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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 (Dec. 3, 2009)** – 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 deaths in America and the number one cause of adult disability.

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, but strokes often go unrecognized until it’s too late.

Following are three important “stroke tips” that could save a life:

- 1. Recognize the symptoms** - The National Stroke Association 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
  - Sudden severe headache with no known cause
- 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. 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 go to a Primary Stroke Center.** A stroke generally has to be treated within three hours to potentially be reversed, but not all facilities have the necessary interventional resources. A patient having a stroke needs to be taken to a designated Primary Stroke Center immediately.

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"The goal of a Primary Stroke Center is to get a patient from the front door to treatment very quickly. Time is brain. We know that the sooner you get treated, the higher your chance of having a good outcome," said Patrick D. Lyden, M.D., chairman of the Department of Neurology at Cedars-Sinai and an expert in strokes and stroke treatments. He was a leader of the key clinical trial on tissue plasminogen activator (tPA), which is often referred to as the clot-busting drug.

"The use of tPA within the first three hours of onset of a stroke improves outcomes by about 30 percent," said David Palestrant, M.D., director of the Stroke Program and Neuro-Critical Care. "At a Primary Stroke Center, a dedicated team is 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.

In 2008, Cedars-Sinai became the first medical center in California to use an innovative clot-retrieval device for patients with acute stroke. The catheter-delivered Penumbra System received U.S. Food and Drug Administration approval in late December 2007 and has been available at Cedars-Sinai since mid-January 2008.

The Penumbra device, which can be used alone or in conjunction with tPA, extends the treatment window to eight hours of the onset of symptoms, giving patients a better chance of recovering from a stroke.

"Patients with acute stroke have a very poor prognosis, and this treatment is not successful for everyone, but the therapy does allow us to retrieve clots in a greater percentage of patients than before," said neurosurgeon Michael J. Alexander, M.D., director of the Neurovascular Center and director of endovascular neurosurgery.

Cedars-Sinai is currently involved in clinical trials of two minimally invasive procedures to open narrowed areas of arteries that may lead to strokes. The Wingspan stent is designed for arteries of the brain while the PRECISE Nitinol stent is used for the carotid arteries in the neck that supply oxygenated blood to the brain.

Cedars-Sinai's Stroke Program was certified in 2008 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 two consecutive Gold Awards 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.

NOTE: "Primary Stroke Center" is a designation of the Joint Commission. "Approved Stroke Center" is a designation of the Los Angeles County Emergency Medical Services Agency.

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