

Mechanical thrombectomy

This leaflet explains more about mechanical thrombectomy, including the benefits, risks and any alternatives and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

Why should I have mechanical thrombectomy?

A stroke is an EMERGENCY. You have had a stroke due to a blood clot blocking an artery and cutting off blood flow to the brain. The doctor can see this blocked artery on the CT scan you had with the injection of dye.

What is mechanical thrombectomy?

Comprehensive stroke centres offer an emergency treatment for this type of stroke, which has to be done quickly. This is called a thrombectomy.

What happens during mechanical thrombectomy?

When you arrive in the department you will be assessed to see if this treatment is still appropriate - it isn't always. The treatment takes place in the x-ray department. You will have an x-ray with dye to check the blood vessels (an angiogram). You may be given some sedation or even an anaesthetic. A radiology doctor will insert a small wire and tube ("catheter") into an artery in your groin and guide the wire into the blocked artery.

If the artery is still blocked, the doctor will try to remove the clot, either by suction or by pulling it out with a special device called a stent retriever. This treatment opens the artery in about 70% of cases.

What are the risks?

- There can be some bruising or swelling at the groin where the catheter is inserted
- The angiogram can cause stroke (1% of patients)
- Bleeding in the brain can occur. This can be serious (<4% of patients) and may even lead to death
- There is a very small risk of tearing the artery (<1%)
- There is a very small risk of infection.

Are there any alternatives?

The alternative is having no treatment or for some people Intravenous medication (an injection) alone.

- Without mechanical thrombectomy on average there is 26% chance of regaining independence.
- With this mechanical thrombectomy on average there is 45% chance of regaining independence.

How can I prepare for mechanical thrombectomy?

You do not need to do anything to prepare, the doctor and nurse looking after you will make sure everything is ready.

Asking for your consent

It is important that you feel involved in decisions about your care. You or your next of kin may be asked to sign a consent form for this treatment or it may be carried out in your best interest if you are unable to do so. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

Will I feel any pain?

You may experience a small amount of discomfort in your groin or head, but most patients do not remember this.

What happens after mechanical thrombectomy?

The procedure usually takes 20-30 minutes. After the procedure you will most likely be cared for on the hyperacute stroke unit, where specialist stroke nurses will monitor you closely. Some people go to an intensive care unit. If the hospital is not your local one, you will be transferred to your local stroke unit as soon as it has a bed available - this may be as soon as the following day.

Contact us

If you have any questions or concerns about mechanical thrombectomy, please ask any member of the team who will be very happy to help.