

The logo for SSNAP (Sentinel Stroke National Audit Programme) consists of the letters 'SSNAP' in a bold, red, sans-serif font.

**Sentinel Stroke National
Audit Programme**



Intra-Arterial Intervention Dataset Help Notes

Version Control

Version	Date	Changes
1.1.1	20/04/2015	First version
1.1.2	11/12/2020	Q8 no longer required
2.1.1	01/07/2021	New questions added: 2.11.0, 2.11.0a-d, 2.11a, 2.11.2i, 2.11.3a, 2.11.4a, 2.11.4b, 2.11.4c, 2.11.6bi, 2.11.6d, 2.11.6e, 2.11.7, 2.11.9a New answer option to 2.11.3, 2.11.4, 2.11.8, 2.11.9

On behalf of the Intercollegiate Stroke Working Party

SSNAP Help Desk (Monday – Friday; 09:00 – 17:00)

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Question No.	Question	Answer Options	Guidance / Definitions
2.11.0	Was patient referred for intra-arterial intervention for acute stroke?	Yes, accepted at this team Yes, accepted at another team Yes, but declined Not referred	<p><i>Available if 2.5 = 'Infarction'</i></p> <p><i>To be answered by the first team</i></p> <p>Includes any intra-arterial intervention (for example, intra-arterial thrombolysis or clot retrieval)</p> <p>Further information on how to answer thrombectomy questions can be found here: https://ssnap.zendesk.com/hc/en-us/articles/360020775338-Thrombectomy-questions-changes-for-referring-centres-Section-2-</p>
2.11.0a	Date and time of initial referral for intra-arterial intervention	DD/MM/YYYY HH:MM	<p><i>Unavailable if 2.11.0 = "Not referred", "Yes, but declined" OR "Yes, accepted at this team"</i></p> <p><i>Must not be after date of death or discharge</i></p> <p><i>To be answered by transferring team</i></p> <p>The referral time is the time the first conversation (electronic or actual) occurred between referring and receiving sites/teams in which the patient was discussed between referring and receiving sites/teams and put forward for intra-arterial treatment.</p>
2.11.0b	Date and time ambulance transfer requested	DD/MM/YYYY HH:MM	<p><i>Unavailable if 2.11.0 = "Not referred", "Yes, but declined" OR "Yes, accepted at this team"</i></p> <p><i>Must not be after date of death or discharge</i></p>

			<p><i>To be answered by transferring team</i></p> <p>The ambulance transfer request time is the time the first conversation (electronic or actual) occurred in which a request was made for ambulance transfer to the receiving team.</p>
2.11.0c	Date and time ambulance departed referring hospital	DD/MM/YYYY HH:MM	<p><i>Unavailable if 2.11.0 = "Not referred", "Yes, but declined" OR "Yes, accepted at this team"</i></p> <p><i>Date and time of ambulance departure cannot be before date and time requested (2.11.0b).</i></p> <p><i>Must not be after date of death or discharge</i></p> <p><i>To be answered by transferring team</i></p>
2.11.0d	Was a helicopter used?	Yes/No	<p><i>Unavailable if 2.11.0 = "Not referred", "Yes, but declined" OR "Yes, accepted at this team"</i></p> <p><i>To be answered by the transferring team</i></p>
2.11	Did the patient receive an intra-arterial intervention for acute stroke?	Yes/No	<p><i>Unavailable if 2.11.0 = "Not referred" OR "Yes, but declined"</i></p> <p><i>To be answered by thrombectomy-performing team</i></p> <p>Includes any intra-arterial intervention (for example, intra-arterial thrombolysis or clot retrieval).</p> <p>Further information on how to answer thrombectomy questions can be found here: https://ssnap.zendesk.com/hc/en-us/articles/360020775338-Thrombectomy-questions-changes-for-referring-centres-Section-2-</p>

