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|  | **The Hong Kong Neurosurgical Society Limited**  **& Hong Kong Neurosurgical Society**  **28th Annual Scientific Meeting**  **26th & 27th November 2021** |  |
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***ABSTRACT FORM***

Abstract submission deadline: 10th September 2021

Please submit your abstract by e-mail to [hoht@ha.org.hk](mailto:hoht@ha.org.hk) using the format as in the sample.

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**Date:** \_\_09Sept2021\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resource optimization to improve outcome in the timely treatment of large vessel stroke in Hong Kong.

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Objective:

Identify opportunities to enhance the care of acute large vessel stroke patients by examining early aspects of hospital care in Hong Kong with considerations on resource distribution.

Method:

This is a retrospective case series study of consecutive patients admitted to PYNEH between April 2020 to June 2021. Suitable cases outside PYNEH service hours will be transferred to QMH for further management after discussion with QMH neurovascular team. We have reviewed records to compare the elapsed time from “onset of stroke” and “door-to-groin puncture time” (primary outcomes) and modified Rankin Scale (mRS) at 90 days and TICI score (secondary outcomes). Other relevant parameters were examined.

Result:

There were 25 mechanical thrombectomy cases performed in PYNEH, while there were 16 cases transferred to QMH. The baseline demographics and clinical characteristics of the two group were similar. The mean “CTA to groin puncture time” in PYNEH group was 31.6 +/- 18.9 minutes, while that of QMH group was 154 +/- 31.3 minutes. Concerning patients with anterior circulation stroke, functional independence rate (mRS 0-2 at 90 days) was 30% in PYNEH group and 15.4% in QMH group. The revascularization outcome and mortality at 90 days were similar in both groups.

Conclusion:

Tsang, et al. has identified a significant service gap in the treatment of large vessel occlusion in the Hong Kong public hospital system in their analysis of 6859 cases. They have concluded that less than 10% of LVO received thrombectomy which is currently the standard-of-care. In addition, the timely delivery of this procedure has a definitive impact on outcome. Within our study period, we have found that “CTA to groin puncture time” will be increased inevitably in those cases requiring interhospital transferal. This may be one of the contributing factors for functional outcome of our patients. Fine tuning of interhospital logistics and adding interventionists could elevate the level of timely care for acute stroke service in Hong Kong.