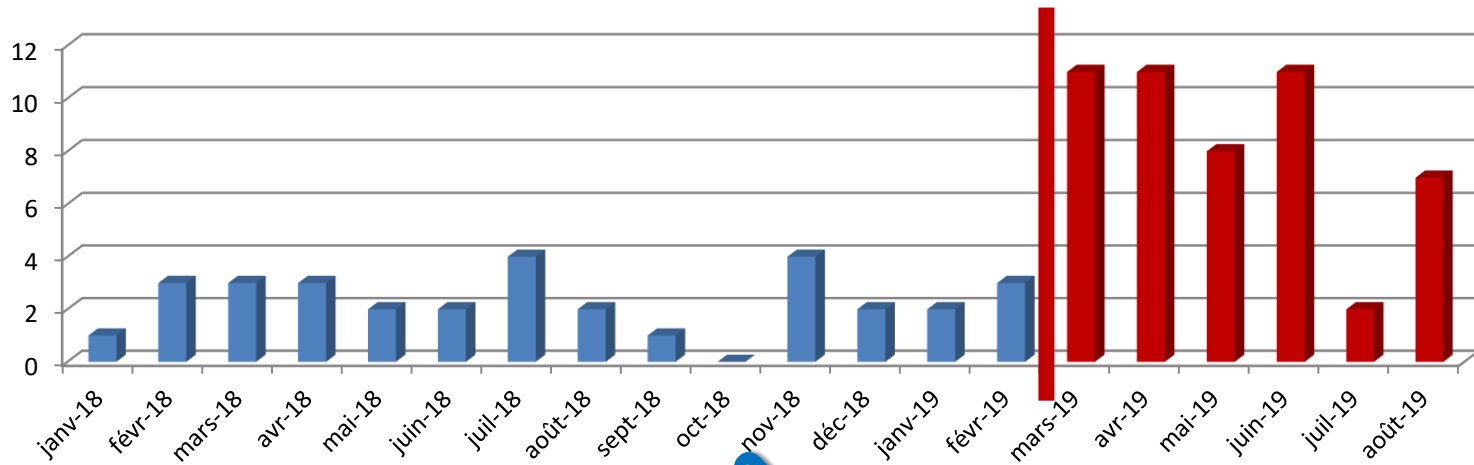


RESULTS from Bayonne Hospital

Time metrics

Angiographic results TICI

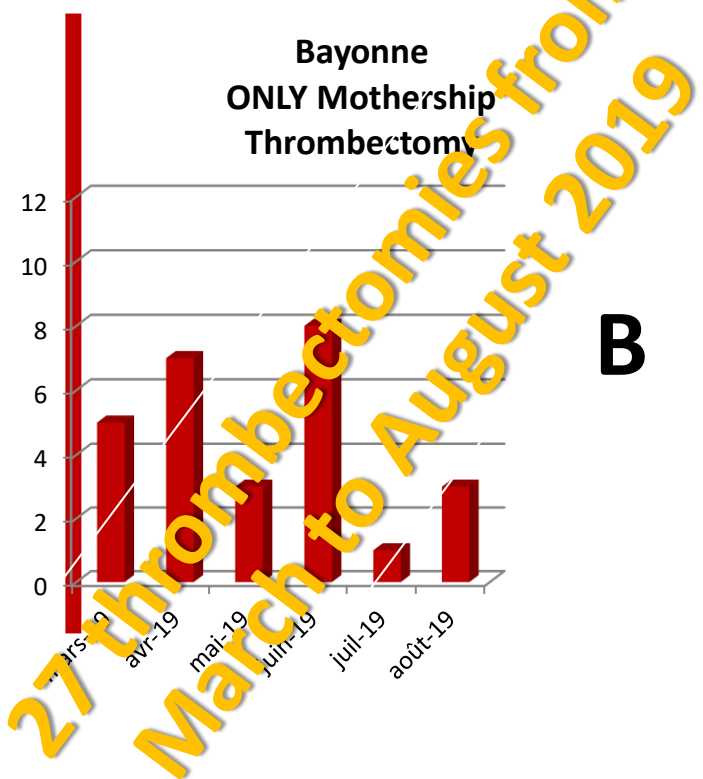
Thrombectomies performed at Bordeaux and Bayonne Hospitals



A

60 % additional patients
Who had thrombectomy

16 thrombectomies from
March to August 2018



B

27 thrombectomies from
March to August 2019

Bayonne
ONLY Mothership
Thrombectomy

Why 60 % increase in thrombectomy ?

