Abstracts

E-175
TELEMEDICINE DURING AND POST-COVID 19: THE INSIGHTS OF NEUROSURGERY PATIENTS AND PHYSICIANS

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Background COVID-19 has caused massive surge in telemedicine utilization as patients and physicians tried to minimize in-person contact to avoid the spread and impact of the pandemic.

Objective This study aims to expand on the knowledge of telemedicine during and beyond the COVID-19 era as it pertains to its use, efficacy, and patient and provider satisfaction through surveys sent to patients and neurosurgery physicians.

Methods This is a retrospective study involving 93 patients and 33 Neurosurgery physicians who anonymously participated in the surveys about their experience with telemedicine visits.

Results Most respondents indicated extreme satisfaction with their telemedicine encounters during the pandemic (77%). As for how comfortable physicians are in providing a diagnosis via telemedicine compared to clinic visits, 7 (21.9%) physicians felt extremely comfortable, 13 (40.6%) felt somewhat comfortable, 2 (6.4%) were neutral, 9 (28.1%) felt somewhat uncomfortable and 1 (3.1%) felt extremely uncomfortable.

Conclusion Telemedicine has become a major force in the health care system under the circumstances the world is witnessing. Physicians and patients have displayed high levels of satisfaction with telemedicine which could be pivotal to improving healthcare access to underprivileged areas beyond the pandemic.

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E-176
ENDOVASCULAR STENT RETRIEVER THROMBECTOMY OF MEDIUM AND SMALL VESSEL OCCLUSION OF THE MIDDLE CEREBRAL ARTERY WITH ACUTE ISCHEMIC STROKE: A CASE SERIES

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Introduction Multiple randomized clinical trial have demonstrated benefit of stent retriever mechanical thrombectomy (SRMT) of large vessel occlusion (LVO) in acute ischemic stroke (AIS) including with those present in 24 hours. However, trials have included predominately proximal middle cerebral artery (MCA, M1) and current recommendation is to perform SRMT in M1/M2. Therefore, AIS patients with small vessel occlusion (SVO) and high NIHSS liken LVO have no recommendations or options leading to disabilities. Objective of our study is to present the safety and feasibility of SRMT of SVO in patient with AIS who presented with high NIHSS. Additionally, we will describe technical aspect including their clinical and radiographic outcomes.

Methods From a stroke-endovascular databased, consecutive patient with SVO underwent SRMT from 2015–2018 were selected. Patient demographics including recanalization data with clinical and radiographic outcomes were collected.

Results 6 patients (3 female) with median age of 65.66 (range 41–86), median NIHSS of 13 (range 7–19) and median ASPECT 8 (7–10) presented with SVO; right M3 in 2 and left M3/M4 in 4 patients. Of 6 SVO patients, one presented in 4 hours and receives intravenous rTPA, one presented in 12 hours and 4 presented in unknown time of onset but last known normal was 24 hours. One of the left M3/M4 patients was a singer who (41 years old) absolutely do not wanted to be alive if she didn’t regain her speech. Similarly, another 42-year-old woman with left M3/4 clot was teacher wanted her speech restored for teaching. Endovascular strategies: all but one received rectal 300 mg aspirin and 500 ml normal saline bolus. Under conscious sedation, 8 French balloon catheters...