2.11a	If no, reason a procedure (arterial puncture) not begun:	<ul style="list-style-type: none"> - Pre-procedure imaging demonstrated reperfusion – procedure not required - Pre-procedure imaging demonstrated the absence of salvageable brain tissue - Other reason 	<i>Unavailable if 2.11.0 = “Not referred” OR “Yes, but declined”</i> This question refers to pre-procedure imaging performed at the receiving site only.
2.11.1	Was the patient enrolled into a clinical trial of intra-arterial intervention?	Yes/No	<i>Unavailable if 2.11.0 = “Not referred” OR “Yes, but declined”</i> Please answer ‘Yes’ if the patient was randomised for an intra-arterial intervention as part of a randomised clinical trial.
2.11.2	What brain imaging technique was carried out prior to the intra-arterial intervention?		<i>Unavailable if 2.11.0 = “Not referred” OR “Yes, but declined”</i>
2.11.2a	CTA or MRA:	Yes/No	CTA (CT angiography) or MRA (MR angiography).
2.11.2b	Measurement of ASPECTS score:	Yes/No	ASPECTS (Alberta Stroke Program Early CT Score). Please answer ‘Yes’ if this was measured and used in assessing the suitability of the patient intervention.
2.11.2c	Assessment of ischaemic penumbra by perfusion imaging:	Yes/No	Please answer ‘Yes’ if this was used in assessing the suitability of the patient intervention.
	i. Was the perfusion	CT MR Both	
2.11.3	How was anaesthesia managed during the intra-arterial intervention?	Local anaesthetic only (anaesthetist NOT present) Local anaesthetic only (anaesthetist present)	<i>Unavailable if 2.11.0 = “Not referred” OR “Yes, but declined”</i> Please select the response that best reflects the anaesthesia used for the majority of the intervention.

		<p>Local anaesthetic and conscious sedation (anaesthetist NOT present)</p> <p>Local anaesthetic and conscious sedation (anaesthetist present)</p> <p>General anaesthetic from the outset</p> <p>General anaesthetic by conversion from lesser anaesthesia</p> <p>Other</p>	
2.11.3a	Specialty of anaesthetist (if present):	<p>Neuroanaesthetics</p> <p>General anaesthetics</p> <p>Not present</p>	<p><i>Available if one of the following selected for 2.11.3: "Local anaesthetic only (anaesthetist present)"; "Local anaesthetic and conscious sedation (anaesthetist present)"; "General anaesthetic from the outset"; "General anaesthetic by conversion from lesser anaesthesia"; "Other"</i></p> <p><i>"Not Present" is NOT available if the following are selected for 2.12.3: "Local anaesthetic only (anaesthetist present)" OR "Local anaesthetic and conscious sedation (anaesthetist present)" selected for 2.12.3</i></p>
2.11.4	What was the speciality of the lead operator?	<p>Interventional neuroradiologist</p> <p>Interventional radiologist</p> <p>Cardiologist</p> <p>Training fellow/specialty trainee</p> <p>Other</p>	<p><i>Unavailable if 2.11.0 = "Not referred" OR "Yes, but declined"</i></p> <p>If more than one operator was present then please select the speciality of the lead operator.</p>
2.11.4a	What was the speciality of the second operator?	<p>Interventional neuroradiologist</p> <p>Interventional radiologist</p> <p>Cardiologist</p> <p>Training fellow/specialty trainee</p> <p>Other</p>	<p><i>Unavailable if 2.11.0 = "Not referred" OR "Yes, but declined"</i></p>

