

first and largest systematic review assessing postoperative headache outcomes after treatment of unruptured intracranial aneurysm. A significant reduction in headache intensity after treatment is observed in the current published literature. This study highlights an interesting clinical phenomenon that still warrants scientific effort before it can influence clinical practice. We encourage future study to stratify headache outcomes by aneurysm size, location and treatment modality.

P.115

Saskatchewan experience with mechanical thrombectomy under general anaesthesia

A Persad (Saskatoon) Z Tymchak (Saskatoon) S Ahmed (Saskatoon) A Gardner (Saskatoon) R Whelan (Saskatoon) ME Kelly (Saskatoon) L Peeling (Saskatoon)*

doi: 10.1017/cjn.2019.208

Background: While recent clinical trials have demonstrated immense efficacy of mechanical thrombectomy (MT) in the setting of acute stroke, there remains debate over the safety in performing this procedure under general anesthesia (GA). In the Saskatchewan Acute Stroke Pathway, all patients presenting with LVO have endovascular thrombectomy performed under GA. **Methods:** Data was retrospectively reviewed on 108 consecutive LVO in 2016-2017. All MT were done under GA. Anatomical location of LVO, pre-MT ASPECTS score, post-MT TICI scores and 90-day NIHSS and mRS were recorded. **Results:** Of 108 LVO, 103 went on to have MT. 44 were right anterior circulation, 50 were left anterior circulation and 9 were posterior circulation. Of 94 anterior circulation strokes, 47 (50.0%), 43 (45.7%) and 4 (4.3%) had good, moderate and poor collateral circulation respectively, and the average pre-MT ASPECTS was 8.6. The average pre-MT NIHSS was 14.7. 81/90 (90.0%) achieved thrombolysis in cerebral infarction (TICI) perfusion scale grade of 2b/3 after recanalization. Average documented 90-day NIHSS was 2.4 and mRS was 2.5. Overall mortality was 21/103 (20.4%). **Conclusions:** In the Saskatchewan acute stroke pathway, general anesthesia is a safe modality for MT. This adds to the body of evidence supporting GA as a viable option for sedation in MT.

P.116

Predicting cerebral vasospasm following aneurysmal subarachnoid hemorrhage is still an imperfect science

GE Pickett (Halifax) MH Schmidt (Halifax) JS Shankar (Winnipeg)*

doi: 10.1017/cjn.2019.209

Background: Cerebral vasospasm is a leading cause of neurological disability following aneurysmal subarachnoid hemorrhage (aSAH). Clinical features associated with vasospasm development include blood burden on CT, neurological status, age and aneurysm location. Early cerebral CT perfusion (CTP) scanning in aSAH may be an independent predictor of vasospasm and/or delayed cerebral ischemia (DCI). **Methods:** Forty-one patients with aSAH were prospectively enrolled. Baseline data collected included WFNS grade, loss of consciousness at ictus, and modified Fisher grade. CTP was obtained at baseline and on day 6 post SAH. Cerebral blood volume, cerebral blood flow and mean transit time were measured. DCI was confirmed by a combination of clinical assessments, non-contrast CT and CTP. Radiological vasospasm was assessed with

CT angiography. **Results:** Despite 80% of patients having a modified Fisher grade 3 or 4 aSAH, one-third presenting with ictal LOC and half having anterior communicating artery aneurysms, only one patient developed clinical evidence of vasospasm/DCI. Two others had asymptomatic radiological vasospasm. CTP parameters did not differ between groups defined by clinical predictors. **Conclusions:** In an unexpected finding, clinical and radiological vasospasm were very uncommon in this cohort. Clinical predictive variables correlated poorly with development of vasospasm. CTP may help refine the model but further work is needed.

OTHER NEUROSURGERY

P.117

The opinion of Canadian spine surgeons on medical assistance in dying (MAID); a cross-sectional survey of Canadian spine society (CSS) members

E Leck (Halifax) S Barry (Halifax) S Christie (Halifax)*

doi: 10.1017/cjn.2019.210

Background: On February 6, 2015, the Supreme Court of Canada struck down the Criminal Code absolute prohibition on assisted dying, and in June 2016 the new law, Bill C-14, came into effect allowing for medical assistance in dying. We sought to determine the attitudes and opinions of Canadian neurosurgeons and orthopedic spine surgeons regarding MAID. **Methods:** A cross-sectional survey was sent out to members of the Canadian Spine Society (CSS), which included 21 questions pertaining to opinions regarding MAID. Responses were collected between May-June 2016. **Results:** A total of 51 surgeons responded to the survey, comprised of a mix of spine surgeons from across the country. The majority of surgeons supported MAID (62.8%), and right of physicians to participate (82.4%). Most surgeons supported the right to conscientious objection (90.1%), but also mandatory duty to refer (49.0%). The conditions most frequently felt to be appropriate for MAID included metastatic spine tumour (76.5%), malignant intramedullary tumour (64.7%), primary malignant spine tumour (54.9%), cervical spinal cord injury with tetraplegia (49.0%) and multiple myeloma (33.3%). **Conclusions:** This study highlights the complex landscape that exists when discussing MAID, but also the overall support of physicians, and need for ongoing conversations, particularly with issues not addressed by the current legislation.

P.118

Excalibur, a novel haptic hand-controller for robot-assisted microsurgery

M de Lotbiniere-Bassett (Calgary) S Choi (Calgary) S Lama (Calgary) GR Sutherland (Calgary) H Hoshyarman (Calgary)*

doi: 10.1017/cjn.2019.211

Background: For robot-assisted telesurgery, the workstation, in particular the haptic handcontroller itself a robot, is paramount to the performance of surgery. Based on the requirements for microsurgery, a novel haptic handcontroller *Excalibur* has been developed. **Methods:** Thirty-two surgeons performed a peg-in-hole task (simulating micro-