

compared to 30 degrees of elevation. We sought clinician opinions in the UK and Ireland regarding current practice and whether a larger trial would be supported.

Methods: Between 25/11/2025 and 05/01/2026, an invitation to complete an online questionnaire was circulated to clinicians through UK and Irish professional organisations (British and Irish Association of Stroke Physicians, National Stroke Nursing Forum), regional clinical networks and advertising at a national conference.

Results: 89 questionnaires were completed: 44 (49.4%) of respondents were stroke physicians, 14 (15.7%) medical trainees, 12 (13.5%) stroke nurse practitioners. The majority 53 (59.6%) worked in a primary stroke centre. 64 (71.9%) stated there is no protocol in place about head positioning when patients undergo transfer between hospitals to access thrombectomy. Similarly, 33/44 (75%) did not have a protocol in place for patients admitted directly to their local thrombectomy centre. If a patient was lying flat they would be positioned: 27 (30.3%) on their back; 11 (12.4%) in the recovery position if conscious level reduced; and 33 (37.1%) would not use a specific position. 80 (89.9%) respondents were interested in supporting a clinical trial of pre-thrombectomy head positioning and 79 (92.9%) would support following an evidence based head positioning protocol for all thrombectomy patients.

Conclusions: The majority of respondents do not use a protocol regarding head positioning pre-thrombectomy and 90% would support a clinical trial to demonstrate efficacy.

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HEAD POSITIONING PRIOR TO MECHANICAL THROMBECTOMY FOR ACUTE ISCHAEMIC STROKE: A SURVEY OF BRITISH AND IRISH STROKE CLINICIANS

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Background and aims: The impact of head positioning prior to mechanical thrombectomy is unclear but one small trial recently reported that lying flat prevented neurological deterioration