

# Stroke Thrombectomy

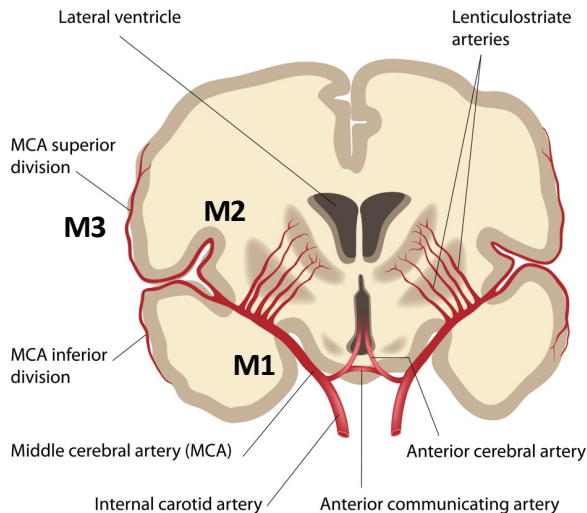
## Setup Checklist

- Phenylephrine bolus syringe + gtt
- Nicardipine bolus syringe + gtt
- Carrier IVF
  
- 2<sup>nd</sup> IV setup
- Arterial line setup
- OG tube
- Protective lead

## Criteria for Thrombectomy

- Distal internal carotid, M1, or M2 occlusion
- NIH Stroke Scale  $\geq 6$
- < 24 hours from last known normal

## Cerebral Vessel Anatomy



Anesthesia Type	Vast majority GETA (evidence of improved procedural success and functional outcomes). Alternative is sedation for very alert patient.
Pre-op	Review stroke location in cerebral vasculature, query prior lytic (tPa) Quickly evaluate baseline mental status
Access	Single reliable IV adequate <b>Arterial line</b> for BP monitoring* <i>Sometimes can transduce from proceduralist's femoral arterial access</i> <b>OG tube</b> to facilitate any needed oral anti-platelet agents
Position & Monitors	• Adequate slack in monitor cords to allow for bed movement during the procedure
Induction	Typically RSI (unclear NPO status) Close attention to blood pressure goals
Anesthetic Agent	Inhaled anesthetic <i>Rare for acute stroke to cause <math>\uparrow</math> ICP meriting TIVA</i>
Intra-procedural Considerations	• Close monitoring of blood pressure • Maintain brain O <sub>2</sub> delivery: normocapnia, normoxia
Extubation	<i>Decision based on anticipated mental status</i> Avoid coughing

## Intraprocedural Targets

Blood pressure*	Pre-thrombectomy	SBP 140-180
	Post-thrombectomy	SBP 120-140
EtCO <sub>2</sub>	35-40 mm Hg *Hypocapnia $\downarrow$ cerebral blood flow	
Glucose	70-180 mg/dL (normal)	

*\*Discuss blood pressure goals with proceduralist*

## Incidental Vessel Rupture

1. SBP < 140
2. Discuss potential tPa reversal  
( 2 plt, 2 cryo +/- TXA)
3. ? need craniotomy