



CARE OF THE POST- THROMBECTOMY PATIENT

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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

	No Hemorrhage	Asymptomatic Hemorrhage	Symptomatic Hemorrhage
Recanalized	159 +/-1.8	169 +/- 3.8	170 +/-9.1
Non-Recanalized	170 +/- 3.9	184 +/-4.9	196 +/- 8.1

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

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

Am J Neurorad. 2014; 35:524-28.

Neuroradiology. 2014; 456: 267-76.

Stroke. 2017; 48:1203-09

CASE

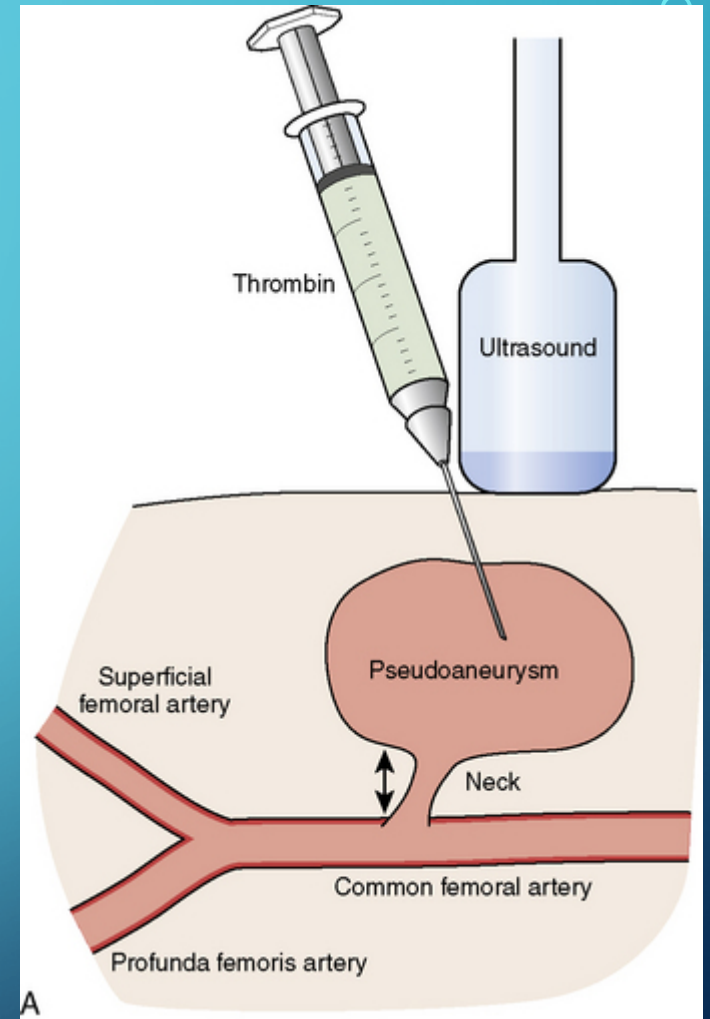
- 70yo M Acute L MCA Syndrome
- L M1 Occlusion
 - tPA in ED
 - NIR for MT
 - TICl 3
 - Transferred to Stroke Unit

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

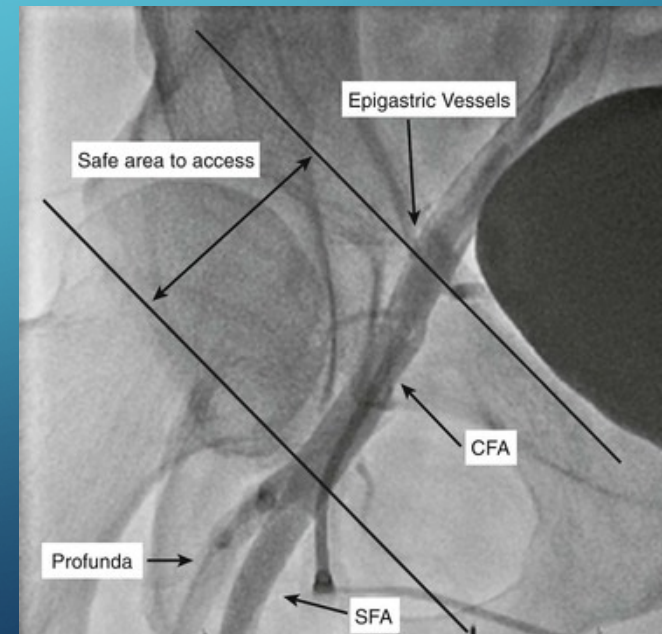
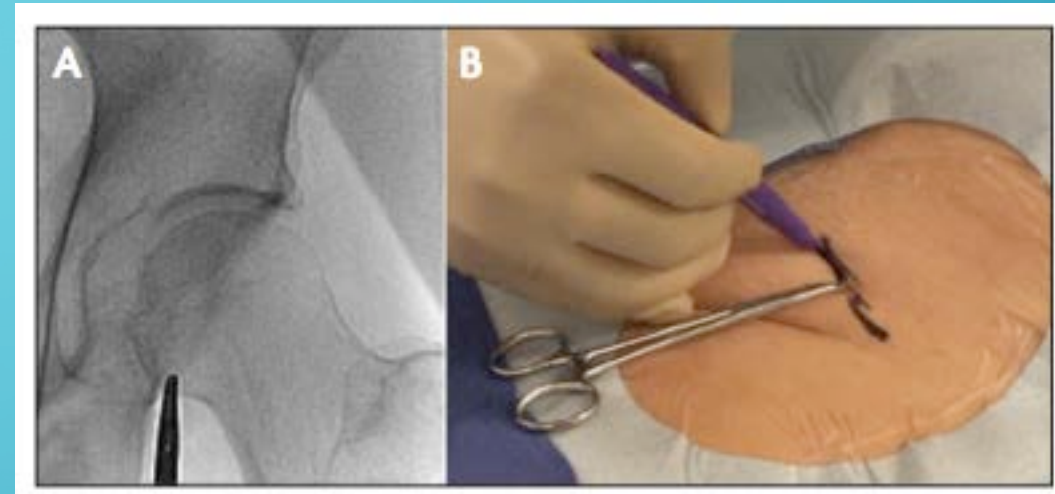
CASE

