Audit Meeting VAU ROOM 2 06/12/17

Present: P.G, C.R, M.Y, E.S and C.K

Apologies A.C

Popliteal Entrapment syndrome

MY and ES delivered a presentation on popliteal entrapment syndrome (attached to this email) as currently VAU does not have a protocol for these scans.

A number of questions were proffered from their research which were discussed.

P.G posed as a patient (lying prone on the couch and standing on a step) and her prox, mid and distal popliteal, DPA and PTA were scanned at rest and the waveform and velocity were recorded.

At Rest

1 Distal popliteal artery: triphasic, PSV 115cm/sec

1.1 Distal popliteal artery: Plantar flexion: triphasic, PSV 129cm/sec

1.2 Distal popliteal artery: Dorsiflexion: triphasic PSV 146 cm/sec

Standing on edge of stool

1. Distal popliteal artery: Plantar flexion: hyperaemic, PSV 103cm/sec
2. Distal popliteal artery: Dorsiflexion: hyperaemic, PSV 119cm/sec

It was discussed that for the protocol,

As per discussion with PSG, the CFA, PFA and SFA should be scanned at rest.

If one leg is positive for entrapment - scan the other leg for comparison.

Lay the patient prone and take resting measurements bilaterally.

Ask the patient to perform dorsiflexion and plantar flexion – take velocities and waveforms and check ankle waveforms.

Ask the patient to repeat these manoeuvres on the step.

6.12.17.

Write the report on a normal arterial report, draw waveforms and velocities on diagram at rest.

Write any evidence of entrapment found (waveform change, velocity) at the side of the report.

It was decided that 1hour 15 mins was an appropriate time to perform the scan and write up the report.

Actions: MY to draw up finished protocol for agreement by VAU team.