

**Stroke and Interventional
Cardiology
Doesn't Acute Stroke
Management Have Enough
Problems?**

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Disclosures

- No product or company affiliation disclosures for this presentation

**NEURO -
INTERVENTION
THE FINAL FRONTIER**

**Another Reason to be
called in to the
Hospital
24/7/365**





78 yr female NIHSS 14, 5 hrs

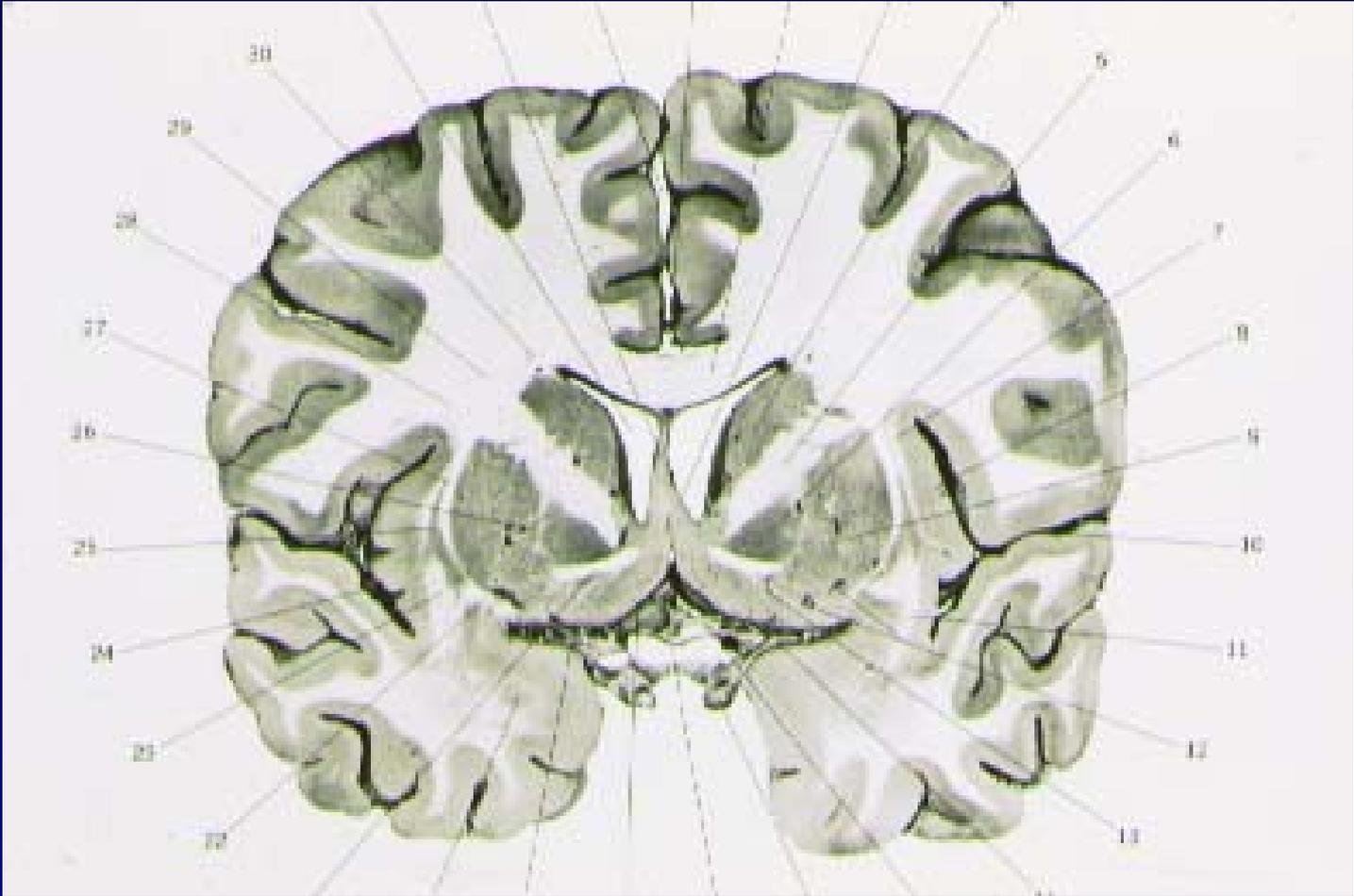


Figure 1B





Subarachnoid
blood
in
sylvian fissure
between
frontal and
temporal
lobes



