

ClearSight for postoperative arterial blood pressure monitoring after carotid endarterectomy: a validation study

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Disclosure

I have the following potential conflicts of interest to report:

I do not have any potential conflict of interest

Introduction

- Carotid endarterectomy (CEA) → stroke risk due to intervention itself
- Half of all events are of hemodynamic origin
- To reduce this risk → strict BP control is required
- ESVS guidelines recommend to invasively measure BP 3-6h postoperatively

Introduction

- Radial artery cannula
 - Invasive beat-to-beat BP device
 - Complication risk
 - failure of cannulation
 - bleeding
 - pseudo-aneurysms
 - thrombotic embolization or occlusion
 - Expensive → admission recovery or medium care unit
- ClearSight system
 - Non-invasive beat-to-beat BP-device on finger
 - Easy-in-use + possible on ward
 - Intraoperative clearsight = radial arterial BP
 - **Alternative?**



Aim of study

The primary aim of this study was to determine the **accuracy** and **precision** of BP monitored by **ClearSight system (BP_{CS})** compared to **radial artery BP (BP_{RAD})** for postoperative blood pressure monitoring following CEA.

Secondary, we quantified the frequency of potential over- and undertreatment when invasive BP monitoring would be replaced by non-invasive ClearSight BP system.

Methods

Single-centre, prospective validation study

- 52 CEA patients
- July 2017 – June 2018 UMC Utrecht

Study design

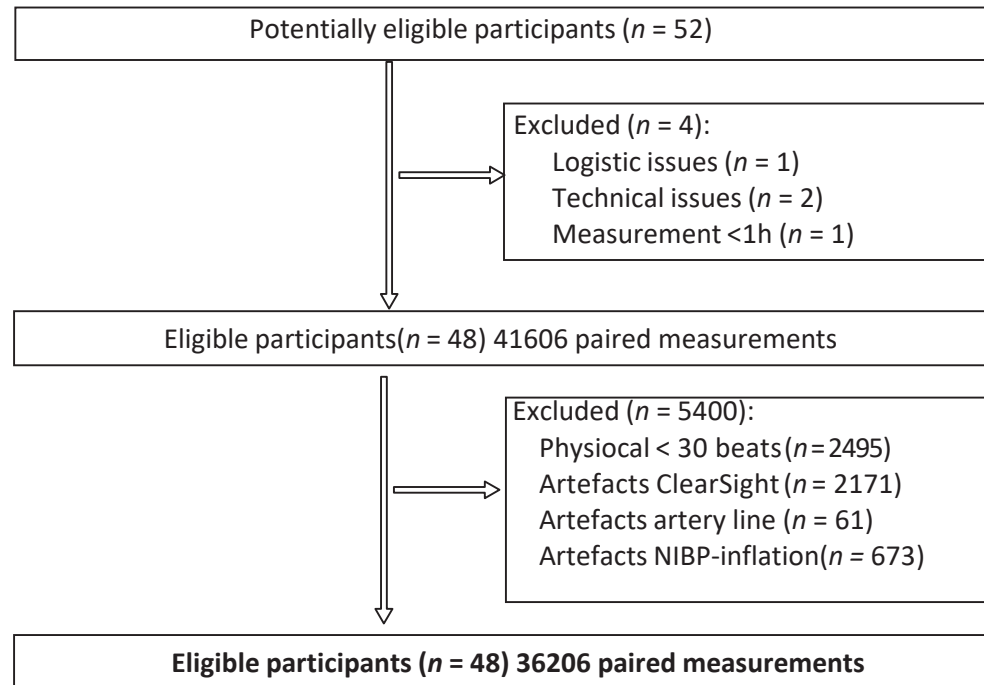
- BP_{CS} and BP_{rad} simultaneously ipsilateral
- 6 hours on recovery
- Individual systolic BP-restriction based on TCD increase (intra and 2h postoperative)

Methods

Data analyses

- BP_{cs} and BP_{rad} alignment in time
- excluded: artefacts due to flushing/NIBP/low physical
- 20 seconds slots

