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**Stroke Tipsheet**

**TECHNOLOGY CAN REVERSE THE EFFECTS OF SOME STROKES, BUT STROKE ONSET NEEDS TO BE TREATED LIKE THE EMERGENCY SITUATION IT IS**

**LOS ANGELES (Oct. 17, 2008)** – Thanks to clot-busting drugs, new devices and minimally invasive procedures, patients experiencing the onset of a stroke have improved chances of surviving with fewer – or even no – long-term disabilities. Still, more than two-thirds of survivors will have some type of disability, according to the National Stroke Association. Stroke is the third leading cause of death in America and the number one cause of adult disability.

According to Michael J. Alexander, M.D., director of the Neurovascular Center and director of endovascular neurosurgery at Cedars-Sinai Medical Center, a good outcome depends on several factors, but nothing is more important than responding quickly and receiving care at a center that is equipped to offer the latest interventions.

Earlier this year, Cedars-Sinai became the first medical center in California to use a new clot-retrieval device for patients with acute stroke. The catheter-delivered Penumbra System received Food and Drug Administration approval in late December 2007 and has been available at Cedars-Sinai since mid-January.

“The Penumbra device appears to be effective in retrieving clot from blocked arteries in the brain in approximately 80 percent of patients within eight hours of the onset of their symptoms, giving patients a better chance at recovering from a stroke,” Alexander said.

The device can be used alone or in conjunction with IV tissue plasminogen activator (tPA), the clot-busting medication that must be administered within three hours of symptom onset. Therefore, a patient who receives tPA at a small hospital and is transferred to Cedars-Sinai may still be a potential candidate for the clot-retrieving procedure.

“Patients with acute stroke have a very poor prognosis, and this treatment is not successful for everyone,” Alexander said. “But this therapy allows us to retrieve clots in a greater percentage of patients than before.”

When it comes to recognizing stroke, many people do not know what it is, said Alexander. Many believe it’s like a heart attack or some other condition, he added. “However, a stroke – even a so-called ‘mini-stroke’ or TIA – is an emergency situation requiring highly specialized treatment within a very short period of time.”

Following are three important “stroke tips” that could save your life or the life of someone you love:

(more)

1. **Recognize the symptoms** - The NSA describes stroke as a “brain attack” that occurs when a blood clot blocks an artery that carries blood to the brain or a blood vessel breaks, interrupting blood flow to an area of the brain. Brain cells begin to die and brain damage occurs. Symptoms include:
  - Sudden numbness or weakness of face, arm or leg – especially on one side of the body
  - Sudden confusion, trouble speaking or understanding
  - Sudden trouble seeing in one or both eyes
  - Sudden trouble walking, dizziness, loss of balance or coordination
2. **Treat even so-called mini-strokes or TIAs (transient ischemic attacks) promptly.** TIAs are similar to full-fledged strokes except they quickly resolve on their own and leave no permanent damage or disability. According to Alexander, “Many people ignore a TIA, thinking, ‘I got better so I must be OK,’ or ‘I’ll go see my doctor in a couple of weeks.’ But a high percentage of people who have a TIA go on to have a stroke, and studies are finding that if patients have a full evaluation and receive appropriate treatment, many strokes can be prevented.”
3. **Recognize that stroke is an emergency** – and that goes not only for patients but physicians. “A lot of patients will go to their local emergency room because it’s close, but small facilities are not likely to have the interventional resources of a large hospital,” Alexander said. “Stroke generally has to be treated within six hours to potentially be reversed. If it is not treated in that time frame, the problems are more likely to be permanent. Patients have to get to a large referral center quickly. If they may be having a stroke and end up at a small hospital, their family members need to lobby for an ambulance transfer to a tertiary center right away for emergency treatment.”

“The FDA has approved the use of tPA within the first three hours of onset of a stroke, and we’d like to get as many patients treated as possible because it improves outcomes by about 30 percent. As a large stroke center, we have a devoted team in place ready to quickly evaluate patients and begin appropriate therapy. Data show that patients have better outcomes if they are treated in centers that offer this level of care and meet established performance guidelines,” said David Palestrant, M.D., director of the Stroke Program at Cedars-Sinai and director of Neuro-Critical Care. ”

Cedars-Sinai’s Stroke Program is certified as a Primary Stroke Center by the Joint Commission, the nation’s oldest and largest standards-setting and accrediting body in health care. This distinction recognizes a center’s commitment to following national standards and guidelines that can significantly improve outcomes for stroke patients.

The Stroke Program also has received the Gold Award from the American Heart Association and American Stroke Association for success in using the “Get With The Guidelines – Stroke” program to improve quality of care. Get With The Guidelines helps ensure continuous quality improvement of acute stroke treatment and ischemic stroke prevention. It focuses on team protocols to ensure that patients are treated and discharged appropriately, and the Gold Award is given to centers that have maintained high performance levels for two years or more.