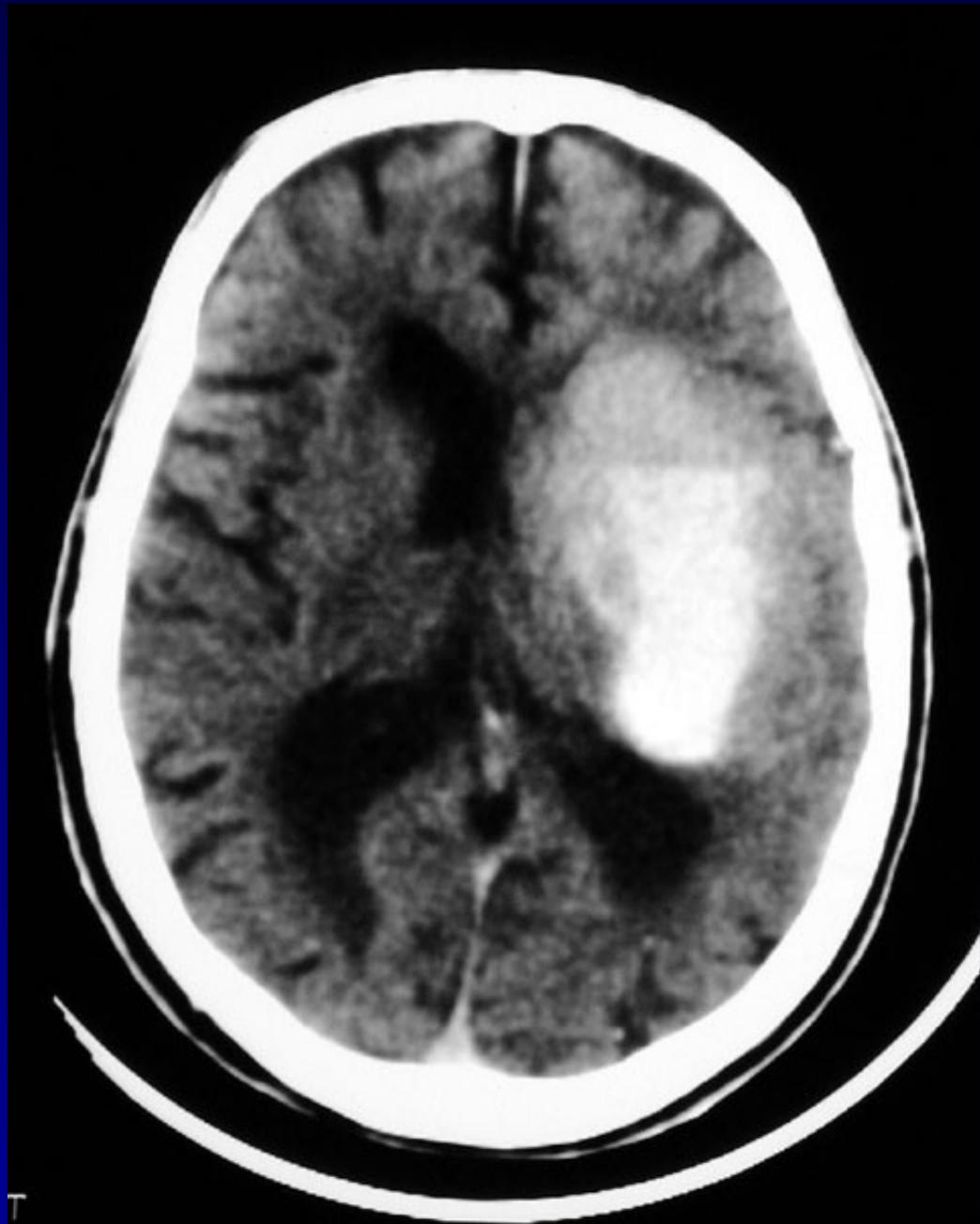
MCA Occlusion





Microcathete
r
into
MCA

Perforators



T

67 yr female acute hemiplegia



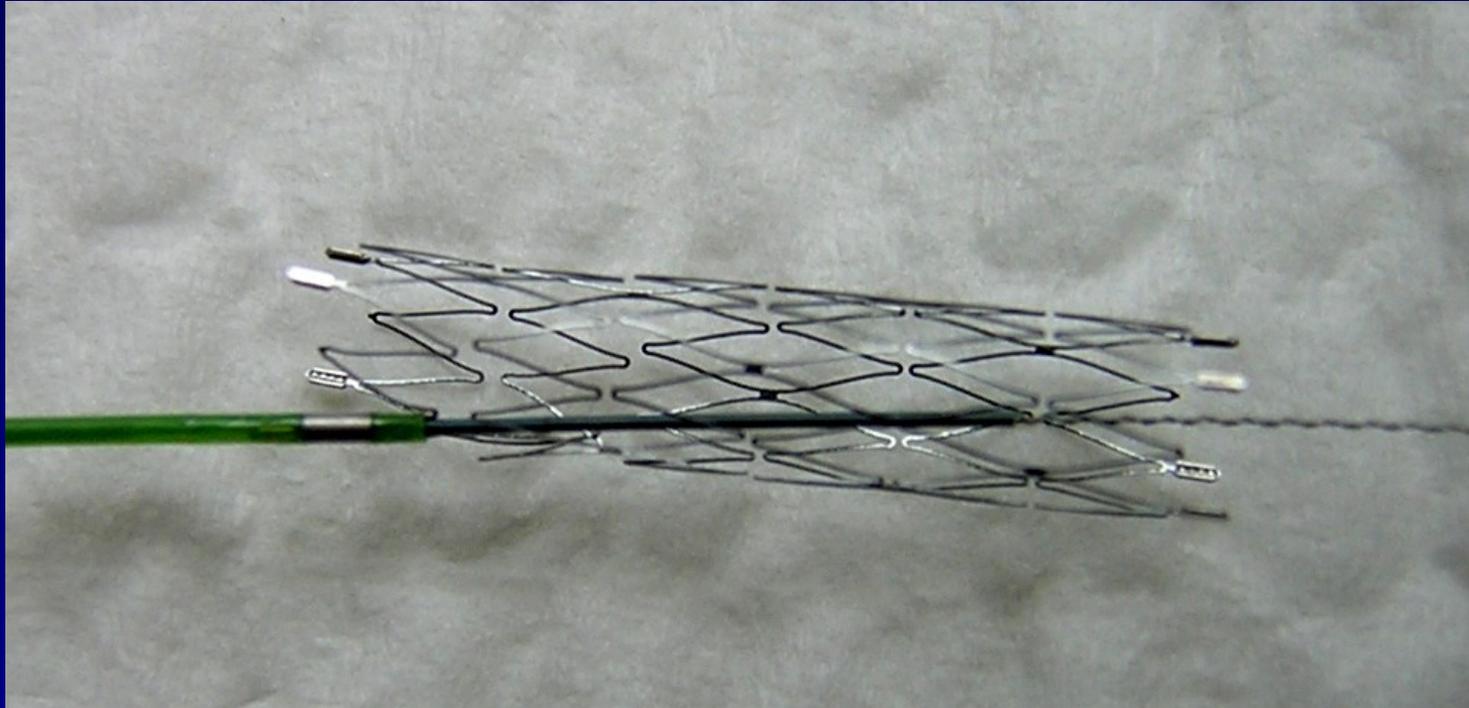
**NEURO
INTERVENTIONAL
TOOLS ARE
DIFFERENT**

GUIDE CATHETERS

