OhioHealth Vascular Institute

OHVI RECOMMENDATIONS

Symptomatic Atherosclerotic Carotid Stenosis

AMAUROSIS FUGAX, HEMISPHERIC SYMPTOMS TIA OR STROKE

History and Physical, Screening Carotid Duplex; consider TTE with bubbles

Place an Inpatient Consult to Neurology for Pre Post NIHSS and MRS

OTHER:
Dizziness, seizure, syncope, non-hemispheric neurologic deficits not likely related to CAS consider other evaluation or neurology consultation

>50 % by catheter angiogram OR >70 % by duplex ultrasound confirmed with MR, CT or catheter angiogram

Revascularization decision for type of revascularization based on patient characteristics and physician/patient.

< 50 % by catheter angiogram OR < 70 % by duplex

Consult EP syncope evaluation

High Risk Features for CEA
+ History of neck irradiation
+ History of ipsilateral CEA
+ History of tracheostomy or radical neck dissection
+ Anatomically high bifurcation
+ High cardiopulmonary risk Class III CHF or need for CABG valve

High Risk Features for CAS fem or TCAR
+ Carotid Tortuosity
  - Proximal = fem
  - Distal = fem TCAR
+ Difficult Arch = fem
+ Common carotid disease = TCAR
+ Circumferential dense calcium = fem TCAR
+ Unable to tolerate antiplatelet med = fem TCAR
+ Uncooperative patient dementia = fem TCAR no gen anesthesia
+ Recent CEA = fem TCAR
+ Contrast anaphylaxis = fem TCAR
+ Large adipose neck = TCAR
+ Dye anaphylaxis

ABCD 2 Stroke Risk Score
+ Age >60 = 1
+ BP 140 90 = 1
+ Unilateral weakness = 2
+ Speech disturbance without weakness = 1
+ >60 min symptom duration = 2
+ 10 59 min symptom duration = 1
+ <10 min symptom duration = 0
+ Presence of Diabetes = 1

Score 0 – 3: Low risk of stroke

Score 4 – 5: Moderate risk of stroke

Score 6 – 7: High risk of stroke

** Consider correction of stenosis in 3 7 days after presentation with TIA if score >4, with amaurosis as presenting symptom, correction can occur sooner.

Repair within 14 days if “Minor Ischemic Stroke Stroke” after Neuro consult.

Repair within 6 weeks if moderate to severely disabling stroke.

All treatment arms include optimal medical therapy defined by:
+ BP < 140 90 ACEi ARB first line
+ LDL < 100 70 for diabetics) statin preferred
+ Counseling for tobacco cessation
+ Antiplatelet therapy with Aspirin, Clopidogrel or ASA
+ Dypyrimadole
+ Diabetic management
+ Refer to Stroke Prevention Clinic

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OHVI RECOMMENDATIONS | SYMPTOMATIC ATHEROSCLEROTIC CAROTID STENOSIS

ASYMPTOMATIC CAROTID STENOSIS

Found on screening exam

Found during evaluation of non ischemic symptoms dizziness, seizure, syncope, non hemispheric symptoms

<50% by Duplex criteria

Optimal medical therapy and intermittent surveillance for change in symptoms and progression of disease see surveillance guidelines.

>50–69 % Duplex by criteria

Consider Optimal Medical therapy with every 6-12 month surveillance

>70% (or 80%) by Duplex criteria (EDV >100)

Conventional angiography, MR or CT

Consider for Elective Repair

Place an Inpatient Consult to Neurology for Pre Post NIHSS and MRS

Consider conservative medical therapy if age >80 and/or comorbid life expectancy <5 years.

Consider for elective repair if unable to tolerate optimal medical therapy and/or if significant progression of disease

Decision for type of revascularization based on patient characteristics, physician/patient discussion.

High Risk Features for CEA

+ History of neck irradiation
+ History of ipsilateral CEA
+ History of tracheostomy or radical neck dissection
+ Anatomically high bifurcation
+ High cardiopulmonary risk Class III CHF or need for CABG valve

High Risk Features for CAS

+ Tortuosity
+ Difficult Arch ie Type III with atheromatous disease
+ Circumferential dense calcium
+ Thrombus
+ Unable to tolerate antiplatelet meds
+ Uncooperative patient dementia
+ Recent CEA
+ Dye anaphylaxis

All treatment arms include optimal medical therapy defined by:

+ BP <140 90 ACEi ARB first line
+ LDL <100 70 for diabetics) statin preferred
+ Counseling for tobacco cessation
+ Antiplatelet therapy with Aspirin, Clopidogrel or ASA Dypyrimadole
+ Diabetic management

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