

Patient Name: \_\_\_\_\_  
 Patient DOB: \_\_/\_\_/\_\_\_\_  
 NHS No.: \_\_\_\_\_  
 Hospital No.: \_\_\_\_\_



**To be answered by the first hospital**

**2.11.0 Was the patient referred for intra-arterial intervention for acute stroke?**  
 Yes, accepted at this team     Yes, accepted at another team     Yes, but declined     Not referred

**To be answered by referring hospital**

**2.11.0a Date and time of initial referral for intra-arterial intervention** DD/MM/YYYY HH:MM  
**2.11.0b Date and time ambulance transfer requested** DD/MM/YYYY HH:MM  
**2.11.0c Date and time ambulance departed transferring hospital** DD/MM/YYYY HH:MM  
**2.11.0d Was a helicopter used?**  Yes     No

**To be answered by thrombectomy-performing centre**

**2.11 Did the patient receive an intra-arterial intervention for acute stroke?**  Yes     No

**2.11a If no, reason a procedure (arterial puncture) not begun:**

Pre-procedure imaging demonstrated reperfusion – procedure not required     Pre-procedure imaging demonstrated the absence of salvageable brain tissue     Other Reason

**2.11.1 Was the patient enrolled into a clinical trial of intra-arterial intervention?**  Yes     No

**2.11.2 What brain imaging technique(s) was carried out prior to the intra-arterial intervention? Select all that apply**

**2.11.2a CTA or MRA**  Yes     No  
**2.11.2b Measurements of ASPECTS score**  Yes     No  
**2.11.2c Assessment of ischaemic penumbra by perfusion imaging**  Yes     No  
**2.11.2c i Was the perfusion:**  CT     MR     Both

**2.11.3 How was anaesthesia managed during the intra-arterial intervention? Select only the most appropriate response**

Local anaesthetic only (anaesthetist NOT present)     General anaesthetic from the outset  
 Local anaesthetic only (anaesthetist present)     General anaesthetic by conversion from lesser anaesthesia  
 Local anaesthetic and conscious sedation (anaesthetist NOT present)     Other  
 Local anaesthetic and conscious sedation (anaesthetist present)

**2.11.3a Speciality of anaesthetist (if present)**

Neuroanaesthetics     General anaesthetics     Not present

**2.11.4 What was the speciality of the lead operator?    2.11.4a What was the speciality of the second operator?**

*Select only the most appropriate response*

<input type="checkbox"/> Interventional neuroradiologist	<input type="checkbox"/> Interventional neuroradiologist
<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Cardiologist
<input type="checkbox"/> Interventional radiologist	<input type="checkbox"/> Interventional radiologist
<input type="checkbox"/> Training fellow/specialty trainee	<input type="checkbox"/> Training fellow/specialty trainee
<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> No second operator

**2.11.4b What intervention lab was used?**  Biplane     Monoplane

**2.11.4c If monoplane, why?**  Biplane in use     Biplane being serviced     Other

<b>2.11.5 Which method(s) were used to reopen the culprit occlusion? Select all that apply</b>		
<b>2.11.5a</b> Thrombo-aspiration system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.11.5b</b> Stent retriever:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.11.5c</b> Proximal balloon/flow arrest guide catheter:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.11.5d</b> Distal access catheter:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>2.11.6 Date and time of:</b>	
<b>2.11.6a Arterial puncture:</b>	DD/MM/YYYY HH:MM
<b>2.11.6b</b> First deployment of device for thrombectomy or aspiration:	DD/MM/YYYY HH:MM or Not performed
<b>2.11.6b i Reason deployment of device not performed: Select only the most appropriate response</b>	
<input type="checkbox"/> Procedure begun but unable to access the target intracranial vessel	<input type="checkbox"/> Unable to obtain arterial access
<input type="checkbox"/> Medical condition caused the procedure to be abandoned	<input type="checkbox"/> Other reason
<b>2.11.6c End of procedure (time of last angiographic run on treated vessels):</b>	DD/MM/YYYY HH:MM

<b>2.11.6d Were any of the following procedures required? Select all that apply</b>		
Cervical carotid stenting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cervical carotid angioplasty	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>2.11.6e How many passes were required?</b>	[1-10]
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<b>2.11.7 Were there any procedural complications? Select all that apply</b>		
<b>2.11.7a</b> Distal clot migration/embolisation within the affected territory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.11.7b</b> Embolisation to a new territory	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.11.7c</b> Intracerebral haemorrhage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.11.7d</b> Subarachnoid/intraventricular haemorrhage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.11.7e</b> Arterial dissection or perforation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.11.7f</b> Vasospasm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2.11.7g</b> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>2.11.8 Angiographic appearance of culprit vessel and result assessed by operator (modified TICI score):</b>						
<b>2.11.8a</b> Pre intervention:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 3
<b>2.11.8c</b> Post intervention:	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2a	<input type="checkbox"/> 2b	<input type="checkbox"/> 2c	<input type="checkbox"/> 3

<b>2.11.9 Where was the patient transferred after completion of the procedure? Select only the most appropriate response</b>	
<input type="checkbox"/> Intensive care unit or high dependency unit	<input type="checkbox"/> Stroke unit at referring site
<input type="checkbox"/> Stroke unit at receiving site	<input type="checkbox"/> Other
<b>2.11.9a If transferred to ICU or HDU, what was the indication for high-level care? Select only the most appropriate response</b>	
<input type="checkbox"/> Unstable blood pressure	<input type="checkbox"/> Agitation/need for sedation
<input type="checkbox"/> Airway or cardiac instability	<input type="checkbox"/> Renal failure
<input type="checkbox"/> Bleeding or procedure site	<input type="checkbox"/> Other
<input type="checkbox"/> Failure to wake from anaesthetic	<input type="checkbox"/> None of the above

For further assistance, please contact the SSNAP Helpdesk (09:00-17:00 Mon-Fri)  
0116 464 9901 [www.strokeaudit.org](http://www.strokeaudit.org) [ssnap@kcl.ac.uk](mailto:ssnap@kcl.ac.uk)

**PLEASE COMPLETE ALL SECTIONS**