Thrombectomy Treatment in Neuroradiology – What nursing staff should know.
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.
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 patient's needs (i.e., Suction if vomiting, monitoring IV) and keep the patient sedated/calm to enable the procedure to be completed.

- Monitor patients' vitals and administer medications as ordered.

- Communicate any concerns with the 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.