CARE OF THE POST-THROMBECTOMY PATIENT

GINO A. PAOLUCCI, NP
• No disclosures
BP GOALS

• Until recently, no data existed to guide BP management

• Higher peak systolic BP within 24 hrs of MT independently correlated
  • with worse 90d mRS
  • With higher hemorrhagic complication

<table>
<thead>
<tr>
<th></th>
<th>No Hemorrhage</th>
<th>Asymptomatic Hemorrhage</th>
<th>Symptomatic Hemorrhage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recanalized</td>
<td>159 +/- 1.8</td>
<td>169 +/- 3.8</td>
<td>170 +/- 9.1</td>
</tr>
<tr>
<td>Non-Recanalized</td>
<td>170 +/- 3.9</td>
<td>184 +/- 4.9</td>
<td>196 +/- 8.1</td>
</tr>
</tbody>
</table>

J AM HEART ASSOC. 2017;6E006167
BP GOALS

• 3 Groups Post MT
  • <140/90
  • <160/90
  • <220/110 (<185/105 if tPA)

• 10mmHg increment in max BP over 1st 24hr = lower 3mo func independence

• <160: lower likelihood of 3mo mortality
BP GOALS

• Post Thrombectomy:
  • TICI 2b or Better: SPB < 160
  • Incomplete Recan:
    • tPA: <185/110
    • No tPA: <220/120
  • Labetalol, Nicardipine

NEUROLOGY 2017; 89(6), 540–547
COMPLICATIONS

- SWIFT Trial (solitaire); Complication Studies
  - 18/144 (12.5%)
    - sICH 1.1 - 5%
      - High mortality
    - sSAH 1.1%
      - Vessel Perf
    - Air emboli 1.1%
    - Vessel dissection 2-4.5%
    - Major groin complications 7.9%
    - 0-2% ENT (emboli to new territory)
  - Procedure time >1 hr c/w higher complication rates
  - >3 passes associated with w/ sSAH

CASE

• 70yo M Acute L MCA Syndrome

• L M1 Occlusion
  • tPA in ED
  • NIR for MT
  • TICI 3
  • Transferred to Stroke Unit
CASE

• RN noted hematoma at groin access site
• HBG 9.9 → 6.4
• CT A/P Ordered
  • R RP Hematoma
• tPA Reversed; PRBCs
• U/S R Fem Pseudoaneurysm

• S/S
  • Pain, Tender
  • Extensive Ecchymosis
  • Expanding Mass
CASE

- Pressure
- IR → Thrombin Injection into pseudoaneurysm
- Repeat U/S: Resolved
- Discharged home with home services

HTTPS://THORACICKEY.COM/COMPLICATIONS-OF-PERCUTANEOUS-CORONARY-INTERVENTIONS-2/
HOW WE GET ACCESS

• Feel for maximum pulse
• Mark with hemostat
• Obtain Image
• Incision/dissect tissue
• Puncture with needle
• Artery Cannulated
• "Groin Run"

• Landmarks vs U/S Guided

HTTPS://THORACICKEY.COM/TECHNIQUE-3/
HOW WE CLOSE

• Vascular Closure
  • Angioseal
  • StarClose

• Manual Compression

• Bandage

HTTP://WWW.TERUMOIS.COM/PRODUCTS/CLOSURE/ANGIO-SEAL- VASCULAR-CLOSURE-DEVICES/ANGIO-SEAL.HTML
GROIN COMPLICATIONS

• New modalities (balloon guide) raises concerns for groin complications
• Increased with tPA use
  • 55% received tPA
  • Closure devices in 97%
• Low incidence of groin complications (0.4-0.8%)
• Prevention
  • Leg Straight Protocol
  • Knee Immobilizer

J NeuroIntervent Surg 2016;8:568-70
ACUTE STENT THROMBOSIS

- DAPT
- Plavix Assay
- Clinical Decline
  - Repeat CT/CTA
NURSING ASSESSMENT

- Neuro checks
- Groin Access Site
- Hematoma
- Pulses
- Perfusion
- Perform w/ Neuro and VS checks
  - Every 15 min x 2 hrs
  - Every 30 min for 6 hours
  - Every hour for 16 hours