**Dorset and Wiltshire Vascular Network**

**Referral form for consideration of Carotid Endarterectomy**

**Please email this form to:** vascular.referrals@uhd.nhs.uk

cc VascularMDT@uhd.nhs.uk **NB incomplete forms will be returned.**

Please make a Consultant to consultant telephone call in addition to completing this form

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| Patient’s details (sticky label) |

Where is the patient? Are they an inpatient or at home?

If an inpatient, what is their expected date of discharge?

What is the patient’s contact telephone number?

Date of index event :

Stroke or TIA?

Description of symptoms:

Duration of symptoms:

**Best medical therapy at the time of event?**

Which Antiplatelet agent (if any) including dose or anticoagulation?

Which statin( if any) including dose?

Please state any previous episodes of amaurosis fugax, TIA, stroke, or carotid surgery:

Are they in Atrial Fibrillation?

Which is their dominant hand?

Co-morbidities including obesity:

Do they manage activities of daily living independently?

**NB All referrals must be been discussed with a consultant stroke physician and the patient must be willing to consider surgery Name of Consultant Stroke Physician:**

Which side does the consultant feel is the symptomatic carotid lesion? **Right Left**

Is this patient willing to consider surgery on their carotid artery? **Yes No**

Findings of Carotid Duplex performed on date:

**RIGHT internal carotid** occluded ­­ Y/N or ­­­­\_\_\_\_\_\_\_\_\_ ­­­­­ % stenosis

**LEFT internal carotid** occluded Y/N or \_\_\_\_\_\_\_\_\_ % stenosis

Findings of other imaging e.g. CT or MRI and date performed?

If Stroke: What is their current Rankin score (see table) :

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| --- | --- |
| 0  The patient has no residual symptoms. | 1  The patient has no significant disability; able to carry out all pre-stroke activities. |
| 2  The patient has slight disability; unable to carry out all pre-stroke activities but able to look after self without daily help. | 3  The patient has moderate disability; requiring some external help but able to walk without the assistance of another individual. |
| 4  The patient has moderately severe disability; unable to walk or attend to bodily functions without assistance of another individual. | 5  The patient has severe disability; bedridden, incontinent, requires continuous care. |

1. The Vascular Nurse Practitioner email account is checked regularly.

2. It is not necessary to make a telephone call as well. We will acknowledge receipt of the form and our plan for review.

3. The on call Vascular Consultant will review referral forms and arrange for a review. If they are at home we will contact the patient directly.

4. All referrals will be discussed at the Vascular MDT on the Friday after the referral is made.

5. After the MDT, if they are for consideration of surgery, the vascular team will arrange to see them either in a hot clinic at RBH or in an urgent slot at SDH or DCH.

6. If the MDT advises conservative management we may ask the referring stroke team to feed this back to the patient if they have not yet been seen by a vascular consultant. All outcomes are entered on EPR at each centre.

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| **We would be delighted if a member of the referring team could attend the regional meeting to present the patient which happens every Friday at 12:15pm** |
| **Join via TEAMS or attend in person RBH Pathology Seminar room** |
| **A form must still be submitted**  |

**Patient Information**: please explain that the surgery takes place **in Bournemouth**, usually with 1 night stay in hospital and may be done **using either General or Local Anaesthesia**. You may find this picture useful and an information leaflet will soon be available.

