



Go with the Guidelines!

“10-15% of all strokes follow thromboembolism from an asymptomatic ICA stenosis > 50%”
ESVS Guidelines, 2017

Consider for Intervention
IIa B

Asymptomatic 60-90% stenosis at increased risk of late stroke, provided perioperative risk of stroke/death is <3% and life expectancy > 5 yrs

- Patients at higher risk of stroke
- History of contralateral TIA/ Stroke
 - Silent ipsilateral infection
 - Diabetes
 - Specific plaque markers/TCD emboli
 - Impaired cerebral reserve

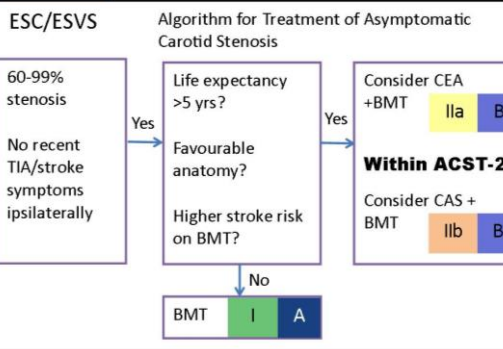
“ACST-2 has been randomising asymptomatic patients to CEA or CAS – it is hoped that all surgeons and interventionalists will support these RCTs”
ESVS Guidelines, 2017

Class	Evidence Level
I General Agreement Procedure beneficial/ effective	A > I RCTs or meta analyses
IIa Conflicting evidence but weight of opinion in favour	B > I RCT or large non-randomised studies
IIb Less well established usefulness/efficacy	C Consensus or small studies or registries



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|---------------------------|-----------------------------------------------------------------------------|------------|----------|
| Medical Treatment for all | • Longterm single APT (usually aspirin) | I | A |
| | • Clopidogrel if aspirin intolerant | IIa | C |
| | • Statin therapy | I | A |
| | • BP lowering treatment to maintain BP < 140/90 | I | A |
| CEA & CAS | • APT periprocedure and longterm | I | B |
| | • Continue statins | I | B |
| | • Caution in reducing BP, but avoid uncontrolled hypertension > 180/90 mmHg | II | A |
| CAS only | • Consider EPDs | II | C |
| | • DAPT (aspirin/clopidogrel) for at least 1 month after | I | B |
| Post procedure | • Independent assessment is recommended | I | C |



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