**SSVN Policy For Referring Patients For Consideration Of Urgent Carotid Revascularisation**

**Background**

Prompt referral and surgery are associated with improved outcomes for patients with symptomatic carotid stenosis. With the amalgamation of vascular services in the Southwest of Scotland into the SSVN, there is a need to create a standardised and streamlined referral pathway for patients across all three health boards. The ideal would be an on-line request placed though software such as Trakcare, but given there is not yet a network wide on-line vascular hub, the following arrangements represents the simplest alternative. Work on a vascular hub website is on-going.

**Policy**

1. Referrals will be accepted from any appropriate care provider (physicians, physicians-in-training, specialist stroke nurses). It is essential that the responsible consultant’s name be provided in the referral.
2. Referrals will be made using a referral form (second page of this document).
3. This should be emailed to a specific inbox:
   * [carotidref.ssvn@lanarkshire.scot.nhs.uk](mailto:carotidref.ssvn@lanarkshire.scot.nhs.uk)
4. All the University Hospital Hairmyres Vascular secretaries will have access to this inbox.
5. The receiving secretary should reply to the sender confirming receipt of the email. If there is no quick email response, the referral should be followed up by a telephone call to the vascular secretaries to confirm receipt. If there is still no response, the on call team can be telephoned.
6. At the same time, the receiving secretary will then forward the referral by email to the “Consultant of the Week”. The referral form should be uploaded to the vascular section of the Clinical Portal.
7. It will be the responsibility of the “Consultant of the Week” to appropriately action the referral. Normally this will involve arranging an appropriate pre-op clinical review and identifying an operating list.
8. It is **not** essential to discuss all cases at an MDT prior to surgery. If there is little doubt that surgery is indicated, surgery should not be delayed to permit a routine MDT discussion. If no delay will be incurred by an MDT discussion, then such discussion is to be preferred. Cases where the risk and benefit seem to be finely balanced should be discussed at MDT even if this confers a delay.

**URGENT CAROTID REFERRAL FORM**

**Write or attach label**

CHI No: …………………………………………

Surname: …...…………………………………..

Forename: ….………………....… Sex: …..…

Address: …...…………………………………...

…………………………………………………….

Date of Birth: …………………………………...

**Please Email to:**

carotidref.ssvn@lanarkshire.scot.nhs.uk

Referring Consultant………………………………………

Patient Health board: NHSL ❑ NHS A&A ❑ NHS D&G ❑

Current location of patient: IP ❑ (where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) OP ❑

Contact phone no. for patient:

Date of symptom onset: \_\_\_/ \_\_­\_/\_\_\_ Date of last symptom: \_\_\_/ \_\_­\_/\_\_\_

Diagnosis:     TIA       ❑           Stroke   ❑             Retinal ❑

|  |  |  |
| --- | --- | --- |
| **Symptoms** | **Right** | **Left** |
| Arm weakness | ❑ | ❑ |
| Leg weakness | ❑ | ❑ |
| Facial weakness | ❑ | ❑ |
| Visual field defect | ❑ | ❑ |
| Speech disturbance Yes  ❑    No ❑ | | |

Symptomatic carotid:     Left   ❑          Right ❑

% stenosis:       Left ...........%          Right ...........%

Recovery:     Full  ❑       Good   ❑      Partial❑

Method(s) of assessment:       MRA   ❑      Duplex   ❑         CTA ❑

Further imaging arranged: Date \_\_/ \_\_/\_\_ Time \_\_:\_\_ Site:

Is there any particularly pertinent co-morbidity?

Unstable cardiac disease ❑  Active malignancy ❑  History of neck irradiation ❑  Severe c-spine disease ❑

Is patient fit for general anaesthetic?    Yes  ❑     Uncertain  ❑  No ❑

Is Patient anticoagulated?: Warfarin ❑  DOAC ❑ None ❑

**Pre-op anti-platelet therapy will be at discretion of referring physician but this will normally be rationalised to single agent clopidogrel post-op.**

Please give patient EIDO **carotid surgery information leaflet: Yes** ❑  **No** ❑

Please only refer if:

* Patient willing to consider surgery
* Has capacity to give their consent to surgery
* Has a modified Rankin score of 3 or lower.