Transfer is too long

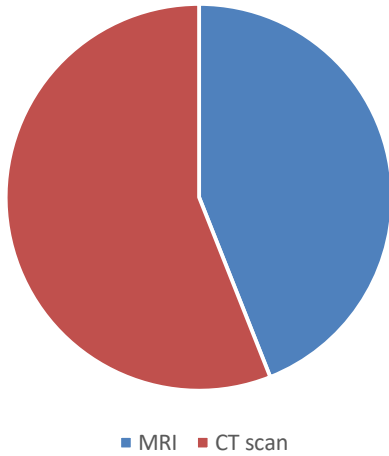
Complicated to manage and organise patient's transfer

Each team (SMUR, emergency, radiologist) actively engaged in thrombectomy

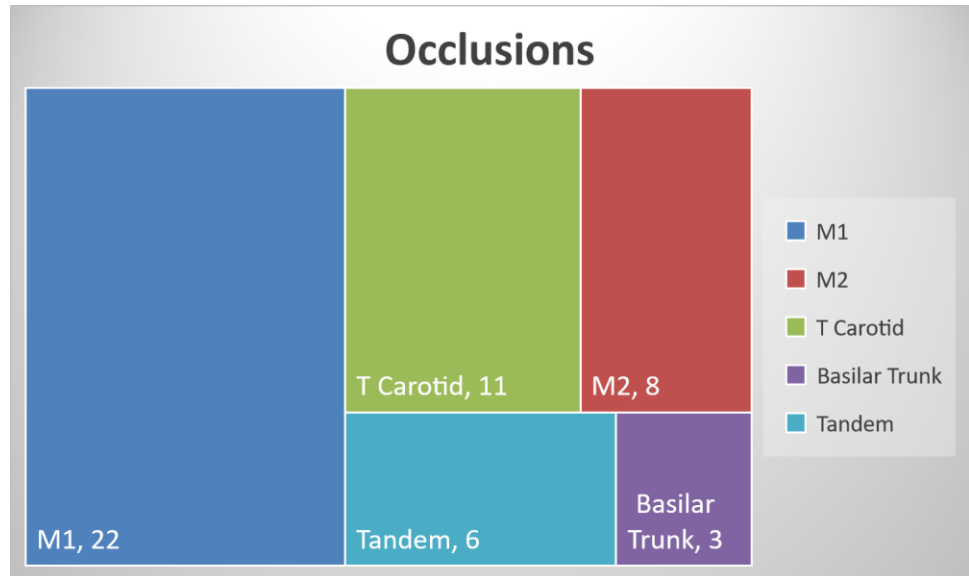
Technical Datas

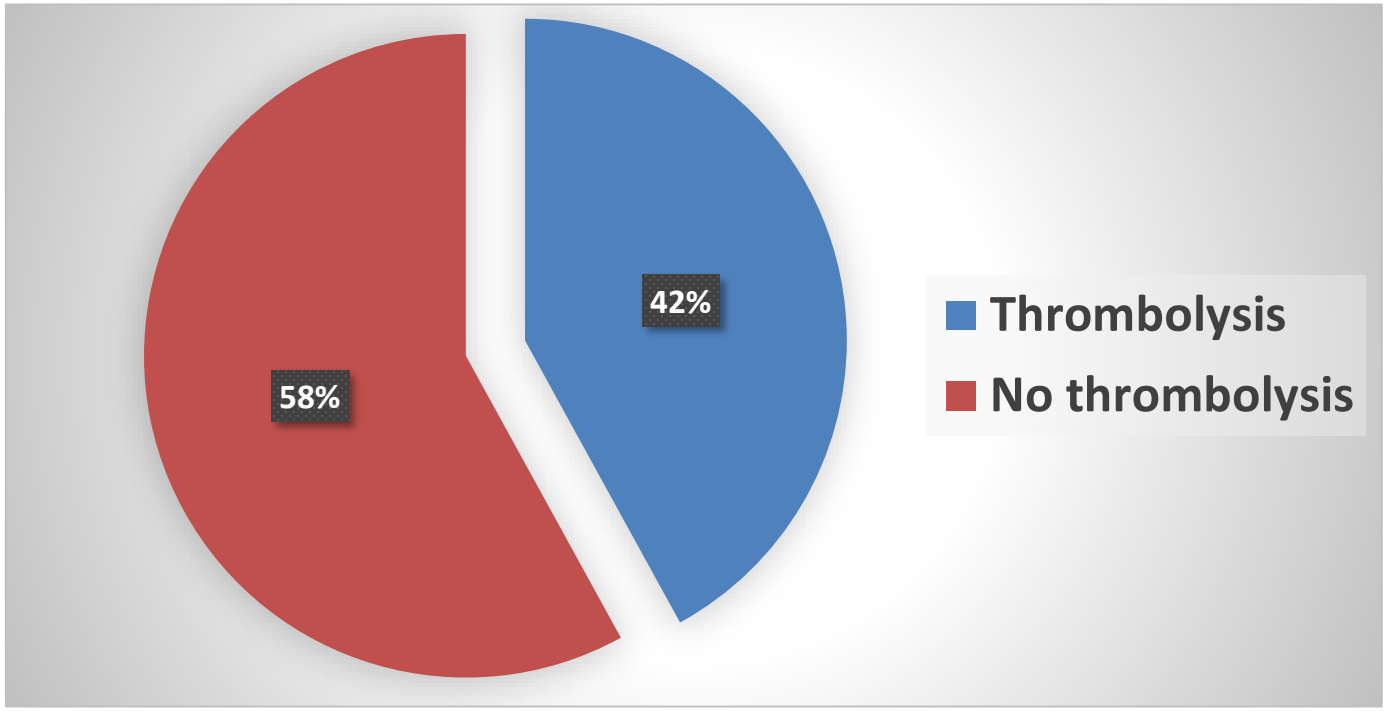
The First 50 patients underwent a thrombectomy in Bayonne Hospital

