jan fletcher
copywriter

<Home>

Do you experience persistent symptoms of stroke (such as mini-strokes or transient ischaemic attacks (TIAs), despite maximum drug treatment?

A new surgical technique known as high-flow extracranial to intracranial (EC-IC) bypass surgery is now undergoing audit by a neurosurgical team at The North Bristol NHS Trust.

The audit's aim is to establish whether 'high-flow' EC-IC bypass surgery can significantly reduce the risk of stroke among patients who have bilateral carotid artery occlusion (see indications and referral requirements). These patients will be at high-risk of suffering an ischaemic stroke, despite maximum medication. And they may have been told that no other treatment is currently available to them.

Bypass surgery will only be offered to patients after a thorough assessment and only if their risk of suffering a stroke in the near future is very high.

How will I know if I'm eligible for high-flow EC-IC bypass?
Using the information on this site you'll be able to discuss with your GP whether taking part in an audit is the right path for you. Only your GP can refer you for assessment.

Both assessment and surgery payment will be requested by your local PCT.
Compatible with NICE Guidance 2010.

<About EC-IC>

About the 'High-flow' EC-IC Bypass Surgery audit

The North Bristol NHS Trust's Neurosurgery Department at Frenchay Hosptial, Bristol is currently running an audit in order to assess the benefits and risks of 'high-flow EC-IC bypass surgery for patients with bilateral (both) carotid artery occlusion.

We believe it could benefit patients who represent a high risk of ischaemic stroke due to blocked carotid arteries, where no other alternative treatment is available.

A 'high-flow' EC-IC bypass is an operation to increase blood flow to the brain. It involves connecting an artery in the neck (the internal carotid artery) to a recipient artery inside the
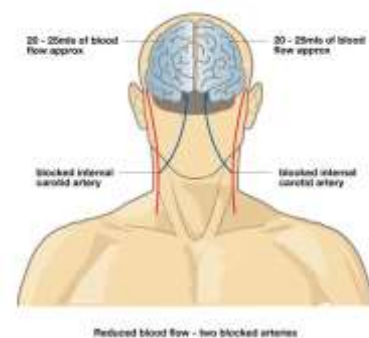
skull (usually the middle cerebral artery), using a vein graft taken from the patient's leg (the saphenous vein).
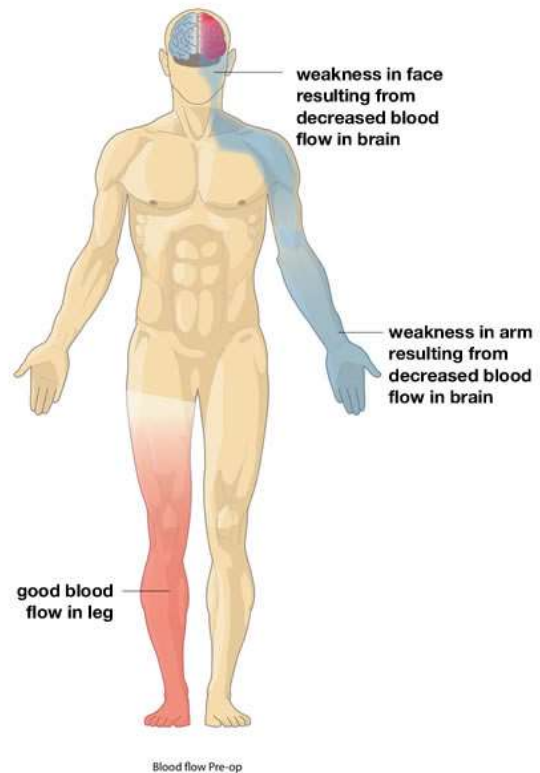
The bypass will restore blood flow to the brain where both of the patient's carotid arteries have become blocked. (Click on the illustration to enlarge)

We believe the procedure can reduce the risk of high-risk patients suffering a major, life-threatening stroke.

Who is eligible to take part in the 'high-flow' EC-IC Bypass Surgery audit?

The NBT's 'high flow' EC-IC bypass audit is particularly interested in patients who experience symptoms of stroke, despite maximum drug treatment.
These patients will have bilateral carotid artery occlusion (both their arteries will be blocked), resulting in insufficient blood flow in the cerebral arteries (the blood vessels to the brain. As a result, they will be experiencing symptoms such as transient ischaemic attacks or mini-strokes.

weakness in face resulting from decreased blood flow in brain

weakness in arm resulting from decreased blood flow in brain

good blood flow in leg

Blood flow Pre-op

Taking part in the study (which involves an investigative assessment and surgery), could be a viable option for you if you have been refused a carotid endarterectomy and you are experiencing symptoms of stroke, despite maximum drug treatment.

What should I do if I think I'm eligible to take part in the audit?
After browsing the site, please seek your GPs advice on whether 'high-flow' EC-IC surgery could benefit you. It may only be suitable if your risk of stroke is particularly high and no other treatment is available to you.
Please review the information on this site before seeking your GPs advice:

> About ischaemic stroke

> Indications

> Referral criteria and procedures

The applications and risks of this procedure have been independently evaluated by the National Institute for Clinical Excellence (NICE) and are in accordance with NICE Guidelines of July 2004 to 2010.

<About ischaemic stroke >

**About Ischaemic stroke - Common causes, symptoms and treatment**

Suffering an ischaemic stroke is an irreversible event frequently leaving a neurological deficit (i.e. weakness or paralysis, speech impairment). Patients who suffer a stroke may be reliant upon long-term medication and rehabilitation programmes. Full-time care may be required and a stroke can be life threatening.

This site is not intended as a comprehensive stroke site and you are advised to view our links for more information. However, the following Q & As will help you understand ischaemic stroke and clarify the particular condition of patients who may benefit from 'high-flow' EC-IC bypass procedure, currently performed as part of the North Bristol N.H.S trust audit.

<Expanding questions and answers>

What is an ischaemic stroke?

To function properly, brain cells need a constant supply of oxygen and nutrients. A stroke occurs when the flow of blood to the brain is suddenly stopped. As a result, brain cells die or become damaged. Strokes are irreversible and can lead to permanent brain damage and in some cases are life-threatening.
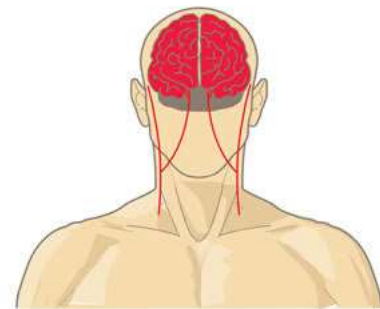
Normal Blood Flow

There are different types of stroke.

- An ischaemic stroke arises when blood vessels are blocked and blood can no longer reach a particular area of the brain. A common cause of ischaemic stroke is a carotid artery stenosis (narrowing of the carotid artery) or cartotid artery occlusion (blockage of the carotid artery).

- A haemorrhagic stroke is caused when a weakened blood vessel in the brain bursts, causing damage to the brain cells.

The 'high-flow' EC-IC bypass audit study is concerned only with patients who are at high-risk of ischaemic stroke and who fulfil certain referral criteria.

>What are the symptoms of a stroke?
>What is a transient ischaemic attack (TIA) or mini-stroke?
>What can cause the symptoms of ischaemic stroke?
>What lifestyle or health factors can cause ischaemic stroke?
>What treatment is available for symptoms of ischaemia?
>What treatment is available if I've been told a carotid endarterecomy cannot be performed?
>How could I benefit from 'high-flow EC-IC bypass surgery'?

<end of excerpt>