



## C0276 - AN AUDIT OF THE MANAGEMENT OF ANEURYSMAL SUBARACHNOID HAEMORRHAGE (ASAH) IN A REGIONAL NEUROSURGICAL UNIT: A FOLLOW UP TO THE 2013 NCEPOD REPORT

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### Resumen

**Objectives:** The 2013 NCEPOD report revealed there to be considerable national variation in the time taken to secure the aneurysm in patients with aneurysmal subarachnoid haemorrhage (aSAH). The current guidance from the UK Royal College of Physicians is that, in patients with aneurysmal subarachnoid haemorrhage (aSAH), the time from admission to a neuroscience unit to definitive treatment should be less than 48 hours. We conducted a follow up audit of the management of aSAH in our regional neuroscience unit with particular reference to the time taken to admission, imaging and treatment.

**Methods:** Retrospective audit. We interrogated our referral database to identify patients referred to our centre with SAH between October 2015 and October 2016. aSAH was confirmed on CTA/DSCA. Patient data was extracted from the hospital electronic patient record.

**Results:** We identified 139 patients with aSAH. The median interval from admission to first intervention was 32.9h with no significant difference ( $p = 0.2$ ) between time to coiling (35.3h;  $n = 80$ ) and clipping (31.0h;  $n = 50$ ). 9 patients (6.5%) died without intervention. For all patients surviving until treatment admitted on a weekday, median interval to first intervention was 27.9h ( $n = 75$ ). There was a significant difference ( $p < 0.05$ ) between coiling (32.2h) and clipping (22.4h). For patients surviving until treatment admitted at the weekend, median time interval to definitive treatment was 41.35h ( $n = 55$ ). There was no significant difference ( $p = 0.9$ ) between coiling (42.7h) and clipping (38.9h). The median times for weekday and weekend admissions significantly differed ( $p < 0.05$ ). 97/139 patients (69.8%) received first intervention within 48 hrs (weekday 64/81 (79.0%); weekend 33/58 (56.9%).

**Conclusions:** At our centre, there are fewer patients receiving definitive treatment within 48 hours currently than recommended. We identified a difference in time to definitive treatment between those admitted on a weekday compared to a weekend.