Diagnosis imaging

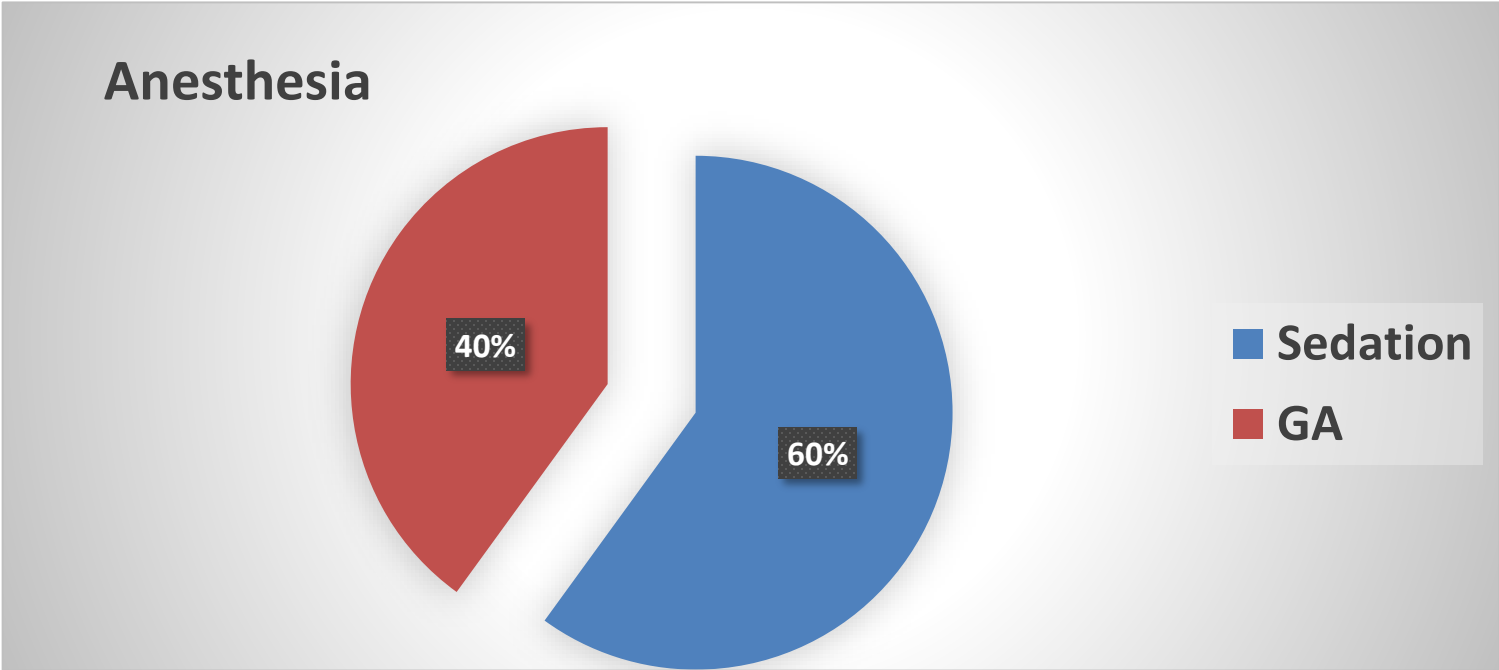


Occlusions

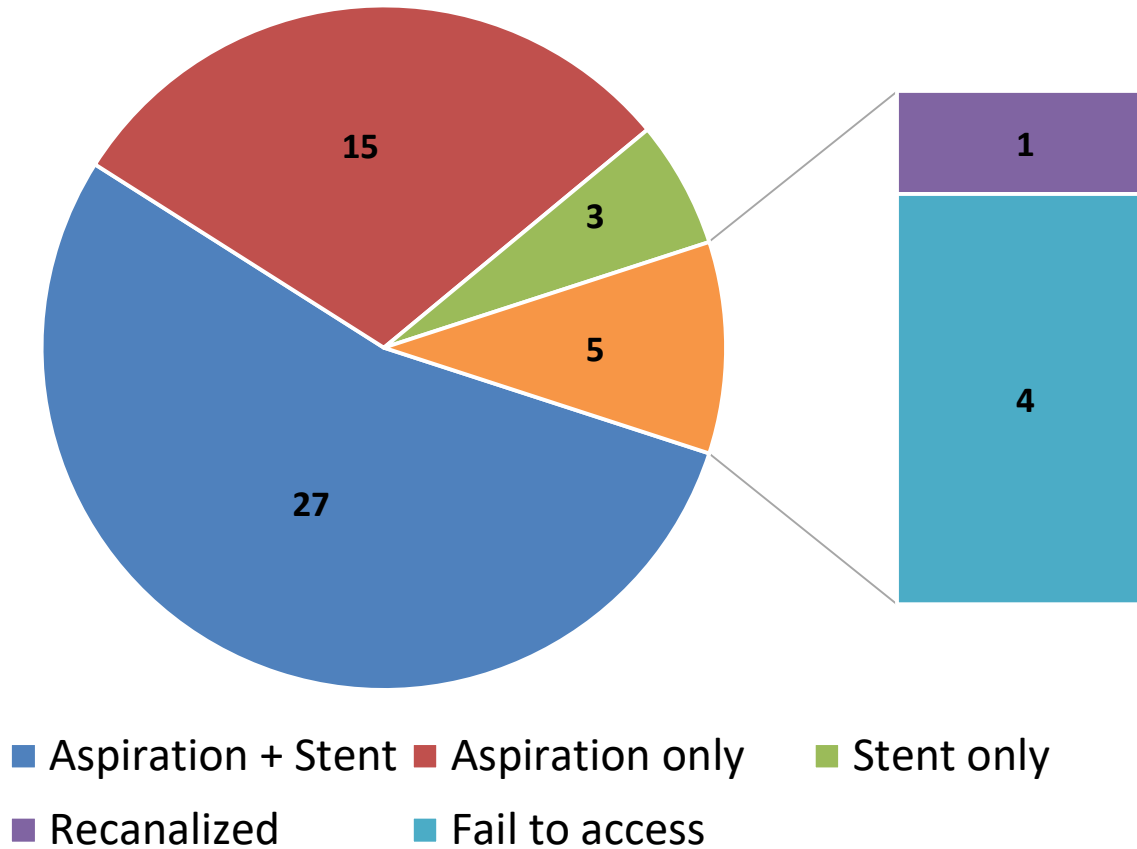




Anesthesia

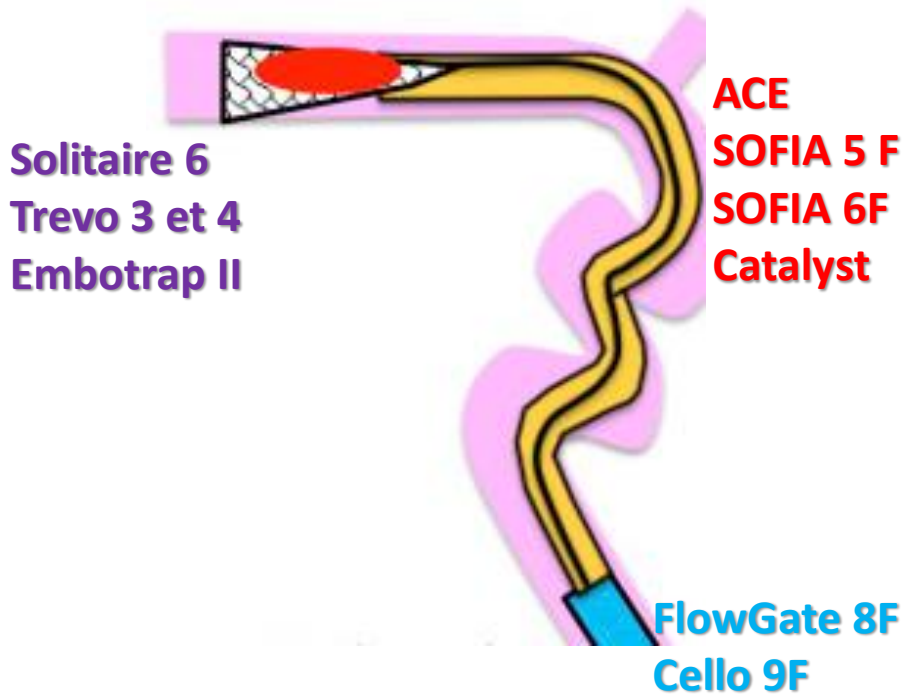


Procedure performed

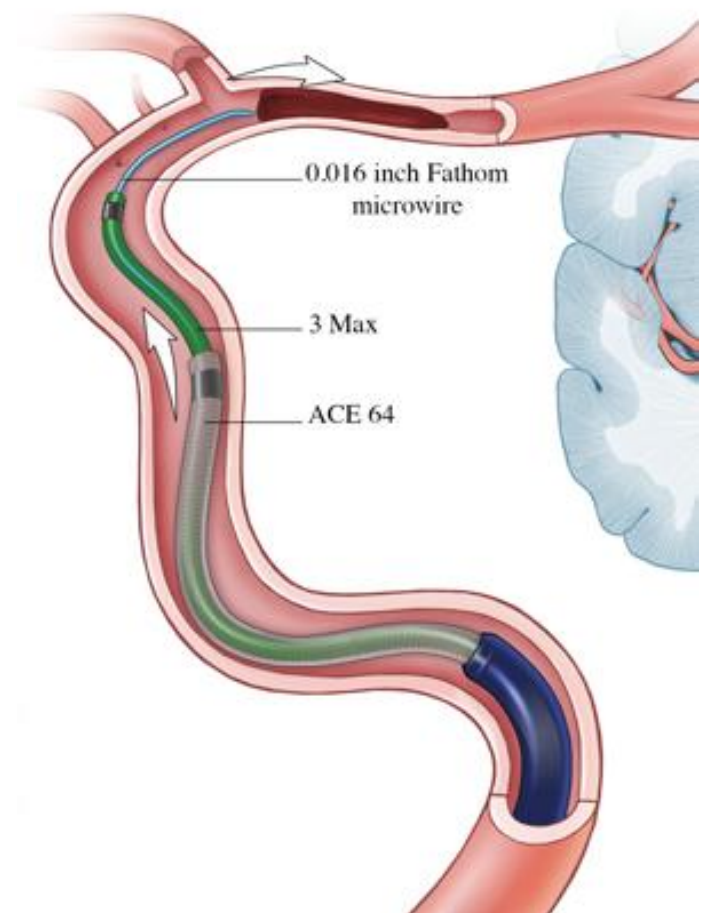


* One direct carotid access

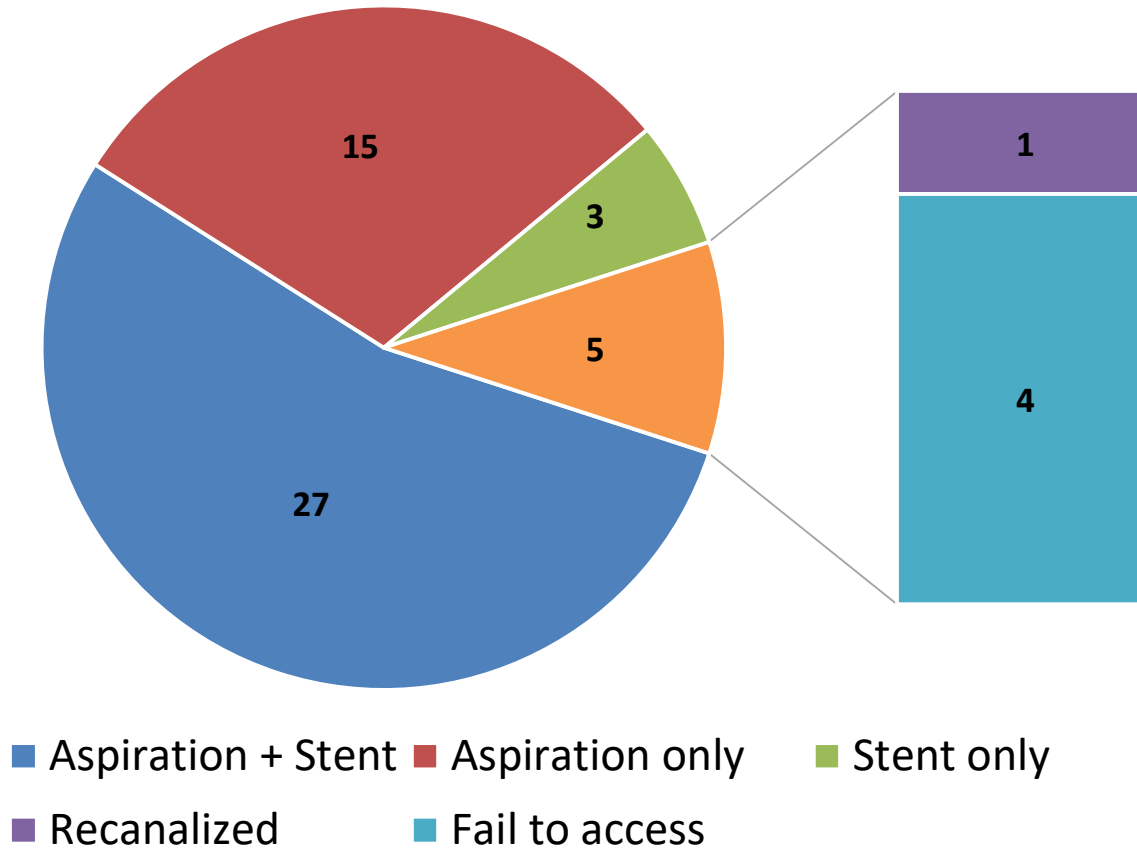
