

# **Early Decompressive Surgery in Acute Ischaemic Stroke Peninsula Referral Clinical Guideline**

**V4.0**

**October 2025**

## 1. Aim/Purpose of this Guideline

- 1.1. The aim of this document to inform clinicians on the pathway for patients with signs of malignant MCA syndrome (increased intracranial pressure due to large stroke) to be referred to Derriford Hospital for consideration of early decompressive surgery.
- 1.2. This version supersedes any previous versions of this document.

### **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust      [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 2. The Guidance

- 2.1. Consider referral for early decompressive surgery to improve survival and reduce severe disability in patients with middle cerebral artery infarction and a decreased conscious level. Patients should be referred to neurosurgery (at Derriford) within 24 hours of stroke onset and treated within 48 hours of stroke onset.
- 2.2. Pre-morbid modified Rankin Scale score less than two (no significant disability, despite symptoms).
  - Able to achieve surgery within 48 hours of stroke onset.
  - Clinical deficits indicating MCA territory infarction with a NIHSS score of more than 15.
  - Decreased Level of consciousness score of 1 or more on item 1a of the NIHSS.
  - Signs on CT of an infarct of at least 50% of the MCA territory, with or without additional infarction in the territory of the anterior or posterior cerebral artery on the same side.
- 2.3. Consider all available information regarding the patient's prior expressed wishes about survival with moderately severe disability.

Early decompressive surgery increases the chance of survival (NNT of 2) but a substantial proportion of those who do survive (45%) are unable to walk or attend to their own bodily needs without assistance.

#### 2.4. Arrange immediate CT brain scan to exclude alternative causes of deterioration in conscious level

- Record GCS and NIHSS score.
- Send bloods for electrolytes, full blood count, clotting, if none available from within the last 12 hours, but do not delay referral while waiting for results.
- Treat and correct hypoxia, hypercapnia, hyperthermia (temp >37.5°C), hyperglycaemia.
- Sit patient upright at 20-30° if posture allows.

### 3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Timely referral of patients for consideration of surgery.
Lead	Stroke Team.
Tool	Sentinel Stroke National Audit Programme.
Frequency	Yearly.
Reporting arrangements	Stroke Operational Group Meeting.
Acting on recommendations and Lead(s)	Stroke Governance meeting held monthly, led by Service Manager Clare Pitt.
Change in practice and lessons to be shared	At Stroke Governance meetings, led by Service Manager, Clare Pitt.

### 4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	Early Decompressive Surgery in Acute Ischaemic Stroke Peninsula Referral Clinical Guideline V4.0
<b>This document replaces (exact title of previous version):</b>	Early Decompressive Surgery in Acute Ischaemic Stroke Peninsula Referral Guideline V3.0
<b>Date Issued/Approved:</b>	June 2025
<b>Date Valid From:</b>	October 2025
<b>Date Valid To:</b>	October 2028
<b>Directorate / Department responsible (author/owner):</b>	Dr Lisa Manning, Consultant
<b>Contact details:</b>	01872 253458
<b>Brief summary of contents:</b>	Patients with signs of malignant MCA syndrome (increased intracranial pressure due to large stroke) may require referral to Derriford Hospital for early decompressive surgery to improve survival and reduce severe disability in patients with acute ischaemic stroke and a decreased conscious level within 24 hours of onset. The guideline sets out rational and pathway.
<b>Suggested Keywords:</b>	Stroke, Malignant MCA syndrome.
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> No <b>CIOS ICB:</b> No
<b>Executive Director responsible for Policy:</b>	Chief Medical Officer
<b>Approval route for consultation and ratification:</b>	Stroke Governance. Care group Governance. Eldercare Governance.
<b>Manager confirming approval processes:</b>	Clare Pitt, Service Manager.
<b>Name of Governance Lead confirming consultation and ratification:</b>	Paul Evangelista Governance Lead.
<b>Links to key external standards:</b>	None required.

Information Category	Detailed Information
<b>Related Documents:</b>	Advanced Stroke Management Pathway. Stroke Thrombolysis. Secondary Prevention Guidelines Stroke and TIA. Stroke and TIA Care Pathway.
<b>Training Need Identified?</b>	No
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet and Intranet
<b>Document Library Folder/Sub Folder:</b>	Clinical / Stroke

### Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
November 2014	V1.0	Initial Issue, reviewed 22/10/2015.	K Adie, Consultant. D Nash, Medical Student
December 2018	V2.0	Reviewed and updated 03/01/2018.	K Adie, Consultant
December 2021	V3.0	No Changes – updated to latest trust template.	K Adie, Consultant
October 2025	V4.0	Full Update.	K Adie, Consultant

**All or part of this document can be released under the Freedom of Information Act 2000.**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

### Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team  
[rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy / policy / proposal / service function to be assessed:</b>	Early Decompressive Surgery in Acute Ischaemic Stroke Peninsula Referral Clinical Guideline V4.0
<b>Directorate and service area:</b>	Elder Care/stroke
<b>Is this a new or existing Policy?</b>	Existing
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Dr K Adie, Consultant
<b>Contact details:</b>	07717714009

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b> (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The aim of this document to guide clinicians at RCHT on management of patients with severe ischaemic stroke requiring consideration of decompressive surgery.
<b>2. Policy Objectives</b>	Improve outcome for patients with severe ischaemic stroke who may benefit from decompression surgery.
<b>3. Policy Intended Outcomes</b>	Gold standard stroke care.
<b>4. How will you measure each outcome?</b>	Sentinel Stroke National Audit Programme.
<b>5. Who is intended to benefit from the policy?</b>	Patients with severe ischaemic stroke requiring consideration of decompression surgery.

Information Category	Detailed Information
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/ visitors: No</li> <li>• Local groups/ system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/ groups:</b> Eldercare and Stroke. ED and Critical Care Unit Clinicians at RCHT. Neurosurgical team Derriford hospital.
<b>6c. What was the outcome of the consultation?</b>	Agreed
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:</b> No.

**7. The Impact**

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Dr K Adie, Eldercare Consultant.

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**

[Section 2. Full Equality Analysis](#)