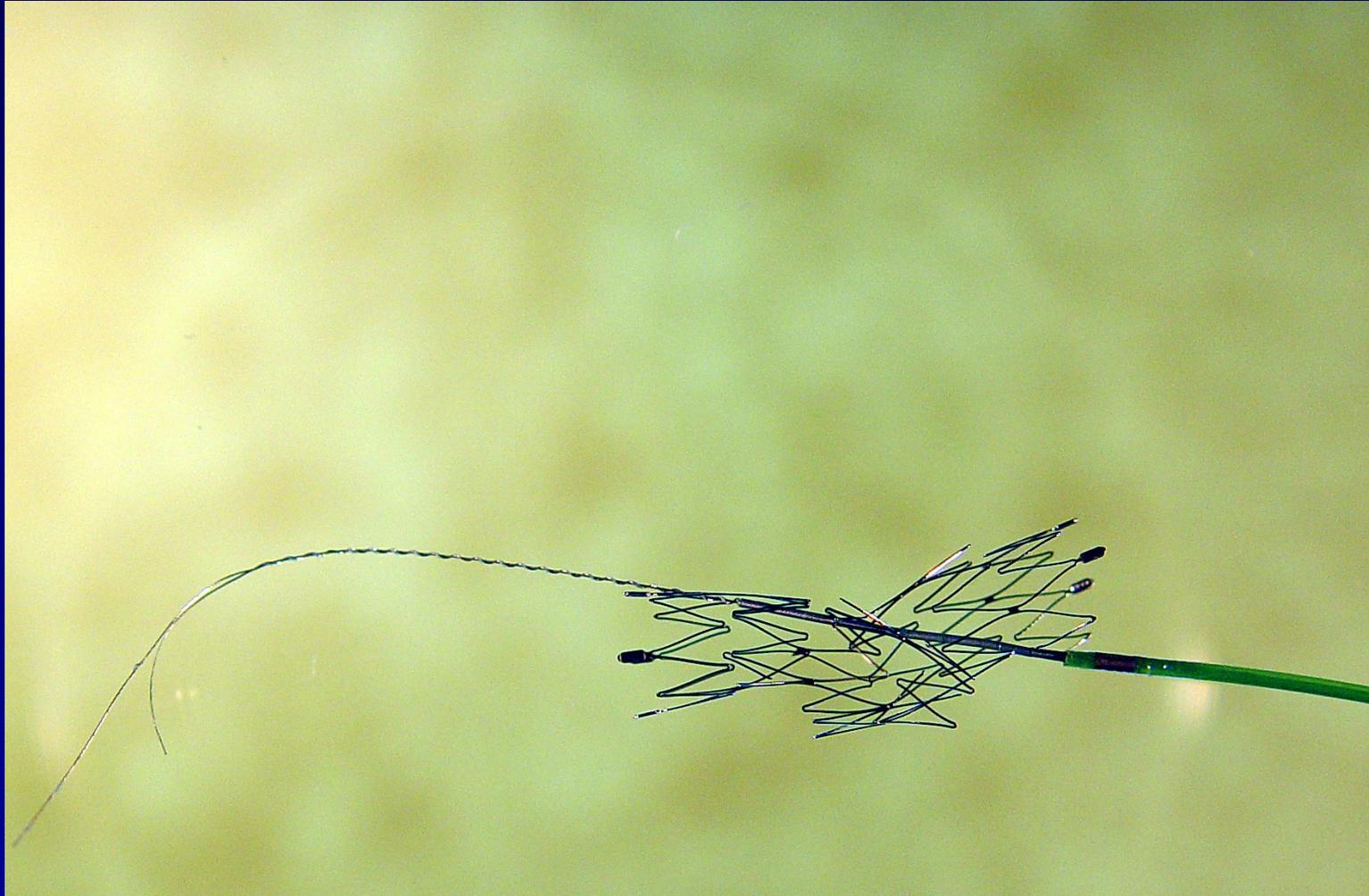
- Large bore tubes into intracranial vessels
- Stacking guides catheters and sheaths
- One extra layer of complexity beyond carotid Stent
- Fragile brachiocephalic vessels
- Older stroke patients can have extremely tortuous vessels

