

East Lancashire Hospitals NHS Trust Arterial Centre

CAROTID ENDARTERECTOMY / CAROTID STENTING URGENT PATHWAY

For all patients considered for Urgent Carotid Endarterectomy or Carotid Stenting following assessment at the TIA Clinic or admission to the Stroke Unit

All appropriate patients evaluated under the auspices of the Stroke Team will continue to be treated according to National Protocols encompassing agreed investigative and initial therapeutic treatment pathways particularly relating to risk factor modification and best medical therapy.

The National Stroke Strategy requirement (to be effected by 2017) regarding care of patients following transient ischaemic attack (TIA) and stroke:

*“Carotid intervention for recently symptomatic severe carotid stenosis should be regarded as an **emergency procedure** in patients who are neurologically stable, and should ideally be performed within 48 hours of a TIA or minor stroke”.*

The current NICE guidelines (2008) and more recent National Clinical Guidelines for Stroke from the Royal College of Physicians (2016) **recommend intervention within 7 days of the onset of symptoms in a vascular surgical centre routinely participating in national audit.**

This will require all members of the wider cerebrovascular multi-disciplinary team working in concurrent unison to minimise any delays between the different stages of the Carotid Intervention Pathway.

Suggested Steps Required for Referral to the Specialist Vascular Team

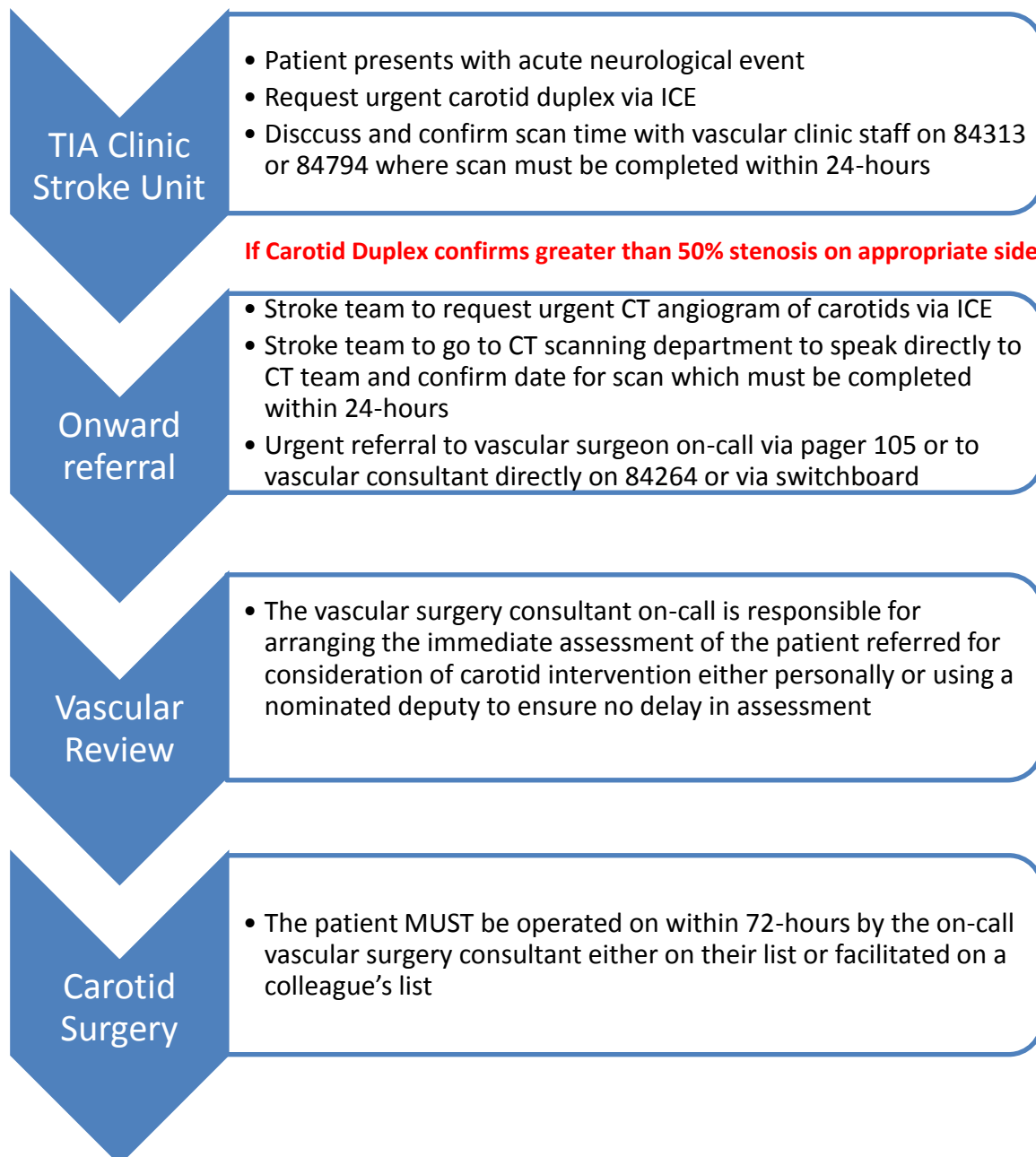
1. Patients may present via our daily TIA clinics which receives referrals from both the community and our Hospital Urgent Care and Emergency Departments or following admission to our Stroke Unit. The start of the timeline is the date of **cerebrovascular symptom onset**.
2. Duplex investigation **must be completed on the same day** as the TIA Clinic Attendance or Stroke Unit Admission and reported immediately by appropriately trained vascular imaging staff with the exception of out-of-hours admissions where the scan **MUST** be performed the following morning. Carotid duplex for patients that attend for assessment on Sundays will be conducted on the Monday morning. Vascular Laboratory staff will be mandated to review requests on the Monday morning and prioritise urgent carotid duplex examinations accordingly.
3. **Medical Staff from the TIA / Stroke Service must make a clinical decision on the same day of carotid duplex scan reporting.**
4. If the carotid duplex demonstrates greater than 50% stenosis on the symptomatic side and the patient is considered fit and suitable for surgery, a CT angiogram of the carotid arteries needs to be requested urgently on ICE. **It is mandatory for the referring clinician or a nominated TIA clinic staff member to actively go to the CT scanning department in Radiology and speak to staff personally about the request.** The radiology team have a small number of urgent pre-operative carotid slots. The formal CT report will usually be completed within 24-hours but can vary according to availability

