REFLECTIVE CPD ACTIVITY FORM

Name: **Minta Sabrina Palmer**

Job Role: **Lead Vascular Technologist**

Name:	ASPIRE Junior: Vascular and Neurology	
Date(s):	25/05/2023	Total Days/Hours: 1 Hours
Type of activity:	☐Educational ☐Professional ☐Work-based ☒Self Directed ☐Other	
Description of Learning:	This was a webinar offered by the Rouleaux Club which described the relationship between Vascular and Neurology, in particular TIA and stroke.	
Analysis:	The presentations began with a review of carotid artery anatomy, including the circle of Willis. The mechanism behind each risk factor was explained: damage to vessel walls, irritation of the inner lining of vessel walls, reduced ability to process fats, arterial flexibility, etc. TIA/Stroke symptoms were discussed, as well as initial medical management. Surgical intervention risk versus benefits were outlined. Carotid endarterectomy versus carotid stenting was discussed.	
Conclusion:	Stroke is the major cause of neurological disability and is the 4th most common cause of death. There are approximately 152,000 strokes each year in the UK, costing around £26 million in healthcare costs. 85% of strokes are ischaemic, arising from cardiac or carotid sources. NICE guidelines state that the highest risk of stroke takes place in the near immediate time period (8% of patients are likely to have a CVA in 1 week, 12% in 1 month), and intervention should take place within 14 days. All patients are counselled to stop smoking and to begin taking antiplatelets. Carotid duplex ultrasound is the primary imaging modality used for diagnosis in most cases given its low cost, however intracranial carotid artery stenosis cannot be detected, and cross-sectional imaging may be required. There are two options for intervention, carotid artery endarterectomy and carotid artery stenting. Endarterectomy is an open surgical procedure,	

	in which the artery is opened, and the plaque is removed, with a patch placed to close. Stenting is less invasive, where a guidewire is passed through the plaque, with balloon angioplasty and stent placement. Endarterectomy is associated with a lower stroke and death risk in the perioperative period, and studies have shown that endarterectomy also carries a lower stroke/death risk over best medical therapy at 5 years. ESVS 2023 and AHA 2021 guidelines recommend that intervention should be considered in highly selected average-risk patients with an asymptomatic >70% stenosis. Although severe carotid stenosis is associated with a lower cognitive function, CEA and CAS *should not* be offered to improve cognition.
Benefits to your practice:	The vascular laboratory in our trust works very closely with both the Stroke and Vascular teams. We offer daily dedicated appointments to the Stroke team to accommodate TIA clinic patients, and positive findings are relayed back to the Stroke and Vascular teams for immediate review. The patients are discussed in network vascular MDT every Friday to determine the patient's suitability for intervention. While the findings in this webinar will not change our current practice, it is important to understand the rationale behind intervention versus best medical therapy, as well as the possible complications and future stroke risk.
Benefits to service user:	Having a better understanding of stroke risks enhances my knowledge of procedures and outcomes. Seeing the protocol used for carotid endarterectomy highlights the importance of accurate measurements during scanning, in order to aid the surgeon with incision and shunt placement.
Supporting evidence:	Webinar notes and certification of attendance.
Additional notes:	

Please complete reflection form for each activity submitted.