

Introduction

- Despite the few clinical indications, there were many urgent or emergent carotid procedures recorded in the Vascular Quality Initiative VQI

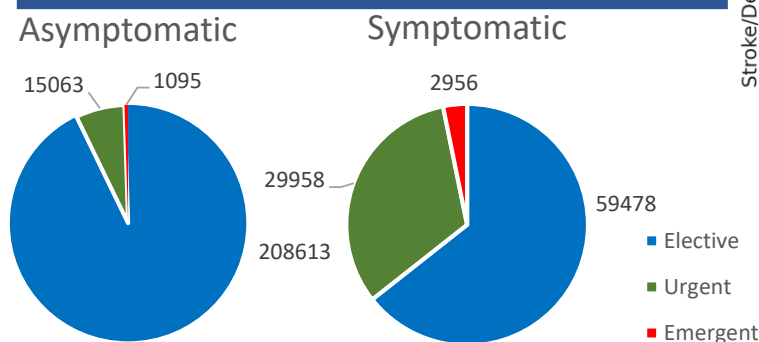
Objectives

- Assess outcomes of urgent and emergent carotid revascularization

Methods

- All carotid revascularization in the VQI from 2011-2023
- Stratified by urgency status, preoperative symptoms and procedure type
- Urgency was defined by the VQI as:
 - Elective: planned/scheduled procedure
 - Urgent: surgery within 24 hours.
 - Emergent: surgery within 6 hours.

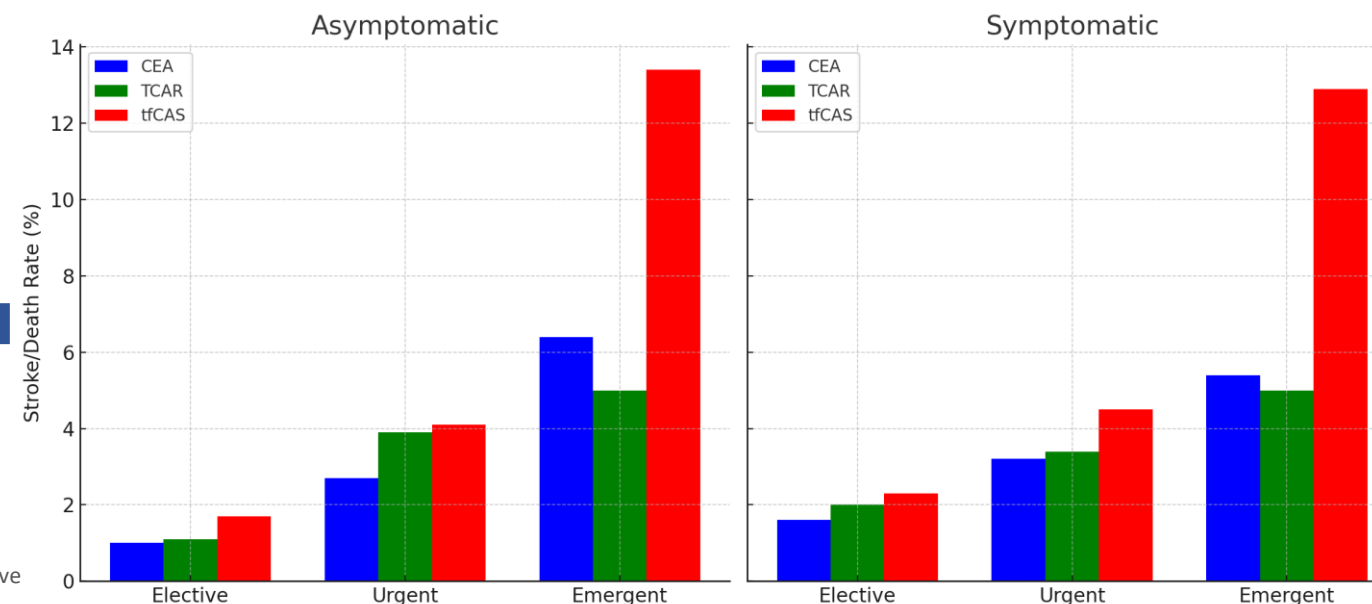
Results



Tables

Overall	Elective	Urgent	Emergent	Elective vs Urgent			Elective vs Emergent		
	N=268,091	N=45,021	N=4,051	aOR	95% CI	p-value	aOR	95% CI	p-value
Stroke/Death	1.2%	3.2%	10%	2.0	1.8- 2.2	<0.01	3.7	3.0- 4.4	<0.01
Death	0.3%	1.1%	7.2%	3.1	2.6- 3.7	<0.01	8.6	6.4- 11.4	<0.01
Stroke- any	1.0%	2.5%	4.5%	1.8	1.6- 2.0	<0.01	2.2	1.7- 2.8	<0.01
Asymptomatic									
	N=208,613	N=15,063	N=1,095						
Stroke/Death	1.0%	3.0%	9.9%	2.5	2.2- 2.9	<0.01	5.5	3.9- 7.6	<0.01
Death	0.2%	1.3%	7.3%	4.3	3.3- 5.5	<0.01	15.7	9.8- 24.6	<0.01
Stroke- any	0.9%	2.1%	3.8%	2.1	1.8- 2.5	<0.01	2.7	1.7- 4.3	<0.01
Symptomatic									
	N=59,478	N=29,958	N=2,956						
Stroke/Death	1.7%	3.3%	11%	1.7	1.5- 1.9	<0.01	3.1	2.4- 3.9	<0.01
Death	0.4%	1.0%	7.4%	2.1	1.7- 2.7	<0.01	5.4	3.8- 7.7	<0.01
Stroke- any	1.5%	2.6%	4.8%	1.6	1.4- 1.8	<0.01	1.9	1.4- 2.6	<0.01

Stroke/Death Rates by Procedure and Urgency



Results

- Perioperative stroke/death rate
 - in symptomatic patients
 - 1.7% for elective procedures.
 - 3.2% for urgent procedures
 - 11% for emergent procedures
 - In asymptomatic patients
 - 1% for elective procedures.
 - 3% for urgent procedures
 - 9.9% for emergent procedures
- CEA and TCAR were associated with lower risk of stroke/death in symptomatic patients for both urgent and emergent.
- The risks of adverse events with urgent or emergent revascularization exceed most estimates of the risk of recurrence in the first 48 hours following symptoms.

Conclusions

- Urgent or emergent carotid revascularization was associated with increased odds of all perioperative outcomes.
- This should be weighed against the high risk of recurrent stroke in the first 48 hours following stroke or TIA