

NHS Lanarkshire Stroke MCN PFO Closure Pathway

This pathway is based on the agreed WoS guidance by Mark Barber (Stroke, NHSL), Keith Muir (Neurology, QEUH) and Niki Walker (Cardiology, GJNH) and evidence from the positive PFO closure trials of 2017 and 2018. All patients being referred for consideration of PFO should meet these criteria. All PFO referrals will go to GJNH through Mark Barber

Age <60 years old with Embolic Stroke of Uncertain Source (not TIA) in last 6 months



Minimum Investigation prior to referral to Mark Barber:

Brain Imaging (MRI preferred, but CT acceptable if large acute or subacute infarct visible).

- small lacunar Infarctions would usually be an exclusion from PFO pathway

CTA or MRA to exclude alternative causes for stroke e.g. dissection

Cardiac Monitoring (minimum 48hours) to try to exclude AF as an alternative cause.

Bubble Transthoracic ECHO confirming moderate or large shunt

TOE if above confirmed – ideally prior to referral but can be arranged from MB clinic if problematic to arrange locally

'Young Stroke Bloods' to exclude alternative aetiology



Refer to Mark Barber via letter, email or phone call



MB will usually see at clinic within 1 week, review any imaging at UHM radiology MDT with stroke and radiology colleagues and seek cardiology opinion if required. See page 2 for list of some potential exclusions from onward referral



Mark Barber will contact Safe Haven and Acute Medical Director for UNPAC funding



Mark Barber will refer Niki Walker and Elaine Muirhead for assessment at GJNH

Some reasons why onward referral for PFO closure may not be appropriate:

Patient Preference after counselling

Lack of ischaemic stroke in appropriate territory on brain imaging

Unfit/unwilling for potential anticoagulation (5% of cases will develop AF post procedure)

Unfit/unwilling for long term antiplatelet use

Need for anticoagulation for other reasons e.g. AF, recurrent VTE (pending further trial evidence)

Alternative cause for stroke found on completion of 'minimum investigation' list

Other alternative explanation for stroke found e.g. recreational drug use, uncontrolled diabetes etc

Age >60 years old (non evidence-based, other stroke aetiology more likely)