Results



	All patients (n=48)
Age	71.5 [50-93]
Sex, male	36 (75%)
Risk factors	
Hypertension	34 (71%)
Hyperlipidaemia	35 (73%)
Diabetes mellitus	13 (27%)
Coronary artery disease	20 (42%)
Peripheral arterial disease	11 (23%)
Smoker (current/ex)	36 (76%)
Symptomatic	48 (100%)
Ipsilateral stenosis	
50-70%	5 (10%)
>70%	42 (87%)
Contralateral stenosis	
Occlusion	10 (21%)
>70%	5 (10%)
50-70%	5 (10%)
<50%	28 (58%)
Shunt-use	5 (10%)
Medication	
Statins	39 (81%)
Antiplatelets	41 (85%)
Anti-coagulants	5 (10%)
Diuretics	12 (25%)
BP-lowering drugs	32 (67%)
Preoperative systolic BP, mmHg (SD)	147 (17)
Preoperative diastolic BP, mmHg (SD)	77 (12)
Preoperative MAP, mmHg (SD)	101 (11)

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Validation

Standard of AAMI:

Bias(precision) is <5(8)mmHg compared to reference → **clinically acceptable**

	Bias	Precision
Systolic BP (mmHg)	-9.58	13.64
Diastolic BP (mmHg)	7.92	7.19
MAP (mmHg)	4.00	7.78
Systolic BP (mmHg) (adjusted - baseline)	-9.58	14.05
Diastolic BP (mmHg) (adjusted - baseline)	7.92	6.47
MAP (mmHg) (adjusted - baseline)	4.00	7.74
Systolic BP (mmHg) (adjusted - baseline + pulse pressure)	-9.58	8.35
Diastolic BP (mmHg) (adjusted - baseline + pulse pressure)	7.92	6.53
MAP (mmHg) (adjusted - baseline pulse pressure)	4.00	7.52

Clinical decision making

Potential overtreatment: BP_{CS} **exceeds** systolic BP-restriction while Bp_{rad} ↓

Potential undertreatment: BP_{CS} **below** systolic BP-restriction while Bp_{rad} ↑

<i>20s samples</i>	All	180 mmHg	160 mmHg	140 mmHg	120 mmHg
Overtreatment, n (%)	860 (2.38%)	197 (0.72%)	114 (9.30%)	83 (2.07%)	466 (15.24%)
Undertreatment, n (%)	2103(5.81%)	447 (1.63%)	15 (1.22%)	816 (20.33%)	640 (20.93%)

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<i>5 min samples</i>	All	180 mmHg	160 mmHg	140 mmHg	120 mmHg
Overtreatment, n (%)	69 (2.38%)	10 (0.46%)	6 (7.41%)	6 (1.91%)	45 (17.79%)
Undertreatment, n (%)	161 (5.55%)	31 (1.42%)	2 (1.85%)	61 (19.43%)	53 (20.95%)

Conclusion

Validity

- Non-invasive **MAP was similar** to invasive BP_{RAD} during postoperative observation following CEA, based on AAMI criteria.
- Systolic BP and diastolic BP **did not**

Clinical implication

- BP_{CS} → high percentages of undertreatment

Since systolic BP is leading in postoperative monitoring to adjust BP-therapy on, **BP_{CS} is not a reliable alternative** for BP_{RAD} in this clinical setting.

Thank you

Any questions?

