



Circular HSC (SQSD) (NICE IPG596) 36/17

**Subject: NICE Interventional Procedures Guideline
– IPG596 - Extracranial to intracranial
bypass for intracranial atherosclerosis**

Circular Reference: HSC (SQSD) (NICE IPG596) 36/17

Date of Issue: 10 November 2017

For action by:

Chief Executive of HSC Board – **for distribution to:**
Director of Performance Management & Service
Improvement
Director of Commissioning
Assistant Directors of Commissioning
Director of Integrated Care to also cascade to:
Family Practitioner Services Leads – for cascade to relevant
Family Practitioner groups

Related documents:

HSC (SQSD) 4/14

Chief Executive of Public Health Agency – **for distribution to:**
Director of Public Health and Medical Director – for cascade
to relevant staff
Director of Nursing and AHPs – for cascade to relevant
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Chief Executives of HSC Trusts – **for distribution to:**
Medical Directors – for cascade to relevant staff
Directors of Acute Services – for cascade to relevant staff
HSC Clinical and Social Governance Leads

Chief Executive of Regulation & Quality Improvement Authority - for
distribution to relevant independent healthcare establishments

Superseded documents

None

For Information to:

Chair of HSC Board
Chairs of HSC Trusts
Chief Executive of NIAS
Chief Executive of PCC
Chief Executive of NIBTS
Chief Executive of NIPEC
Chief Executive/Postgraduate Dean, NIMDTA
Clinical Education Centre, BSO
NI NICE Implementation Facilitator
Members of NI NICE Managers' Forum

Status of Contents:

For action

Summary of Contents:

Current evidence on the safety and efficacy of extracranial to
intracranial bypass for intracranial atherosclerosis shows that there is
no benefit to the patient from the intervention. There are major
concerns around its safety, therefore this procedure should not be
used to treat this condition.

Enquiries:

Any enquiries about the content of this Circular should be addressed
to:
Quality Regulation and Improvement Unit
Department of Health
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Castle Buildings
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Implementation:

Immediate

SGU-NICEGuidance@health-ni.gov.uk

Additional copies:

Available to download from
<https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>

Dear Colleague

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE):
INTERVENTIONAL PROCEDURES GUIDANCE – IPG596 - Extracranial to intracranial
bypass for intracranial atherosclerosis (updates & replaces IPG348)**

The National Institute for Health and Care Excellence (NICE) produces guidance as part of the Interventional Procedure Programme. Clinicians who have developed new procedures send these to NICE to evaluate their effectiveness. Cost is not considered as part of this evaluation. Solely for this programme, NICE communicates directly with the HSC in Northern Ireland and consequently Departmental bi-monthly circulars are normally only required. An exception has been made for this due to the safety risks identified.

The advice in the NICE guideline states:

Current evidence on the safety and efficacy of extracranial to intracranial bypass for intracranial atherosclerosis shows that there is no benefit to the patient from the intervention. There are major concerns around its safety, therefore this procedure should not be used to treat this condition.

The HSC sector also should note that the Department expects the HSC sector to comply with this guidance in their delivery of services to patients with intracranial atherosclerosis.

Indications and current treatments

Intracranial atherosclerosis is usually a progressive condition which narrows and hardens the blood vessels supplying the brain, limiting its blood supply. This can cause transient ischaemic attacks or permanent neurological damage (stroke).

Conservative management of atherosclerosis includes smoking cessation, and antiplatelet, lipid-lowering and antihypertensive medication. Endovascular techniques (angioplasty or stenting) may be used to dilate an arterial narrowing.

Outline of the procedure

The aim of extracranial to intracranial bypass for intracranial atherosclerosis is to increase blood flow in intracranial arteries to relieve symptoms of cerebral hypoperfusion or reduce the risk of stroke. Under general anaesthesia, the extracranial donor artery (usually the superficial temporal artery) is anastomosed to a superficial cerebral artery (usually a subial middle cerebral artery branch) through a mini-craniotomy. Typically, an end-to-side anastomosis is used. A graft (for example a radial artery or a saphenous vein graft) may be needed to allow higher flow.

Careful pre-operative planning involving ultrasound, angiography, computed tomography (CT), single-photon emission CT scanning or brain reserve testing is needed.

The full NICE intervention procedure guideline is available for download at:

<https://www.nice.org.uk/guidance/ipg596>

A handwritten signature in cursive script, appearing to read "Paddy Woods", written in dark ink on a light-colored background.

DR PADDY WOODS