

Policy Under Review

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

Information Category	Detailed Information
Document Title:	Early Decompressive Surgery in Acute Ischaemic Stroke Peninsula Referral Clinical Guideline V3.0
This document replaces (exact title of previous version):	Early Decompressive Surgery in Acute Ischaemic Stroke Peninsula Referral Guideline V2.0
Date Issued / Approved:	December 2021
Date Valid From:	December 2021
Date Valid To:	December 2025
Author / Owner:	Dr Katja Adie, Consultant
Contact details:	01872 253458
Brief summary of contents:	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.
Suggested Keywords:	Stroke, Malignant MCA syndrome, Hemispherectomy, Decompressive surgery
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Stroke Operational Group

Information Category	Detailed Information
Manager confirming approval processes:	Jo Floyd
Name of Governance Lead confirming consultation and ratification:	Paul Evangelista
Links to key external standards:	None required
Related Documents:	Advanced Stroke Management Pathway, Stroke Thrombolysis, Secondary Prevention Guidelines Stroke and TIA. Stroke and TIA Care pathway.
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Stroke

This document is only valid on the day of printing.

Controlled Document.

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Early Decompressive Surgery in Acute Ischaemic Stroke Peninsula Referral Clinical Guideline

V3.0

December 2021

1. Aim/Purpose of this Guideline

- 1.1. The aim of this document to inform clinicians on pathway for patients with signs of malignant MCA syndrome (increased intracranial pressure due to large stroke) to consider referral to Derriford Hospital for early decompressive surgery to improve survival and reduce severe disability in patients with acute middle cerebral artery infarction and a decreased conscious level within 24 hours of onset.
- 1.2. This version supersedes any previous versions of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and 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 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 General Data Protection Regulations 2016/679 please see the *Information Use Framework Policy* or contact the Information Governance Team
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 within 24 hours of stroke onset and treated within 48 hours of stroke onset.
- 2.2. Pre-morbid modified Rankin Scale score less than 2 (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

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 Operational Group Meeting held weekly, led by manager Jo Floyd
Change in practice and lessons to be shared	At Stroke Operational Group Meetings, led by manager Jo Floyd

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, Inclusion & Human Rights 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

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Directorate / Department responsible (author/owner):	Dr Katja Adie, Consultant		
Contact details:	01872 253458		
Brief summary of contents	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.		
Suggested Keywords:	Stroke, Malignant MCA syndrome, Hemispherectomy, Decompressive surgery		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Medical Director		
Approval route for consultation and ratification:	Stroke Operational Group		
General Manager confirming approval processes	Jo Floyd		
Name of Governance Lead confirming approval by specialty and care group management meetings	Paul Evangelista		
Links to key external standards	None		
Related Documents:	Advanced Stroke Management Pathway, Stroke Thrombolysis, Secondary Prevention Guidelines Stroke and TIA, Stroke and TIA Care pathway		
Training Need Identified?	No		

Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Clinical / Stroke			

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job)
2014	V1.0	Initial Issue, reviewed 22/10/2015	K Adie, Consultant D Nash, Medical Student
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

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

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). 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 Form						
Name of the strategy / policy / proposal / service function to be assessed Early Decompressive Surgery in Acute Ischaemic Stroke Peninsula Referral Clinical Guideline V3.0						
Directorate and service area: Elder Care/stroke			Is this a new or existing Policy? Existing			
Name of individual/group completing EIA Dr K Adie, Consultant			Contact details: 07717714009			
1. Policy Aim Who is the strategy / policy / proposal / service function aimed at?		The aim of this document to guide clinicians at RCHT on management of patients with severe ischaemic stroke requiring consideration of decompressive surgery.				
2. Policy Objectives		Improve outcome for patients with severe ischaemic stroke who may benefit from decompression surgery.				
3. Policy Intended Outcomes		Gold standard stroke care				
4. How will you measure the outcome?		Sentinel Stroke National Audit Programme				
5. Who is intended to benefit from the policy?		Patients with severe ischaemic stroke requiring consideration of decompression surgery.				
6a). Who did you consult with?		Workforce	Patients	Local groups	External organisations	Other
		x				
b). Please list any groups who have been consulted about this procedure.		Eldercare and Stroke, ED and Critical Care Unit Clinicians at RCHT, neurosurgical team Derriford hospital.				
c). What was the outcome of the consultation?		Agreed				

7. The Impact				
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the policy could have a positive/negative impact on:				
Protected Characteristic	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		
Sex (male, female non-binary, asexual etc.)		X		
Gender reassignment		X		
Race/ethnic communities /groups		X		
Disability (learning disability, physical disability, sensory impairment, mental health problems and some long term health conditions)		X		
Religion/ other beliefs		X		
Marriage and civil partnership		X		
Pregnancy and maternity		X		
Sexual orientation (bisexual, gay, heterosexual, lesbian)		X		
<p>If all characteristics are ticked 'no', and this is not a major working or service change, you can end the assessment here as long as you have a robust rationale in place.</p> <p>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.</p>				
Name of person confirming result of initial impact assessment:			Dr K Adie, Consultant	
<p>If you have ticked 'yes' to any characteristic above OR this is a major working or service change, you will need to complete section 2 of the EIA form available here:</p> <p>Section 2. Full Equality Analysis</p> <p>For guidance please refer to the Equality Impact Assessments Policy (available from the document library) or contact the Human Rights, Equality and Inclusion Lead</p> <p>india.bundock@nhs.net</p>				