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



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

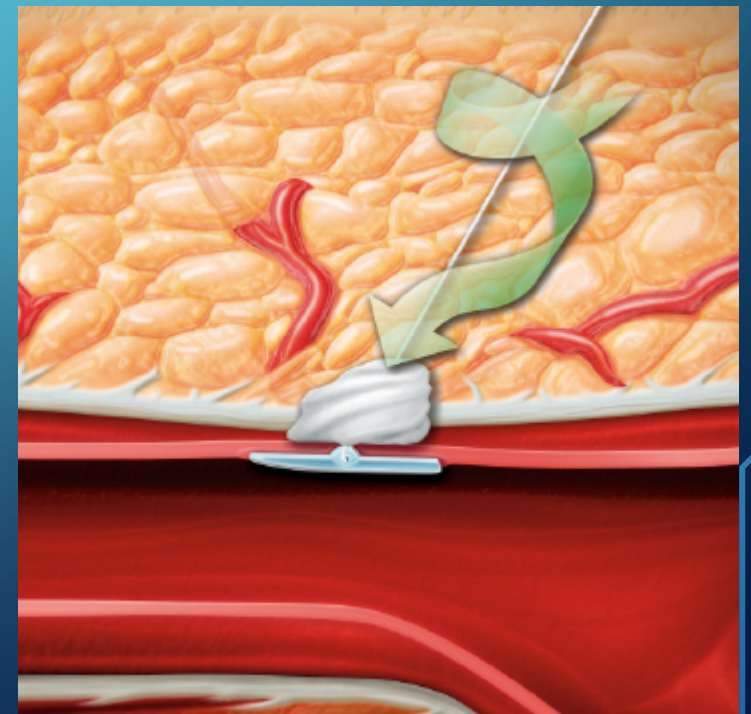


[HTTP://CITODAY.COM/2015/10/THE-USE-OF-ULTRASOUND-GUIDANCE-FOR-TARGETED-FEMORAL-ACCESS?CENTER=134](http://citoday.com/2015/10/the-use-of-ultrasound-guidance-for-targeted-femoral-access?center=134)

[HTTPS://THORACICKEY.COM/TECHNIQUE-3/](https://thoracickey.com/technique-3/)

HOW WE CLOSE

- Vascular Closure
 - Angioseal
 - StarClose
- Manual Compression
- Bandage



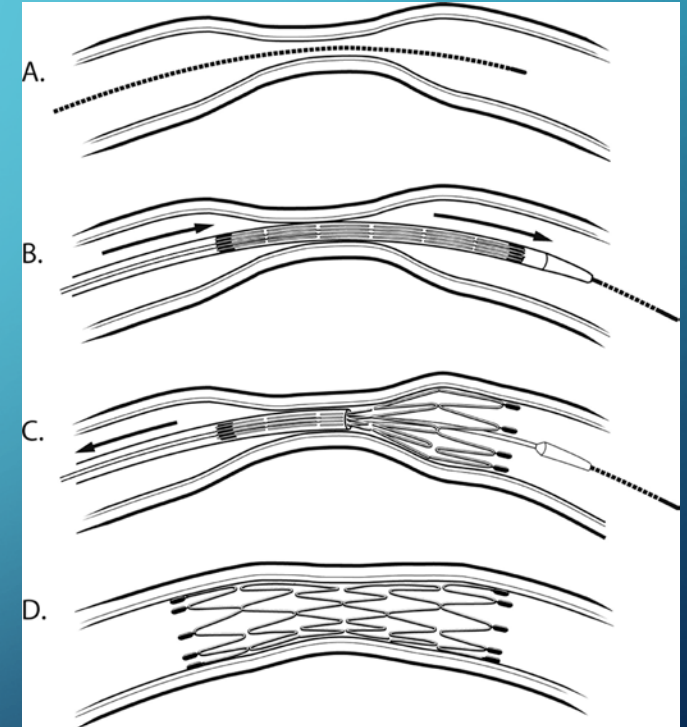
GROIN COMPLICATIONS

- 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