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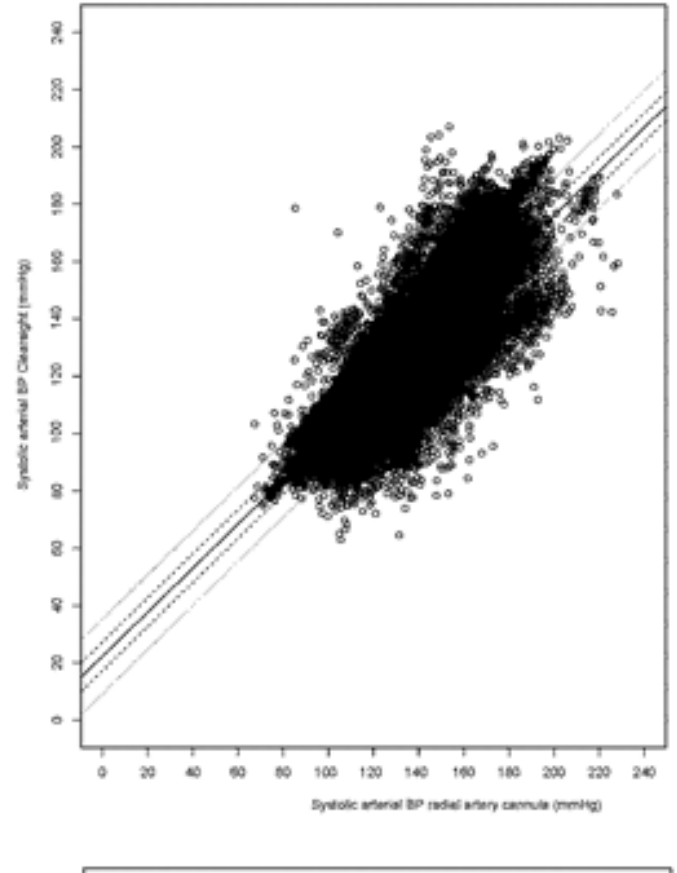
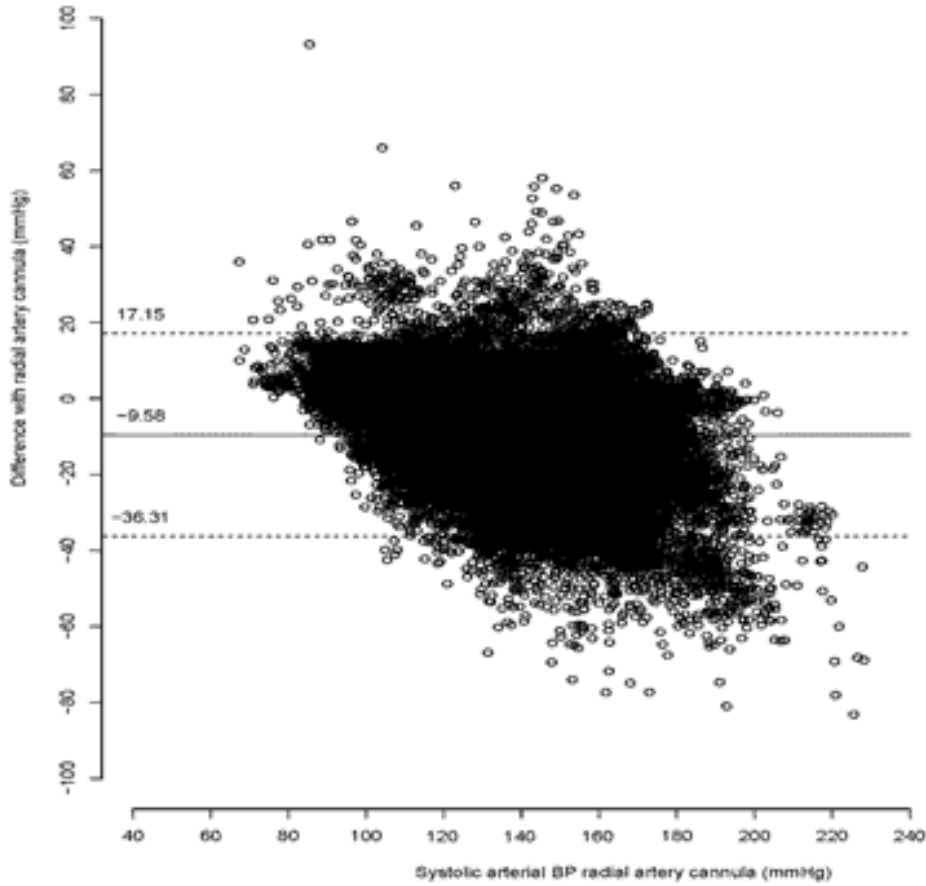
Discussion

