

# Stroke EVT room and tray setup

## Room general

- 1) Turn on Philips Allura FD 20
- 2) Setup 2 sterile tables, 1 sterile bowl
- 3) C-arm to the side
- 4) Ultrasound ready, sterile U/S gel and cover on tray

## Cello setup

- 1) Connect a 3-way to Cello sidearm.
- 2) Fill 10 cc syringe with 50:50 contrast / NS to 8cc
- 3) Connect 50:50 10 cc syringe to side port of 3-way
- 4) 1 cc Medallion to other 3-way port
- 5) Aspirate air out of Cello and tubing using 10 cc syringe
- 6) Inflate balloon with 0.5 cc, close 3-way towards Cello, cover balloon with wet gauze
- 7) Load white dilator into Cello

## Other catheters / wires

Open 125cm 5 Fr Vert and 100cm 5 Fr H1, J-wire, glidewire, exchange Rosen

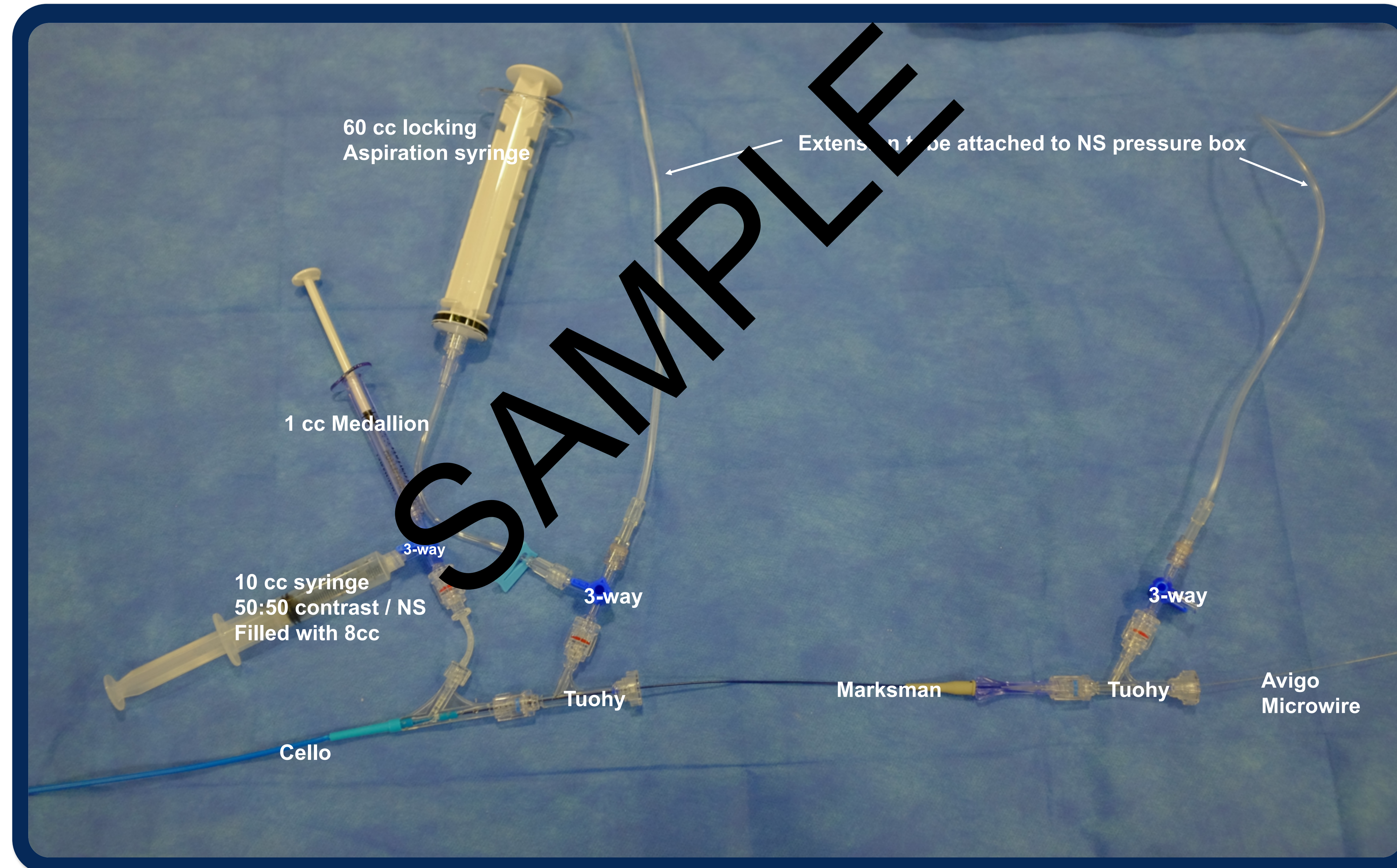
## Side arm flushes

Assemble 2 sidearm flush setups

- 1) Attach 3-way to Tuohy-Borst sidearm
- 2) Attach extension tube to 3-way
- 3) Pass the extension tube to nursing to connect to pressure bag tubing. Flush air out of tubing and Tuohy.

## Marksman

- 1) Flush Marksman with normal saline
- 2) Insert Avigo microwire until wire reaches tip of Marksman
- 3) Slide assembled Tuohy side arm setup over the back end of microwire, and connect to Marksman



## Other

- 1) 20 cc NS syringe on one-way (for post stent removal Cello flush)
- 2) Await instructions before opening Solitaire.
  - 6 x 30 mm
  - 4 x 40 mm
- 3) 60 cc locking aspiration syringe on short extension

## Nursing prep

If angio table is not ready:

- Start 2<sup>nd</sup> IV
- Insert Foley catheter

If angio table is ready:

- Skip 2<sup>nd</sup> IV, skip Foley catheter

## Nursing flushes

- 2 X 500 cc NS bags in pressure box.
- Spike bag, flush tubing of all air bubbles, then pressurize the bags
- Connect IV tubing to extension tubing passed over by the technologist
- Maintain slow drip throughout the case

## Patient restraints

If nursing or interventional radiologist feels the patient will be combative / uncooperative, arm restraints and black velcro strap across the thighs.

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