**Rotating Hemostatic
Adaptors
Pressurized Heparin
Saline flush**

STENTS ARE DIFFERENT



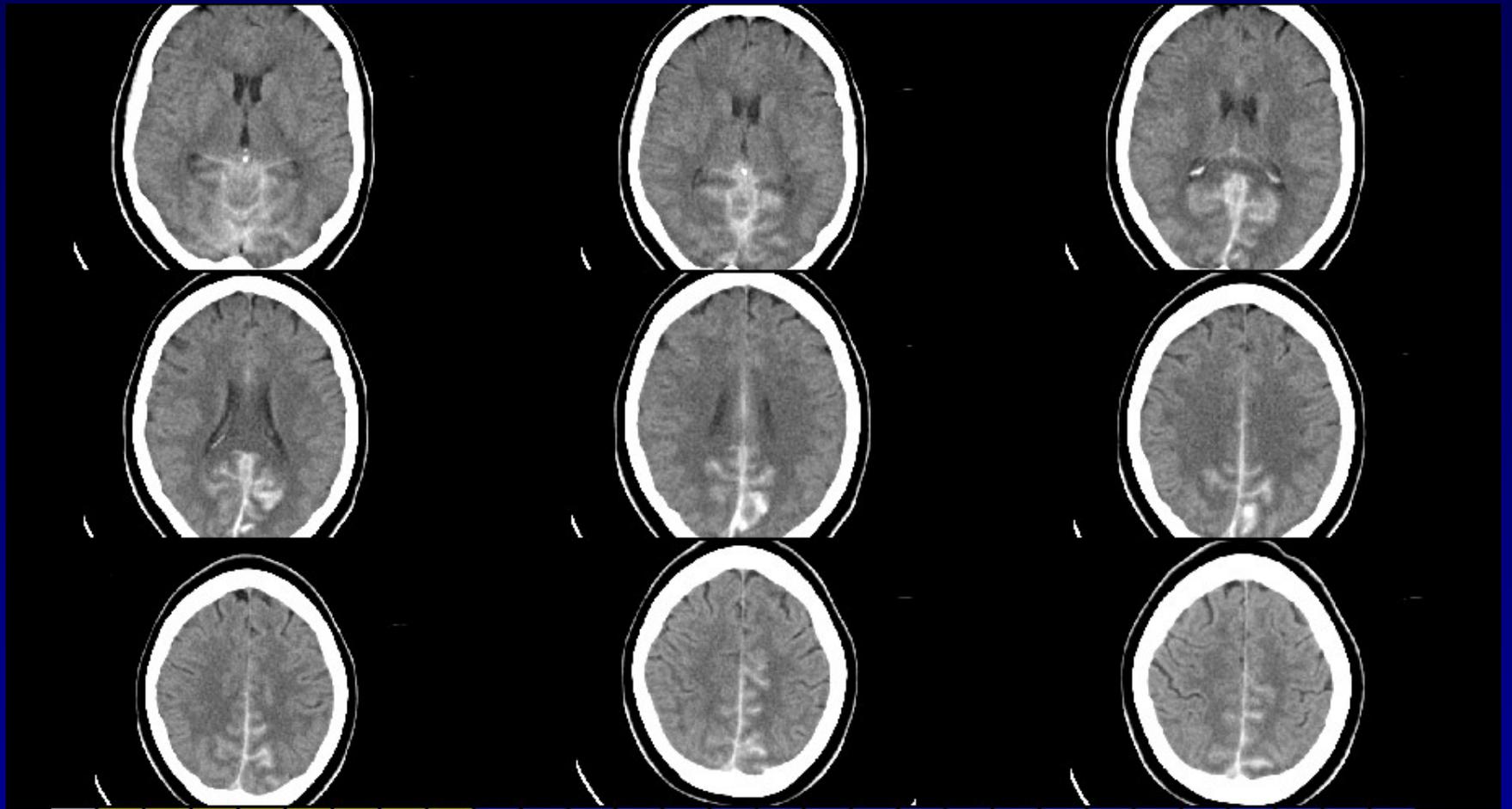
