





# Thrombectomy aftercare

Information for patients who have undergone **Femoral Puncture** 

# What is Thrombectomy?

Thrombectomy is an emergency treatment for some cases of ischemic stroke, which occur when a clot obstructs blood flow to the brain. Specialised catheters and stents are used during thrombectomy to retrieve the clot, restoring blood flow and minimizing potential damage to the brain.

The access to the blood vessels in the brain is gained using a catheter passed through a small puncture in an artery in the wrist or groin.

Thrombectomy enhances the chances of recovery and reduces the risk of long-term disability associated with a stroke. The procedure may be also used in conjunction with another medical treatment for ischemic stroke called Thrombolysis which aims to dissolve clots.

# What is an Angio-Seal?

If the femoral artery is used to access the vessels in the brain, the puncture site is closed by either inserting an 'Angio-Seal' or by applying manual pressure to the groin for 15 minutes.

An 'Angio-Seal' is a closure device in which a collagen plug is inserted into the wall of the femoral artery to stop the blood flow. It remains in place post thrombectomy and dissolves within 90 days. You will need to carry the card provided upon discharge during this period so that, in the unlikely event of needing further treatment, other doctors are aware of the device. No aftercare is necessary.

If an 'Angio-Seal' is used, patients need to lie flat in bed for 1-2 hours after deployment. Please note that patients who have had stroke treatment may be required to lie flat for an additional number of hours as per Stroke Protocol. Patients can then mobilise as able in line with nursing staff guidance.

Thrombolysis may increase the risk of bleeding from femoral puncture. If bleeding occurs, a temporary external pressure dressing called 'Safeguard' may be needed to stop the bleeding.

# What if I don't have an Angio-Seal fitted?

If the 'Angio-Seal' cannot be inserted, the doctor will need to apply manual pressure at your femoral artery site (two fingers above the incision site) for an average time of 10-15 minutes. Afterwards you will be required to lie flat for a minimum of 4 hours.

#### Aftercare of femoral puncture

Whilst recovering, you will be asked to keep your head on the pillow. The head of bed can be elevated to a maximum of 30 degrees. You must keep your leg straight. Avoid putting your chin on your chest, as it exerts undue pressure on your groin and may cause slight bleeding at the puncture site. During recovery, you will be asked to press your hand over the puncture wound if you need to cough, laugh or sneeze.

A transparent dressing, called Tegaderm, is placed over the puncture site, allowing clear visibility of any bleeding. To prevent infection, shower is recommended instead of bathing for the next few days in order to avoid submerging the wound in water. Remove the dressing in the shower after 2 days. Let the water run over the wound and pat it dry. The wound should be dry. If you are discharged home at this point and you are concerned about the wound, contact your GP for advice. For 48 hours following your thrombectomy, take things a little easier than usual and do not to strain yourself.

# **Recovery from stroke**

The stroke team will guide you through the next stages of your recovery, which may involve collaboration with a multidisciplinary healthcare team, including Physiotherapists, Occupational Therapists, Speech and Language Therapists and Dieticians.

My Notes:	