

WakeMed Stroke Team Saving More Lives

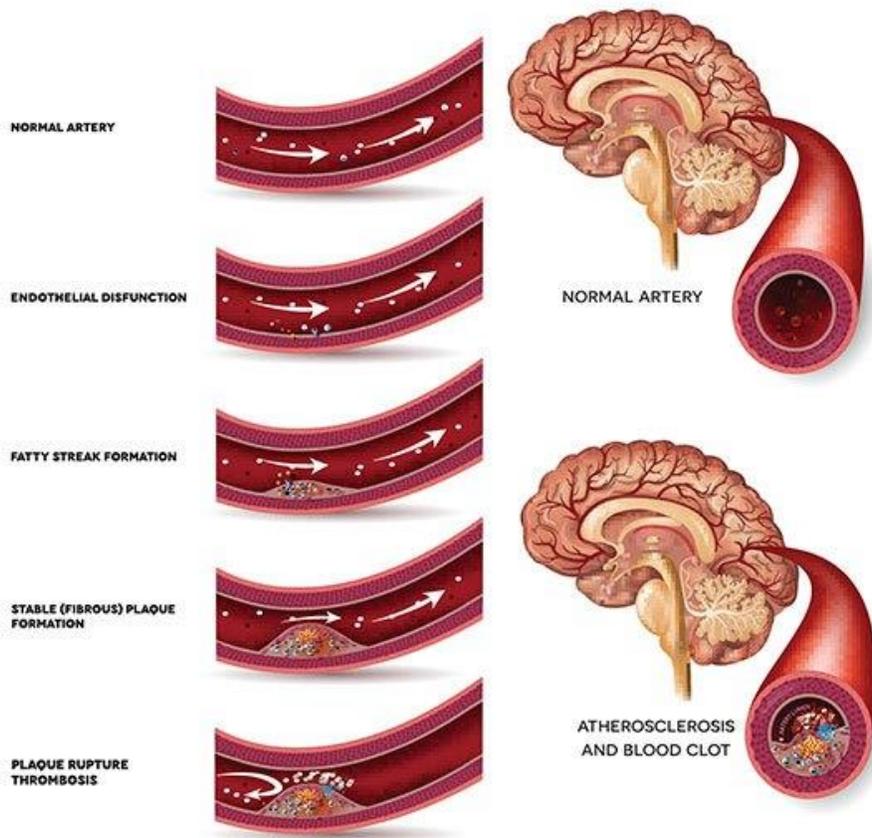
The window of time the WakeMed Stroke Team can perform stroke treatment has just increased from **6 to 24 hours** after symptom onset for certain stroke patients. In addition, more patients with mild ischemic stroke symptoms may now qualify for medical treatment with clot-dissolving medication.

Recent Trials Lead to New Stroke Recommendations

“Two recent trials – DAWN and DEFUSE – provided the evidence that led to new recommendations in the 2018 American Heart Association/American Stroke Association (AHA/ASA) ischemic stroke guideline,” explains Kimberly Elks, RN, WakeMed Stroke coordinator.

ISCHEMIC STROKE

BLOOD CLOT IN THE CEREBRAL ARTERY



What is an ischemic stroke?

An ischemic stroke is the most common type of stroke.

The procedure used in the trials is called mechanical thrombectomy, during which the interventional physician uses a catheter that is threaded through an artery to the clot. The physician then deploys a special device at the tip of the catheter and removes the clot, immediately restoring blood flow to the brain.

Andrey Belayev, MD, a neurosurgeon with WakeMed and Raleigh Neurosurgical Clinic, performs mechanical thrombectomy procedures at Raleigh Campus. “We are so pleased that there is now evidence proving what we have suspected for some time – that thrombectomy can be beneficial for more patients,” says Dr. Belayev.

Considerations When Treating Stroke

When considering a mechanical thrombectomy for a stroke patient who is outside the initial six-hour window of symptom onset, Dr. Belayev and the Stroke Team look at the location of the clot.

“If the blockage is in a large blood vessel, then we can consider thrombectomy, particularly if the patient is not a candidate for tPA or to add to the benefit tPA may provide,” explains Dr. Belayev.

The patient’s functionality and how much brain tissue is still intact are also considerations.

The ratio of brain tissue that can potentially be saved to unsalvageable brain tissue is key to determining if a patient who is outside the six-hour window of symptom onset is a candidate for mechanical thrombectomy. In the past, the process to do this was complex and time consuming, and time is precious when treating stroke.



Perfusion Imaging & RAPID Software Technology

Now, WakeMed employs advanced perfusion imaging and RAPID software technology that quickly and effectively help the team determine how much brain tissue can still be saved – a key factor when determining if a patient would benefit from thrombectomy.

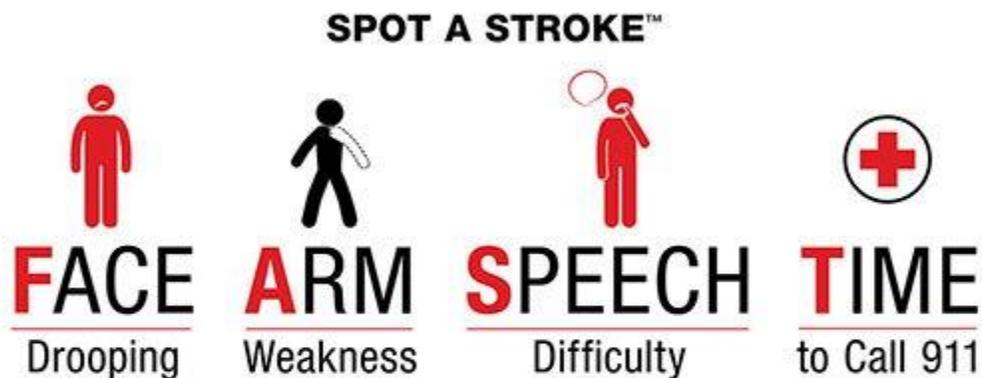
"The RAPID software has an automated process to facilitate perfusion calculations, which aids in the interpretation of the study," says Holly Brookover, executive director, WakeMed Imaging. "By implementing RAPID, we are using the same technology to select patients that is recommended in the new AHA/ASA stroke guidelines," notes Kimberly Elks, RN.

The [new AHA/ASA guidelines](#) also "relax" the very rigid criteria used to determine if a stroke patient is eligible for alteplase – a tissue plasminogen activator (tPA) medication that, when administered intravenously can dissolve blood clots.

"Now, more patients, such as those who have had milder strokes or a recent surgery, may qualify for tPA, which will help us save more lives and preserve more patients' mobility, speech and cognitive skills," says Susan Glenn, MD, a neurologist with [Raleigh Neurology Associates, PA](#), and the medical director of the [WakeMed Stroke Program](#).

While these new guidelines do offer benefits to patients and providers, Dr. Glenn offers this important reminder:

"It is still critical to call 911 and get to the hospital as soon as possible after you experience stroke symptoms. The fact remains: The faster you receive treatment, the better your chances of a complete recovery."



StrokeAssociation.org



Know the Signs & Symptoms of Stroke

- **F**ace droops
- **A**rm drifts down when you raise it
- **S**lurred speech
- **T**ime: Call 911 (Do not drive yourself!) for emergency medical assistance

Joint Commission-Certified Primary Stroke Centers

WakeMed offers a full continuum of care for stroke patients – from diagnosis to rehabilitation. Both WakeMed Raleigh Campus and WakeMed Cary Hospital are Joint Commission-certified Primary Stroke Centers. [Learn more about how we treat and care for stroke patients at our hospital.](#)