrombectomy in this extended time window.	I	A
When evaluating patients with AIS within 6 hours of last known normal with LVO and an Alberta Stroke Program Early Computed Tomography Score (ASPECTS) of >6, selection for mechanical thrombectomy based on CT and CTA or MRI and MRA is recommended in preference to performance of additional imaging such as perfusion studies.	I	B-NR

3.7.1 MECHANICAL THROMBECTOMY CONCOMITANT WITH IV ALTEPLASE

AHA Recommendation	COR	LOE
Patients eligible for IV alteplase should receive IV alteplase even if mechanical thrombectomy is being considered.	I	A
In patients under consideration for mechanical thrombectomy, observation after IV alteplase to assess for clinical response should not be performed.	III: Harm	B-R

THROMBECTOMY TRANSFER TIPS

- MAINTAIN SBP > 150 IF POSSIBLE AND < 190 IF NO ALTEPLASE ADMINISTERED OR < 180 IF ALTEPLASE ADMINISTERED
- ACCESS TO IMAGING PRIOR TO ARRIVAL HELPS WITH DECISION MAKING
- ASPECTS SCORE IS IMPORTANT INFORMATION FOR NIR PHYSICIAN (RADIOLOGY OR NEUROLOGY)
- DURING TRANSIT KEEP STROKE CENTER APPRISED OF ANY CLINICAL CHANGES
- MAKE SURE IMAGING HAS BEEN SENT WITH THE PATIENT
- TRANSFER PATIENT TO THE STROKE CENTER ASAP
- CTA HEAD/NECK

QUESTIONS

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