**OhioHealth Vascular Institute**

**RECOMMENDATIONS**

**Symptomatic Atherosclerotic Carotid Stenosis**

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**AMAUROSIS FUGAX, HEMISPHERIC SYMPTOMS TIA OR STROKE**

History and Physical, Screening Carotid Duplex; consider TTE with bubbles

Place an Inpatient Consult to Neurology for Pre Post NIHSS and MRS

> 50% by catheter angiogram OR > 70% by duplex ultrasound confirmed with MR, CT or catheter angiogram

Revascularization decision for type of revascularization based on patient characteristics and physician/patient.

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**OTHER:**

- Dizziness, seizure, syncope, non-hemispheric neurologic deficits not likely related to CAS consider other evaluation or neurology consultation

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**High Risk Features for CEA**

+ History of neck irradiation
+ History of ipsilateral CEA
+ History of tracheostomy or radical neck dissection
+ Anatomically high bifurcation
+ High cardiopulmonary risk Class III CHF or need for CABG valve

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**High Risk Features for CAS fem or TCAR**

+ Carotid Tortuosity
  - Proximal = fem
  - Distal = fem TCAR
+ Difficult Arch = fem
+ Common carotid disease = TCAR
+ Circumferential dense calcium = fem TCAR
+ Unable to tolerate antiplatelet med = fem TCAR
+ Uncooperative patient dementia = fem TCAR no gen anesthesia
+ Recent CEA = fem TCAR
+ Contrast anaphylaxis = fem TCAR
+ Rare adipose neck = TCAR
+ Dye anaphylaxis

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**ABCD 2 Stroke Risk Score**

- Age > 60 = 1
- BP 140 90 = 1
- Unilateral weakness = 2
- Speech disturbance without weakness = 1
- > 60 min symptom duration = 2
- 10-59 min symptom duration = 1
- < 10 min symptom duration = 0
- Presence of Diabetes = 1

**Score 0 – 3:** Low risk of stroke
**Score 4 – 5:** Moderate risk of stroke
**Score 6 – 7:** High risk of stroke

**Consider correction of stenosis in 3 7 days after presentation with TIA if score >4, with amaurosis as presenting symptom, correction can occur sooner.**

Repair within 14 days if “Minor Ischemic Stroke Stroke” after Neuro consult.

Repair within 6 weeks if moderate to severely disabling stroke.

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All treatment arms include optimal medical therapy defined by:

- BP < 140 90 ACEi ARB first line
- LDL < 100 70 for diabetics ) statin preferred
- Counseling for tobacco cessation
- Antiplatelet therapy with Aspirin, Clopidogrel or ASA
- Dipyrimadole
- Diabetic management
- Refer to Stroke Prevention Clinic

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ASYMPTOMATIC CAROTID STENOSIS

Found on screening exam

<50% by Duplex criteria

Optimal medical therapy and intermittent surveillance for change in symptoms and progression of disease see surveillance guidelines.

Found during evaluation of non ischemic symptoms dizziness, seizure, syncope, non hemispheric symptoms

>50–69 % Duplex by criteria

Consider Optimal Medical therapy with every 6-12 month surveillance

High Risk Features for CEA

+ History of neck irradiation
+ History of ipsilateral CEA
+ History of tracheostomy or radical neck dissection
+ Anatomically high bifurcation
+ High cardiopulmonary risk Class III CHF or need for CABG valve

>70% (or 80%) by Duplex criteria (EDV >100)

Conventional angiography, MR or CT

Consider for Elective Repair

Place an Inpatient Consult to Neurology for Pre Post NIHSS and MRS

Decision for type of revascularization based on patient characteristics, physician/patient discussion.

HIGH RISK FEATURES FOR CEA

HIGH RISK FEATURES FOR CAS

+ Tortuosity
+ Difficult Arch ie Type III with atheromatous disease
+ Circumferential dense calcium
+ Thrombus
+ Unable to tolerate antiplatelet meds
+ Uncooperative patient dementia
+ Recent CEA
+ Dye anaphylaxis

Conventional angiography, MR or CT

Consider conservative medical therapy if age >80 and/or comorbid life expectancy <5 years.

Conventional angiography, MR or CT

Consider for elective repair if unable to tolerate optimal medical therapy and/or if significant progression of disease

Conventional angiography, MR or CT

Consider for elective repair if unable to tolerate optimal medical therapy and/or if significant progression of disease

All treatment arms include optimal medical therapy defined by:

+ BP <140 90 ACEi ARB first line
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+ Counseling for tobacco cessation
+ Antiplatelet therapy with Aspirin, Clopidogrel or ASA Doppyrimadole
+ Diabetic management

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