UW rescue protocol for delayed deficit after TAAA/TEVAR/branched endograft TAAA repair

If leg weakness occurs notify vascular surgeon and contact cardiac anesthesiologist for emergent spinal drain placement

Transfer to ICU

Hb, platelet count, INR and ACT if patient has recently received heparin

Establish baseline leg strength

Place spinal drain immediately

Drain spinal fluid to 0-2 mm Hg. Do not drain > 30 ml/hr without anesthesiologist order

Place arterial line

Begin: naloxone infusion 1-1.5 mcg/Kg/hr
norepinephrine infusion to achieve MAP 100-110 mm Hg
mannitol 12.5 gm
methyprednisolone 1000 mg

Hb =/> 10 g/dL

Platelet =/> 100 K/uL

INR =/> 1.3

Check leg lift every hour

Spine MRI after therapies begun

Head CT if blood in spinal fluid

As weakness resolves, gradually relax MAP and SFP goals one at a time while monitoring leg strength