of specialist radiology reporting clinicians whereby the vascular surgeon must chase up the formal result or discuss accordingly prior to surgery.

5. Medical Staff from the TIA / Stroke Service **must refer immediately to the On-Call Vascular Surgeon for consideration of a carotid intervention via the on-call vascular pager 105 or directly to the Consultant Vascular Surgeon on 84264 or via switchboard.**
6. Following direct discussion with the on-call vascular surgeon, the patient may be transferred to the vascular clinic for insertion of intravenous cannula by a vascular surgery team member (pink 20G or green 18G - preferably in the right upper extremity).
7. The patient should be advised to return to the vascular clinic for completion of all pre-operative documentation.
8. **All carotid referrals must be arranged through the emergency vascular surgeon on-call. There is no longer any capacity for review of carotid patients via fax, email, ICE or through normal out-patient clinic mechanisms.**
9. The vascular surgery consultant on-call is responsible for arranging the immediate assessment of the patient referred for consideration of carotid intervention either personally or using a nominated deputy to ensure no delay in assessment.
10. The patient **MUST** be operated on within 72-hours by the on-call vascular surgery consultant either on their list or facilitated on a colleague's list.

Vascular Referral Pathway for Carotid Endarterectomy

The start of the timeline is the date of **cerebrovascular symptom onset**.



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