

Pat. #3: Postprocedural MRI showed residual flow in aneurysm sac as with other flow diverter. No further follow up available.

Conclusion The eCLIPS device family can be very useful in treating wide-neck shallow bifurcation aneurysms. Anti-platelet regime should likely include dual inhibition for at least 3 months.

Disclosure of Interest Consultant/Speaker:

Acanadis, Cerenovus, Medtronic, MicroVention, Philips, Siemens, Stryker, Vesalio.

3.3 OTHER – Miscellaneous

032/312 CONTINUOUS EVALUATION OF THE ESMINT/EYMINT E-FELLOWSHIP AS A EUROPEAN TELE-LEARNING NETWORK FOR NEUROINTERVENTIONAL TRAINEES

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Introduction The European EYMINT tele-observership (e-fellowship) was initially launched in 2020 and has since enrolled 72 neurointerventional fellows. These have live remote access to procedures performed by individually assigned specialists (mentors) at geographically distant high volume neurointerventional centers.

Aim of Study 1) Assessment of situational awareness during remote attendance of neurointerventional procedures. 2) Assessment of learning progress among participants.

Methods Prospective evaluation of telestreamed cases from 2020 to 2023 via anonymous questionnaires for trainees and mentors.

Results From 06/2020 to 04/2023 a total of 498 cases were transmitted to fellows using telestream technology (33% Aneurysm, 29% AVM/DAVF, 27% Ischemic Stroke). Although not being physically present, a high level of situational awareness for the procedure (levels 4+5 on a Lickert scale from 1–5) was reported by 81.9% of fellows. The impact of the fellowship on knowledge improvement during neurointerventional training was reported to be large by 55% of participants. Technical knowledge (handling of devices) and procedural knowledge (sequence of interventional steps) were equally described to be the areas of particular improvement. Remote attendance of complex aneurysm cases (intrasaccular devices, flow diversion) seemed to deliver most value in terms of learning progress. Nevertheless, some participants stated more value from a different perspective on a common procedure, i.e. a thrombectomy.

Conclusion Tele-observerships may supplement neurointerventional hands-on training in particular of low-frequency high-complexity procedures.

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Jens Fiehler: Nothing to disclose

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2.3 ISCHEMIC – Treatment

033/325 THE EFFICACY AND SAFETY OF DOUBLE STENTRETRIEVER AS A RESCUE METHOD AFTER FAILED THROMBECTOMY

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Introduction Thrombectomy is the standard treatment for acute ischemic stroke. No treatment for failed Thrombectomy has been so far established. As a rescue method, a double stent-retriever(SR) seems to be effective and associated with a low complication rate.

Aim of Study To prove the efficacy and safety of Double Stent-retriever as a rescue method after failed Thrombectomy.

Methods In a retrospective analysis, all patients having received mechanical Thrombectomy with double-SR as rescue therapy following failed single-SR thrombectomy between 2010–2022 were studied. The efficacy and safety of double-SR rescue therapy were evaluated using modified thrombolysis in cerebral infarction (TICI 2b/3), European Cooperation Acute Stroke Study(ECASS) II classification, and the National Institutes of Health Stroke Scale Score (NIHSS) at discharge.

Results Of 120 enrolled patients, 74 presented with MCA-(M1= 66, M2= 8), 14 with TICA, and 14 with basilar artery-occlusion. The mean intervention duration before changing the method was 34.51 minutes, and the mean number of failed- passes was 1.98. Fist-pass Effect was achieved in 81 (67%) patients after using Double-SR. The mean time of rescue-thrombectomy was 26.12 (10–150 minutes). Symptomatic intracerebral hemorrhage was observed in 6 patients (5%).

Conclusion Rescue Mechanical thrombectomy using double-SR is associated with a higher rate of successful recanalization, first-pass effect, and relatively low rate of hemorrhagic complications. Further randomized control trials are needed to confirm results and long-term outcomes.

Disclosure of Interest Nothing to disclose.

034/332 PREVENTIVE ADMINISTRATION OF VASOACTIVE AMINES IS EFFECTIVE IN COUNTERBALANCING SIGNIFICATIVE BLOOD PRESSURE DROPS WHEN NIMODIPINES ARE ADMINISTERED DURING MECHANICAL THROMBECTOMY PROCEDURES

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Introduction During endovascular treatment of acute ischemic stroke (AIS), vasospasm can occur when materials used for mechanical thrombectomy come into contact with cerebral arteries. Nimodipine is commonly administered intra-arterially, but lowering blood pressure in AIS patients can increase neural loss affecting the patient's clinical outcome.

Aim of Study This study assessed whether continuous infusion of vasoactive amines counteracted the hypotensive effect of