		No second operator	
2.11.4b	What intervention lab was used:	Biplane Monoplane	<i>Unavailable if 2.11.0 = "Not referred" OR "Yes, but declined"</i>
2.11.4c	If monoplane, why?	Biplane in use Biplane being serviced Other	<i>Unavailable if 2.11.4b = "Biplane"</i>
2.11.5	Which method(s) were used to reopen the culprit occlusion?		<i>Unavailable if 2.11.0 = "Not referred" OR "Yes, but declined"</i>
2.11.5a	Thrombo-aspiration system:	Yes/No	
2.11.5b	Stent retriever:	Yes/No	
2.11.5c	Proximal balloon/flow arrest guide catheter:	Yes/No	
2.11.5d	Distal access catheter:	Yes/No	
2.11.6	Date and time of:		<i>Unavailable if 2.11.0 = "Not referred" OR "Yes, but declined"</i> Please record all times to the nearest minute.
2.11.6a	Arterial puncture:	DD/MM/YYYY HH:MM	The time of the patient's first arterial puncture.
2.11.6b	First deployment of device for thrombectomy or aspiration (if carried out):	DD/MM/YYYY HH:MM OR Not Performed	Please leave blank if there was no deployment of device.
	i. Deployment of device not performed because:	<ul style="list-style-type: none"> - Unable to obtain arterial access - Procedure begun but unable to access the target intracranial vessel - Medical condition caused the procedure to be abandoned - Other reason 	<i>Unavailable if date entered for 2.11.6b</i>
2.11.6c	End of procedure (time of last angiographic run on treated vessel):	DD/MM/YYYY HH:MM	The time of the last angiographic image acquisition.

2.11.6d	Were any of the following procedures required?														
	Cervical Carotid stenting	Yes/No													
	Cervical Carotid angioplasty	Yes/No													
2.11.6e	How many passes were required?	Value range: 1-10													
2.11.7	Were there any procedural complications?														
2.11.7a	Distal clot migration/embolisation within the affected territory	Yes/No													
2.11.7b	Embolisation to a new territory	Yes/No													
2.11.7c	Intracerebral haemorrhage	Yes/No													
2.11.7d	Subarachnoid/intraventricular haemorrhage	Yes/No													
2.11.7e	Arterial dissection or perforation	Yes/No													
2.11.7f	Vasospasm	Yes/No													
2.11.7g	Other	Yes/No													
2.11.8	Angiographic appearance of culprit vessel and result assessed by operator (modified TCI score):		<i>Unavailable if 2.11.0 = "Not referred" OR "Yes, but declined"</i>												
2.11.8a	Pre-intervention:	0 1 2a 2b 2c 3	Select one value for the Modified TICI score with 2c <table border="1"> <thead> <tr> <th>TICI grade</th> <th>Original TICI</th> <th>Modified TICI</th> <th>Modified TICI with 2c</th> </tr> </thead> <tbody> <tr> <td>0/1</td> <td>No/minimal reperfusion</td> <td>No/minimal reperfusion</td> <td>No/minimal reperfusion</td> </tr> <tr> <td>2a</td> <td>Partial filling <2/3 territory</td> <td>Partial filling <50% territory</td> <td>Partial filling <50% territory</td> </tr> </tbody> </table>	TICI grade	Original TICI	Modified TICI	Modified TICI with 2c	0/1	No/minimal reperfusion	No/minimal reperfusion	No/minimal reperfusion	2a	Partial filling <2/3 territory	Partial filling <50% territory	Partial filling <50% territory
TICI grade	Original TICI	Modified TICI	Modified TICI with 2c												
0/1	No/minimal reperfusion	No/minimal reperfusion	No/minimal reperfusion												
2a	Partial filling <2/3 territory	Partial filling <50% territory	Partial filling <50% territory												

			2b	Partial filling ≥2/3 territory	Partial filling ≥50% territory	Partial filling ≥50% territory
			2c	---	---	Near complete perfusion except slow flow or few distal cortical emboli
			3	Complete perfusion	Complete perfusion	Complete perfusion
2.11.8b	Post-intervention:	0 1 2 2a 2b 2c 3	Select one value for the Modified TICI score with 2c			
2.11.9	Where was the patient transferred after the completion of the procedure?	Intensive care unit or high dependency unit Stroke unit at receiving site Stroke unit at referring site Other	Where the patient was first transferred from the angiography suite or recovery area.			
2.11.9a	If transferred to ICU or HDU, what was the indication for high-level care?	Unstable blood pressure Airway or cardiac instability Bleeding at procedure site Failure to wake from anaesthetic Agitation/need for sedation	<i>Unavailable if 2.11.9 = "Stroke unit at receiving site" OR "Stroke unit at referring site" OR "Other"</i>			

		Renal failure Other None of the above	
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