EASILY DAMAGED



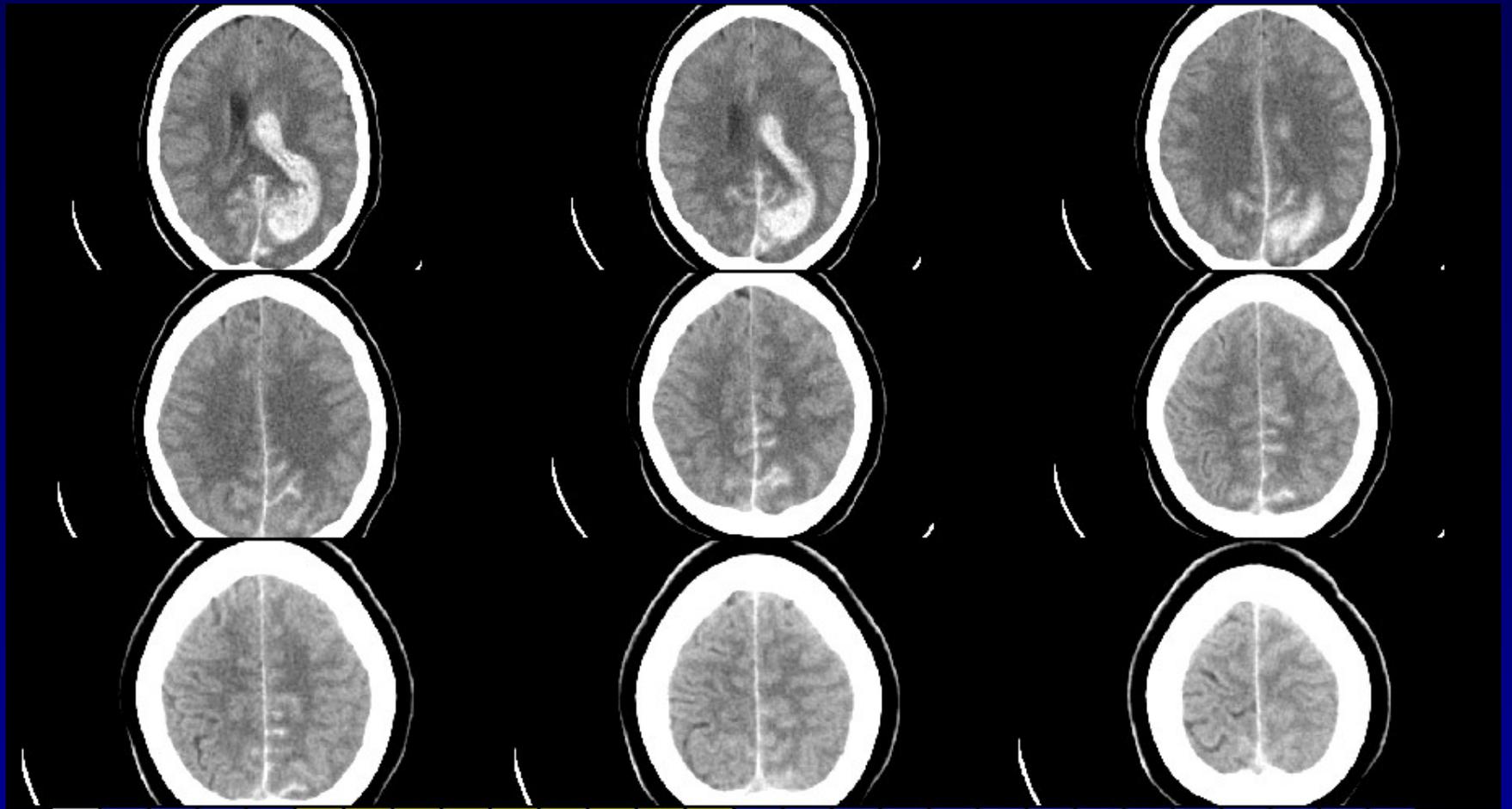
**300 cm Exchange
Wires can cause
angiographically
occults distal wire
perforations**

