

3.4 Thrombectomy Treatment

▪ **Performed at hospital** (hospital name) _____

Duration Thrombectomy

- **Start of procedure (femoral access)** (yyyy-mm-dd hh:mm) _____ : _____ Time unknown
- **End of procedure (femoral closure)** (yyyy-mm-dd hh:mm) _____ : _____ Time unknown

Intubation and anesthesia Thrombectomy

- **General anesthesia** Yes No Unknown

If "Yes" is selected, please specify duration of general anesthesia

Duration _____ minutes

Heparin Thrombectomy

- **Heparin during procedure** Yes Only in flush No Unknown

If "Yes" is selected, please specify total dose of heparin during procedure

Total dose _____ units

- **Heparin after procedure** Yes No Unknown

Initial occlusion and angiographical result Thrombectomy

- **Localization of occlusion** Yes, not specified Yes, specify No Unknown

If "Yes, specify" is selected, please specify localization of occlusion(s) Fill in as many as you need

- **Specify localization of occlusion** TICl score (before intervention) TICl score (after intervention) Date and time for recanalization (yyyy-mm-dd hh:mm)

Side → Territory → Segment → Branch (e.g. Right → MCA → M2 → Frontal)

	TICl score (before intervention)	TICl score (after intervention)	Date and time for recanalization (yyyy-mm-dd hh:mm)
1.			- - :
2.			- - :
3.			- - :
4.			- - :
5.			- - :

(more about Localization and TICl score in Definitions document)

Proximal stenosis occurrence (angiographical result) (Thrombectomy)

Was stenosis noted proximal to occlusion(s)? Yes, not specified Yes, specify No Unknown

If "Yes, specify" is selected, please specify localization of stenosis(es)
Fill in as many as you need

Specify localization of stenosis

Side → Territory → Segment → Branch (e.g. Right → MCA → M2 → Frontal)

	Degree of stenosis	Type of stenosis
1.	%	
2.	%	
3.	%	
4.	%	
5.	%	

(more about Localization and Type of stenosis/occlusion in Definitions document)

Endovascular procedure(s) (Thrombectomy)

Endovascular procedures Yes, specify Not applicable

If "Yes, specify" is selected, please specify the endovascular procedure(s)
Fill in as many as you need

	options	device 1	device 2	device 3	device 4
<input type="checkbox"/> Mechanical thrombectomy device (MTD)	(device name)				
<input type="checkbox"/> Distal access catheter (DAC)	(Yes / No / Unknown)				
<input type="checkbox"/> Number of attempts	(number)				
<input type="checkbox"/> Balloon guide	(Yes / No / Unknown)				
<input type="checkbox"/> Aspiration in guide during thrombectomy	(Yes / No / Unknown)				
After initially successful thrombectomy (indicating atherosclerotic vessel segment or dissection)					
<input type="checkbox"/> Delayed reocclusion (5 - 10 min)	(Yes / No / Unknown)				
<input type="checkbox"/> Incubation of device ≥ 5 min	(Yes / No / Unknown)				
<input type="checkbox"/> Angioplasty	(Yes / No / Unknown)				
<input type="checkbox"/> Adjunctive stenting	(Yes / No / Unknown)				
TICI score after this device	(0 / 1 / 2 / 2a / 2b / 3)				
<input type="checkbox"/> Was this device successful?	(Yes / No / Uncertain)				

(more about TICI score in Definitions document)

Administration of drugs (Thrombectomy)

Drugs administrated at the occlusion site Yes No Unknown

If "Yes" is selected, please specify drug(s) administrated at the occlusion site

Specify (multiple select) Lytics Anticoagulants Antiplatelets Vasodilators

Drugs administrated systemically Yes No Unknown

If "Yes" is selected, please specify drug(s) administrated systemically

Specify (multiple select) Anticoagulants Aspirin ReoPro (Abciximab)