



## Introduction

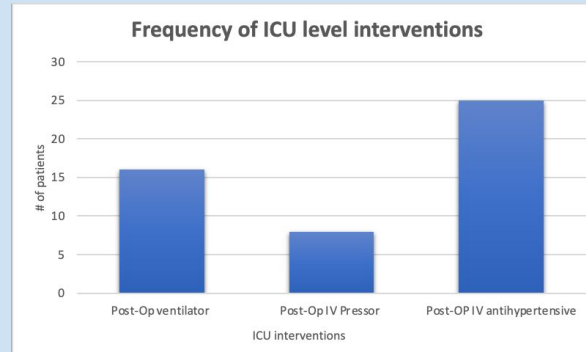
- Middle meningeal artery embolization (MMAE) is increasingly performed for the treatment of chronic subdural hematomas<sup>1</sup>
- Some authors have described managing minimally symptomatic patients with MMAE in the outpatient setting<sup>1</sup>
- At Valley Baptist Medical Center (Harlingen, TX) it is routine to admit patients to the neuro-intensive care unit (NICU) setting after MMAE
- Objective of this study is to analyze the frequency of ICU level intervention performed in neuro-intensive care unit after MMAE to assess possibility of outpatient management of symptoms

## Method

- Consecutive series of MMA embolizations for cSDH were retrospectively reviewed from 2020-2022
- Recorded frequency of following ICU specific interventions:
  - Post-op ventilation
  - Post-op IV vasopressor
  - Post-op IV antihypertensive

## Results

- Total of 50 MMA embolizations were performed during study period
- Average age of patients included in study was 63 years old +/- 16 years
- 34% patients did not receive any ICU level intervention
- Among the remaining who did, 32% required mechanical ventilation post procedurally
- 14% needed vasopressor
- 48% required intravenous antihypertensives to maintain systolic blood pressure within goal parameters



## Conclusions

1. 34% of patients who underwent MMAE did not actually require ICU admission
2. Most common reason for ICU intervention after MMAE was for correction of blood pressure (to maintain within specified goal)
3. Research suggests that liberalization of blood pressure parameters could reduce the need for ICU utilization after MMAE
4. Further studies are necessary to assess possibility of outpatient management of symptoms following MMA embolization
5. Assessment of various components of ICU level interventions administered to patients post-MMAE allows for better understanding on preventive measures that can be taken to reduce length of in-patient stay of future patients post procedure. This has the potential to minimize spread of nosocomial infections, especially in times of COVID-19.

## References

1. Entezami P, Field NC, Dalfino JC. Outpatient management of chronic expanding subdural hematomas with endovascular embolization to minimize inpatient admissions during the COVID-19 viral pandemic. *Interv Neuroradiol.* 2021;27(5):716-721. doi:10.1177/1591019921996510