285 ARE POST STROKE/TRANSIENT ISCHAEMIC ATTACK CAROTID INVESTIGATION BEST PRACTICE GUIDELINES BEING FOLLOWED IN MAYO UNIVERSITY HOSPITAL?

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Background: Following onset of cerebral ischaemia (Stroke/TIA) extracranial imaging is recommended to assess for presence of stenosis of the carotid arteries. Interaction between future cerebral ischaemia caused by carotid stenosis and treatment with carotid endarterectomy was investigated in the European Carotid Surgery Trial and North American Symptomatic Carotid Endarterectomy Trial. This study aims to determine if best practice guidelines of the Royal College of Physicians - UK were followed in Mayo University Hospital regarding investigation of Carotid Stenosis following Cerebral Ischaemia.

Methods: Consecutive cases identified as having had a carotid doppler were selected between January - June 2017. Following obtaining ethical approval, patient imaging and symptomology from imaging and computerised discharge systems were queried. 82 patients met inclusion criteria with data collected and follow up determined from patient charts. Data was compared to a previous audit in 2007/2008 involving 103 patients.

Results: Of 82 patients (39 male, 43 female) presenting with Stroke/TIA symptoms or imaging confirming cerebral ischaemia, 38 (46.3%) had carotid investigation within the recommended guideline timeframe (1 day) with the average time between presentation and investigation being 5.15 days (range 0 - 77 days). Of the 10 patients (12.1%) found to have haemodynamically significant stenosis on carotid imaging, 6 patients (7%) went on to have dual modality carotid imaging as per guidelines. 57 patients (69.5%) were managed by a stroke physician while an inpatient. Compared to previous audit results 34% had carotid dopplers within 2 weeks of presentation.

Conclusion: Compared to previous audit results improvement has been made in presentation to carotid imaging time with 90% of imaging reported as normal within a system with no dedicated fast track service. A small number received dual imaging in accordance with guidelines showing evidence that a more streamlined stroke service could reduce strain on hospital resources.