



London Health Sciences Centre



**Thrombectomy Treatment
in Neuroradiology – *what
nursing staff should know.***

2016

The NeuroRadiology Team

- The Neuro Radiology team consists of 1 consultant, 1 fellow, and 1 tech.
- Interventional (IR) Suite and Neuro Radiology share an RN. The RN spends most of the time in IR.
- Any member of the Neuro Radiology team can
- When the tech is on call, they have 30 minutes to get from home to “in suite”.
- The order for angios has to be in Powerchart as: “Arteriogram Cerebral”.
- Someone from Neurology should stay in IR as blood pressure orders may be required, etc.



The Endovascular Treatment (EVT) Team at LHSC, from left, Cathy Carlisle, Medical Secretary; Dr. Sachin Pandey, Neuroradiologist; Leanne Sperlich, MRT(R); Jon Collier, MRT(R); Dr. Michael Mayich, Neuroradiologist; Dr. David Pelz, Neuroradiologist; Steve Eggett, MRT(R); Sarah Sitts, MRT(R); Ada Manini Senior, MRT(R); Erin Lawrence, Coordinator; Angio/Neuro/Ultrasound; and Barb Lehrbass, MRT(R).

What should you know about this procedure?

- Anesthesia support is requested for all thrombectomy cases in the Interventional suite in Medical Imaging.
- Under sterile technique with local freezing, a small catheter is inserted into the femoral artery and up to the location of the clot.
- Imaging is performed to verify clot location and flow to surrounding vessels.
- A stent or aspiration catheter is then placed in the vessel to remove the clot.
- Post clot removal imaging is then obtained.

Patient Preparation

- Groin Prep: Shave a 4 X4 area around the femoral pulse area, on both sides. (If time is limited, the right groin is most often used)
- Mark and document pedal pulses
- IV access/saline lock
- Patient should be wearing hospital attire (undergarments, jewelry and dentures removed)
- Monitoring: Blood pressure cuff, ECG leads and O2 saturation monitor from the gas machine.
- Record baseline vitals and set monitor to cycle every five minutes or as directed from Anesthesia.
- Record Neuro vital signs pre procedure.
- Patient may require an arterial line to be inserted.
**These are true emergency cases and require the team to move rapidly therefore some of these tasks may not be possible.

Nursing Responsibilities during Procedure

- The priority is to be in the procedure room caring for the patients needs (i.e., Suction if vomiting, monitoring IV) and keep patient sedated/calm to enable the procedure to be completed.
- Monitor patients vitals and administer medications as ordered.
- Communicate any concerns with Neuro Radiologist performing the procedure.
- Ensure a properly fitted lead apron is worn at all times while fluoroscopy is being used including a thyroid collar.
- Ensure that a bed is assigned in the Hyperacute Stroke Unit for post procedural care.

Patient Recovery

- Once the procedure is completed, the patient is transferred to the Hyperacute Stroke Unit.
- Post care orders as per Radiologist.