

## Certification after Cerebrovascular Events Stroke & Transient Ischaemic Attack

**All individuals who have been certificated under the previous policy must be individually re-assessed by referral to the Authority Medical Section. Additional investigations/surveillance may be required in addition to operational restrictions.**

### **Class 1 & 2**

*Applicants for Class 1 and Class 2 certification with a diagnosis of Stroke, Transient Ischaemic Attack (TIA) or Reversible Ischaemic Neurological Deficit (RIND) should be assessed as unfit.*

The basis for this is an up to date review of the epidemiological studies that has shown that the risk of a future event (including further vascular event, stroke or seizure) will always exceed 1% per annum, usually by a considerable margin, even in individuals under 45 years of age and those with 'paradoxical embolism'. Therefore this precludes all class 1 and unrestricted class 2 certification.

### **Class 2 (OSL)**

Existing class 2 certificate holders **may** be considered for recertification by their AME if there is no residual impairment likely to affect flight safety and there are no other significant risk factors including:

- Age >70
- Diabetes
- Uncontrolled hypertension
- Coronary artery disease
- Atrial fibrillation
- Heart failure
- Anticoagulation or underlying coagulation defects if associated with an increased risk of spontaneous bleeding or thrombosis.

**NB** *Any one of these risk factors will preclude certification.*

### **Assessment**

- Review of neurological reports including risk factor control must be satisfactory.
- Cardiological review to include exercise ECG testing before certification and on an annual basis.
- Echocardiogram
- 24hr ECG recording
- Carotid artery imaging - should show no stenotic lesions  $\geq 50\%$ .
- Thrombophilia screening if indicated in accordance with British Haematological guidelines.
- Visual field mapping should be normal.
- A medical flight test is required to assess functional capacity with particular reference to cognitive functions and any physical disability.

### **Recertification**

Unfit for 12 months then permanent OSL.

### **Follow-up**

Annual cardiological review is required to include exercise testing, and review and investigation of risk factors

## **LAPL**

Applicants for LAPL certification should be assessed by an AME.

Applicants can be considered for certification if there is no residual impairment likely to affect flight safety and there is satisfactory control of risk factors.

### **Assessment**

- Review of neurological reports satisfactory
- Cardiological review to include exercise ECG testing to CAA criteria before certification
- Carotid artery imaging should show no stenotic lesions > or = 50%.
- Visual field mapping should be normal.
- A medical flight test is required to assess functional capacity with particular reference to cognitive function and any physical disability.

### **Recertification**

Unfit for 3 months then OSL or OPL for a minimum of 12 months after the index event. For unrestricted certification there should be no significant residual disability and low risk (<2% pa) of recurrence.

### **Follow-up**

Annual cardiological review is required to include exercise testing, and review and investigation of risk factors.

## **Carotid or Vertebral Artery Dissection**

The following co-existing conditions are unacceptable for recertification:

- Smoking
- Uncontrolled hypertension
- Coronary artery disease
- Previous Stroke or TIA
- Anticoagulation or underlying coagulation defects
- Autosomal dominant polycystic kidney disease
- Osteogenesis imperfecta type I

### **Assessment**

- Review of satisfactory neurological and cardiological reports including risk factor control.
- Selective arterial angiogram to exclude arterial disease in the carotid or posterior cerebral circulations.
- Exercise stress test.
- Coronary angiography, if the cause was likely to have been atheromatous or there are any symptoms suggestive of peripheral vascular, carotid or vertebral artery disease.
- Formal visual field mapping, if vertebral artery dissection
- A medical flight test is required to assess functional capacity with particular reference to cognitive function and any physical disability.

### **Recertification**

- Unfit Class 1 for 12 months after recovery then long-term OML.
- Unfit Class 2 for 6 months after recovery, then OSL for minimum of 6 months, and then consider unrestricted Class 2.
- Unfit LAPL until clinical recovery, then OSL/OPL for minimum of 6 months, and then consider unrestricted LAPL.

### **Follow-up**

Annual cardiological review is required to include exercise testing, and review and investigation of risk factors.