ARTS technique



ADAPT technique

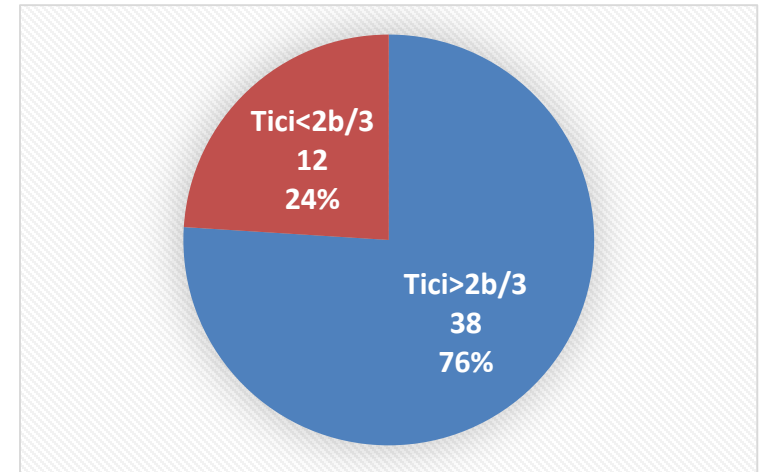
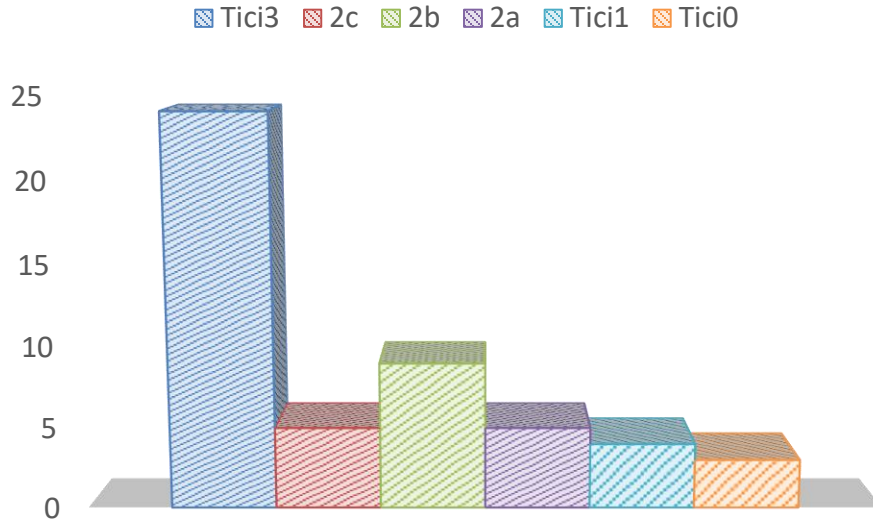


Procedure performed



* One direct carotid access

Angiographic Results



Tici > 2b/3 First pass : 17/50 : 34 %

Compass Study:

TICI 2b or greater on first pass	57% (75/131) [§]	51% (65/129) [¶]	1-32 (0-81-2-15)	0-32
TICI 2b or greater within 45 min of access	76% (101/133) [†]	68% (91/134) [‡]	1-49 (0-87-2-55)	0-17

Mean procedure time from puncture to recanalization

Bordeaux mean operating time **00:47** (min 0:10-max 2:40)

Bayonne mean operating time **01:01** (min 0:16-max 2:40)

Biplane vs Monoplane

Using mostly BGC, Aspiration and stent vs mostly ADAPT technic in Bordeaux

And obviously physicians experience.

CONCLUSION

Comparable results concerning recanalization

Access to thrombectomy

Need to improve our technic and time procedure

Need to communicate our results