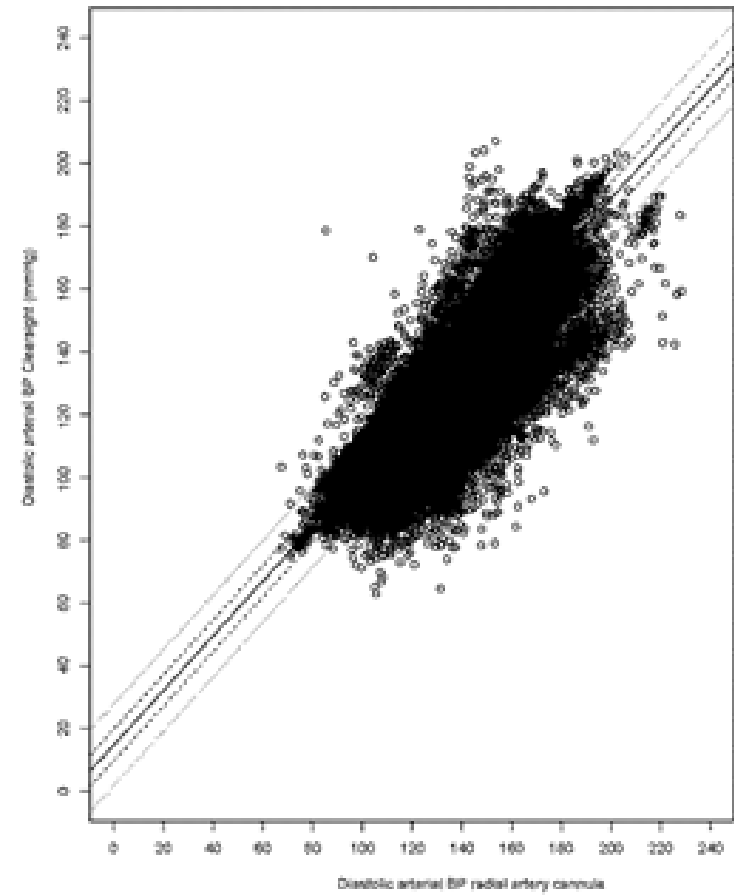
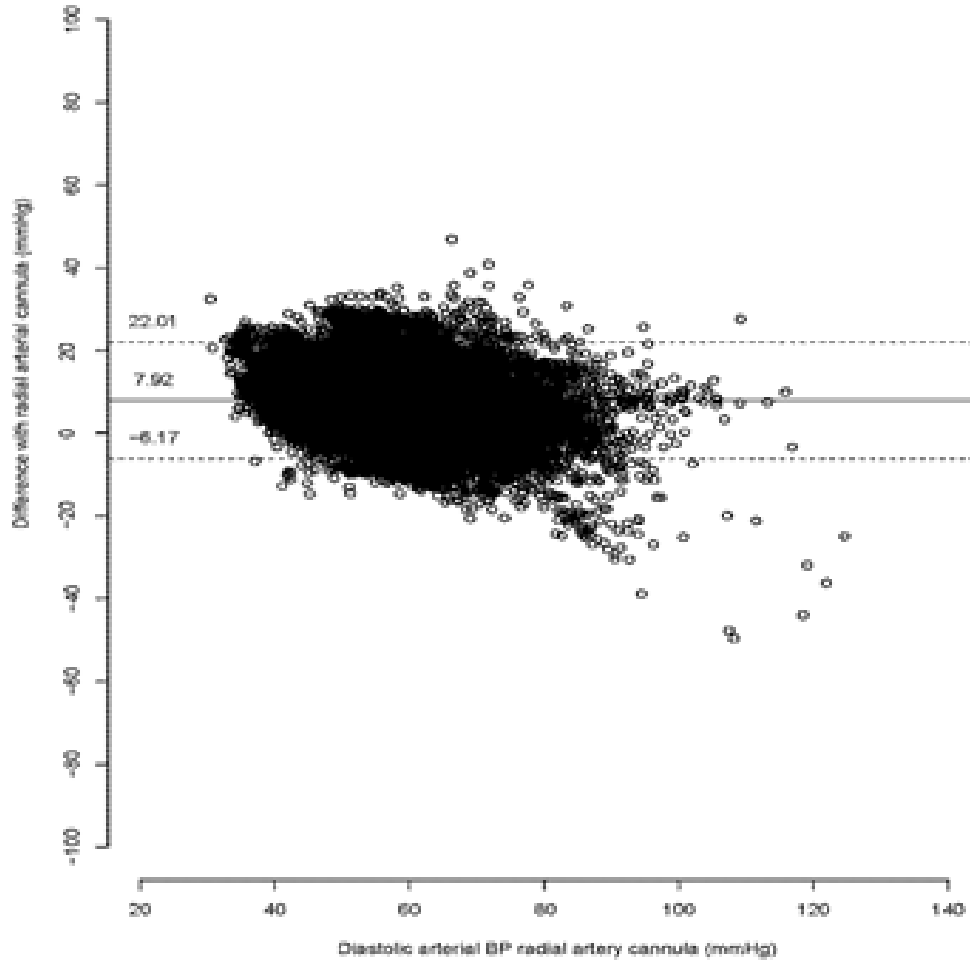
- Limitations
 - Technical issues
 - Ipsilateral measurement → possible decreased blood flow finger
 - 5 of 49 uncomfortable tingling sensation
- ClearSight: non-invasive, easy-in-use, cheaper
- Specific recommendations for postoperative BP thresholds are lacking
 - *MAP monitoring in future?*

Results

	All patients (n=48)
Total events	7 (15%)
- Cerebral hyperperfusion	3 (6%)
- Bleeding requiring surgery	1 (2%)
- Stroke	1 (2%)
- TIA	2 (4%)
Medium care admission	8 (17%)
Extended recovery admission	11 (23%)
Labetalol-use	11 (23%)
Norephedrine-use	4 (8%)
Clonidine use	6 (13%)

A



B

C

