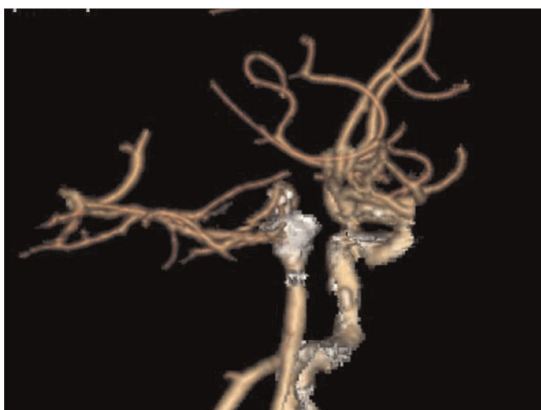
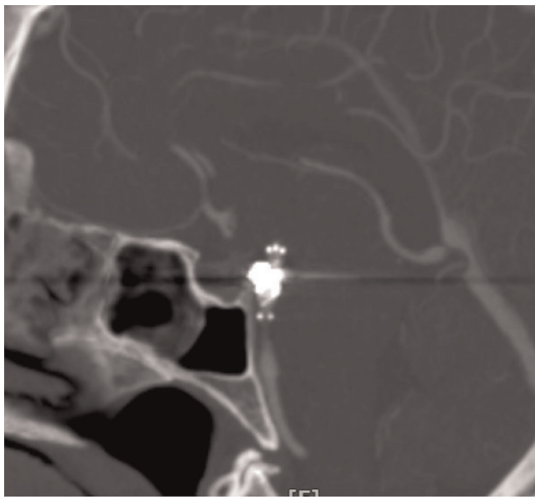


Abstract P059 Figure 3 left vertebral artery angiogram



Abstract P059 Figure 4 Brain CTA 6 months after treatment

Flow diverting Stent in posterior circulation aneurysm can be safe and effective but further studies are needed.

Disclosure of Interest no.

P060 THE ROLE OF ADVANCED CLINICAL PRACTITIONERS (ACPS) WITHIN A NEUROVASCULAR SERVICE

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Introduction As an ACP specialising in Subarachnoid Haemorrhage (SAH), collaborative working with the Neurosurgery and Neuroradiology departments ensures the ACP can support the patient journey from the acute phase, throughout their inpatient stay and onto discharge home.

The role was developed based on the National Confidential Enquiry into Patient Outcome and Death (NCEPOD, 2013) report. This recommended that all centres admitting this patient group should have a specialist nurse available to address gaps in clinical service delivery.

Case Description ACP roles bring specialised knowledge to the practice setting for patients, relatives, and staff. The role involves autonomous practice, independent decision making, critical thinking, and complex decision making/problem-solving skills. ACPs can clinically assess, diagnose, prescribe, advise on symptom management, provide staff/patient education, and are involved in complex discharge planning. Once discharged, ACPs provide follow up through nurse led clinics, and a telephone triage service. There is also a family history clinic where ACPs will triage patients and discuss the pros/cons of screening for cerebral aneurysms.

Results Underpinned by a master's level award or equivalent the role encompasses the four pillars of Advanced Practice.

1. Clinical practice
2. Leadership and management
3. Education
4. Research.

Conclusion Having healthcare professionals working at an advanced level increases capacity and capability within a service and improves communication and patient flow. Through having all patients cared for by the same subspeciality team this has forged stronger relationships with our Neuroradiology colleagues.

Disclosure of Interest no.

P061 AN EVALUATION OF THE PEER SUPPORT SERVICE PROVIDED BY PATIENTS AND CARERS FOLLOWING SUBARACHNOID HAEMORRHAGE THROUGH PARTICIPATION IN ONLINE AND FACE-TO-FACE SUPPORT GROUPS'

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Introduction With the evidence supporting peer involvement, this project evaluated the current peer support provided by an established patient support group. The end goal was to better understand the user experience within this group to demonstrate the value of peer support and identify any unmet needs.

The aim was to evaluate the current peer support service provided by patients and carers following Subarachnoid Haemorrhage (SAH), through participation in online and face-to-face support groups to assess the benefit of this group for both parties.

Case Description A service evaluation was performed through completion of an online mixed methods questionnaire. 35 responses were available for review. Thematic analysis was undertaken which enabled comparisons of themes including age, gender, and length of time since haemorrhage, against perceived recovery and overall satisfaction with the service.

Results 83% (n=29) of respondents report long-term problems such as fatigue, reduced concentration, anxiety, and cognitive changes following SAH. The support group was considered beneficial for users to gain from their peers a better understanding of their condition, problems experienced and ongoing recovery. Themes such as talking to others who have a similar experience helped in understanding the condition better, not feeling so alone, increased confidence, and better coping strategies. 100% (n=35) felt the group had helped with their ongoing issues and 86% (n=30) of respondents felt the group had been a positive experience for them, with 100% (n=35) stating they would recommend the group to others, thus demonstrating the importance of the support group.

Disclosure of Interest no.

P062 PERFORATOR OCCLUSION DUE TO STENT WALL THROMBUS FORMATION FOLLOWING ENDOVASCULAR TREATMENT OF MIDDLE CEREBRAL ARTERY BIFURCATION ANEURYSM

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Introduction Endovascular treatment of incidental intracranial aneurysms poses unique challenges, particularly regarding the management of thrombotic complications and their subsequent neurological sequelae. We present a case of a 64-year-old female with an incidental middle cerebral artery bifurcation aneurysm who developed hypodensity in the left caudate nucleus due to stent wall thrombus formation during endovascular treatment

Case Description Dual antiplatelet therapy with Aspirin and Brilique was initiated prior to endovascular treatment. A flow-diverter stent was deployed during the procedure, with the distal part positioned in the lower M2 branch and the proximal part in bifurcation of ACI. Thrombotic masses led to closure of medial branches of the left A1 segment, necessitating Tirofiban application via microcatheter for recanalization. Post-operatively, the patient was without neurological deficits. Brain CT revealed hypodensity in the left caudate nucleus due to perforator occlusion secondary to stent thrombosis. The observed hypodensity in the left caudate nucleus highlights the potential ischemic complications associated with endovascular treatment of intracranial aneurysms, particularly related to perforator occlusion secondary to stent thrombosis. Perforator occlusion can lead to neurological deficits and highlights the importance of careful procedural planning and postoperative monitoring to mitigate these complications. Additionally, the development of hypodensity underscores the need for prompt recognition and management of thrombotic complications to prevent irreversible ischemic damage.

Results This case emphasizes the significance of recognizing and managing thrombotic complications, particularly perforator occlusion, following endovascular treatment of intracranial aneurysms. Close postoperative monitoring and timely intervention are crucial for optimizing outcomes and minimizing neurological sequelae in these patients.

Disclosure of Interest no.

Brain AVM/AVF, spinal vascular malformations

P063 SUBARACHNOID HEMORRHAGE: A NEUROVASCULAR ANATOMY PERSPECTIVE ON A PARTICULAR CASE

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Introduction We present the case of a 47-year-old woman with subarachnoid hemorrhage due to multiple pial AVMs,