Audit Meeting 2/8/17

Present: PG, CR, MY, ES, JB

Apologies: AC

Nothing outstanding from previous meetings to sort

Discussion on Bakers Cysts and Pseudo aneurysms

CR provided some information on Bakers cysts which appear to have 2 categories: Primary –which is the tear drop image and secondary where the cyst appears to surround the join capsule.

It was decided that if the cyst was hypoechoic, in the popliteal fossa and the tear drop shape could clearly be demonstrated it could be classed as a ?Bakers cyst. Cysts surrounding the joint capsule do not appear to be common so no criteria were set for this.

Anything not fitting the above criteria would be classed as a ?cyst and depending on the appearance (hyperechoic and non-vascularised), position and patient history? Haematoma may be used in some cases or ?muscle related.

MY will add this to protocol if AC agrees.

The recent ?pseudo aneurysm (RHU24055304) images were reviewed. Learning points were:-

There would have been much higher flow velocities in the area outside of the graft.

There was no Ying Yang appearance

The artefact which was thought to be a hole in the graft was present on both sides.

JB asked about significant carotids and how we report the distal lumen on the report. All staff appear to write "patent distally" and not comment on the lumen calibre. The protocol states write "good flow/lumen" on the report so we have agreed to use "good flow seen distally". The issue of what is a good calibre lumen was raised. Also what is classed as a high bifurcation and when we are marking should we insure the patient's neck is in the same position as it would be in surgery? It was decided that we should ask the surgeons for more information. (PG or CR to do)

Suggestions for further subjects for audit meetings were made:-

ES – is looking into intimal thickness and will feed back her information to us.

JB – has some slides on a lecture on non ICA carotid disease which will provide good discussion points.

MY – Suggest that we write the protocol on popliteal entrapment in one of the meetings

Next meeting 6th or 7th September depending on reinstated MDT meeting. Subject Popliteal entrapment protocol

2-8-17.