



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Daniela Bond-Collins has completed this personal reflection on **05/03/2019**

Paper: Winter 2019 CPD Questions

Personal Reflection:

Description of learning: reading 2 scientific papers and answering questions relating to the papers.

Evaluation: I found both papers very interesting and able to relate to my every day role as a Clinical Vascular Scientist i.e. relevant and therefore a much more enjoyable learning experience.

Analysis: traditionally we are taught there are no extra-cranial branches of the ICA, however, their presence is not uncommon. I had not realised that significant ICA disease was the cause of 20-25% of ischaemic strokes, I had believed the % to be much less.

Conclusion: Having seen ICA branches previously I have been unsure/unwilling to be confident in my reporting. I would now be more confident that this is a possibility. CAS may be safely performed in the early phase after an ischaemic stroke with low clinical complication rates.

Action plan: If I suspect an ICA branch I now know to look for higher resistance waveforms similar to ECA flows to confirm. I will discuss the role of carotid artery stenting with the surgeons/radiologists on the back of ICA thrombectomy now gaining popularity.