

(28.3% and 10.9%, p-value 0.047 and 0.033, respectively). There was a trend towards a higher rate of favorable clinical outcomes (mRS 0–2) at 90 days in the ADAPT only group (54%) compared to the ADAPT with Solumbra salvage group (31%, p-value 0.21).

Conclusion Among patients treated with mechanical thrombectomy using an ADAPT-first approach, those requiring Solumbra salvage had significantly-higher rates of unfavorable clinical outcome and death at 90 days.

Abstract E-001 Table 3 Clinical outcomes

	All patients (n = 59)	ADAPT only (n = 46)	ADAPT with solumbra salvage (n = 13)	p- value
Symptomatic intraparenchymal hemorrhage	1.7%	2.2%	0	1
Symptomatic subarachnoid h	1.7%	0	7.7%	0.22
Neuro-ICU length of stay, days	3.1	2.6	4.6	0.11
Hospital length of stay, days	6.6	6.2	8	0.22
Discharge to home:	22%	26%	8%	0.26
In-Hospital Mortality / Discharge to Hospice	14%	9%	31%	0.06
90 day Mortality	17%	11%	39%	0.033
90 day mRS 4–6	36%	28%	62%	0.047
90 day mRS 0–2	49%	54%	31%	0.21

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E-002 **PROLONGATION OF POLYMETHYLMETHACRYLATE CEMENT WORKING TIME DURING PERCUTANEOUS KYPHOPLASTY WITH ICE BATH COOLING**

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Aim To study the effect of cooling of polymethylmethacrylate dough in an ice bath to prolong working time of cement during percutaneous kyphoplasty.

Materials and methods Polymethylmethacrylate dough filled cement cartridges were placed in a saline ice bath for varying lengths of time to study the effect of cooling cartridges on working time of cement during percutaneous kyphoplasty using the Kyphon® (Medtronic Spine, Sunnyvale, CA, USA) Balloon Kyphoplasty system.

Results Cement dough was easily injectable through the bone filler with the injection gun immediately after removal from an ice bath at 15, 30, and 60 minutes of storage. Consistency of the mixture was ideally doughy at all time points. After 15 minutes at room temperature, the mixture continued to be injectable with slightly more resistance at these time points. The mixture was more firm yet maintained a doughy consistency. Cement dough could not be injected after 120 minutes



Abstract E-002 Figure 1

of storage, either immediately after removal or after 15 minutes at room temperature.

Conclusion We demonstrate the prolongation of working time of polymethylmethacrylate cement in percutaneous kyphoplasty using ice bath cooling of dough filled cement cartridges. Cement dough was injectable after storage in an ice bath for up to 60 minutes. In the clinical setting, intraprocedural cooling using this simple, low cost technique may extend the working time of polymethylmethacrylate for the operator and may improve the utility of a single Balloon Kyphoplasty kit when treating multiple vertebral compression fractures.

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E-003 **EVALUATION OF STRATEGIES TO REDUCE TIME TO REVASCULARIZATION IN ACUTE ISCHEMIC STROKE**

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Background Stroke is significant cause of morbidity, disability and mortality in the United States today. There is growing support for the need for process improvement, specifically, reducing time to reperfusion in endovascular stroke therapy (EVT) to improve functional outcomes. It is suggested that every 30 minutes delay in revascularization of acute ischemic stroke leads to a 10.6% decrease in the potential for a good functional outcome (Khatri et al., 2009).

Purpose To identify the impact on specific hospital based process improvement strategies in the acute ischemic stroke patient population undergoing endovascular therapy with specific intent to decrease median arrival to revascularization time, thus increasing the potential for good functional outcome. We