**Especially dangerous
when patient are on
oral and/or IV
antiplatelet therapy**

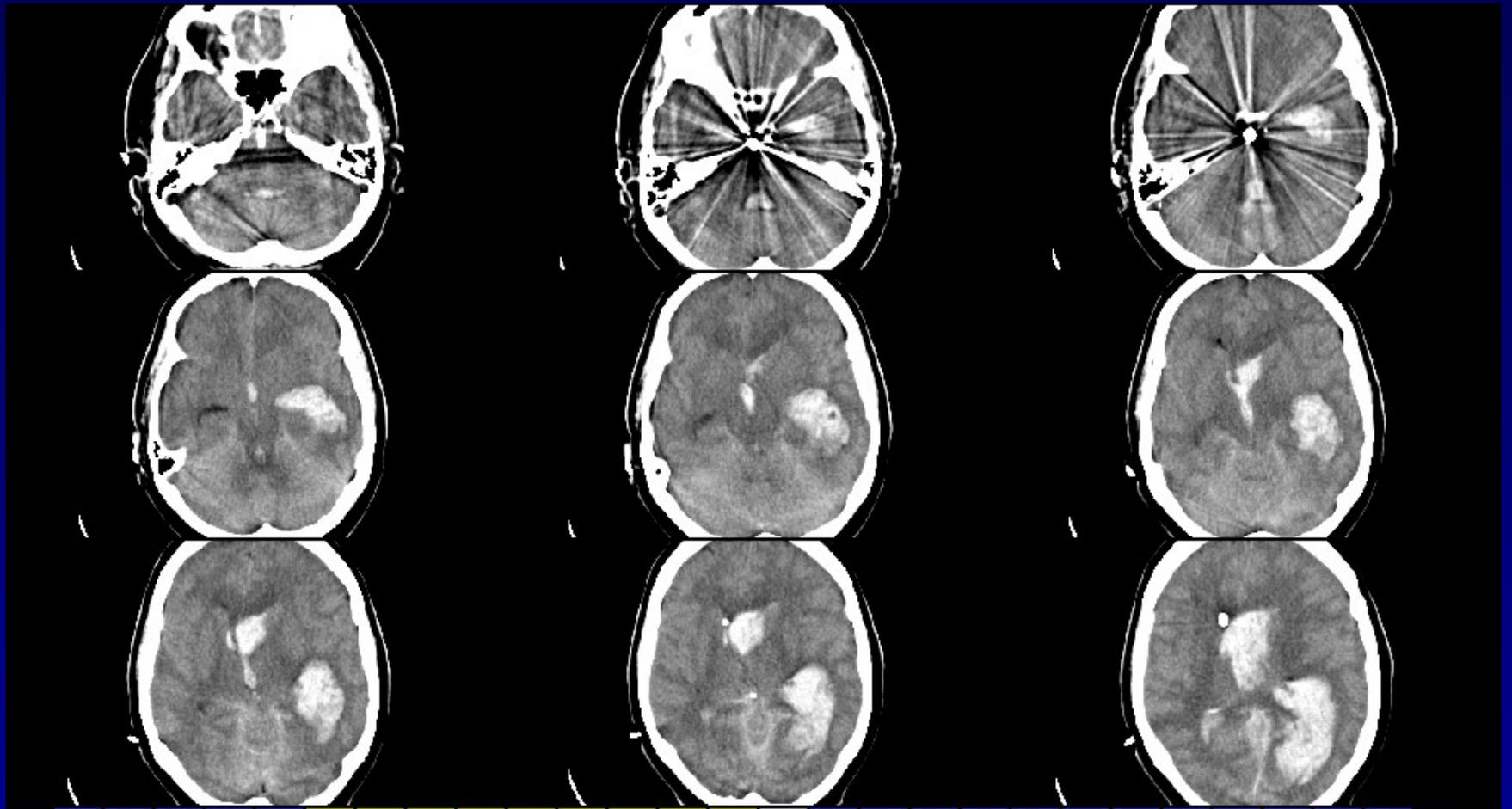
Post Procedure CT



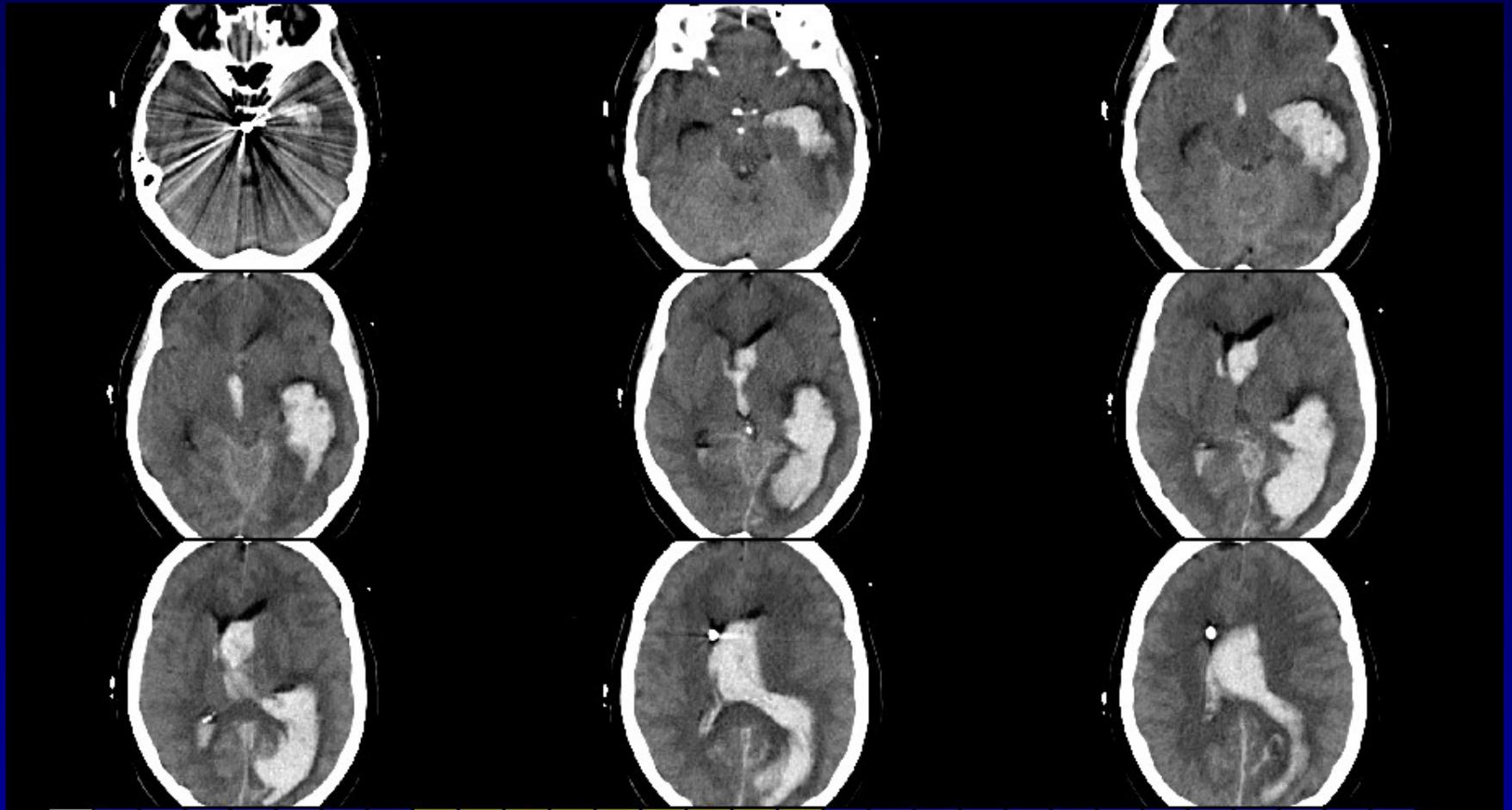
1 hour

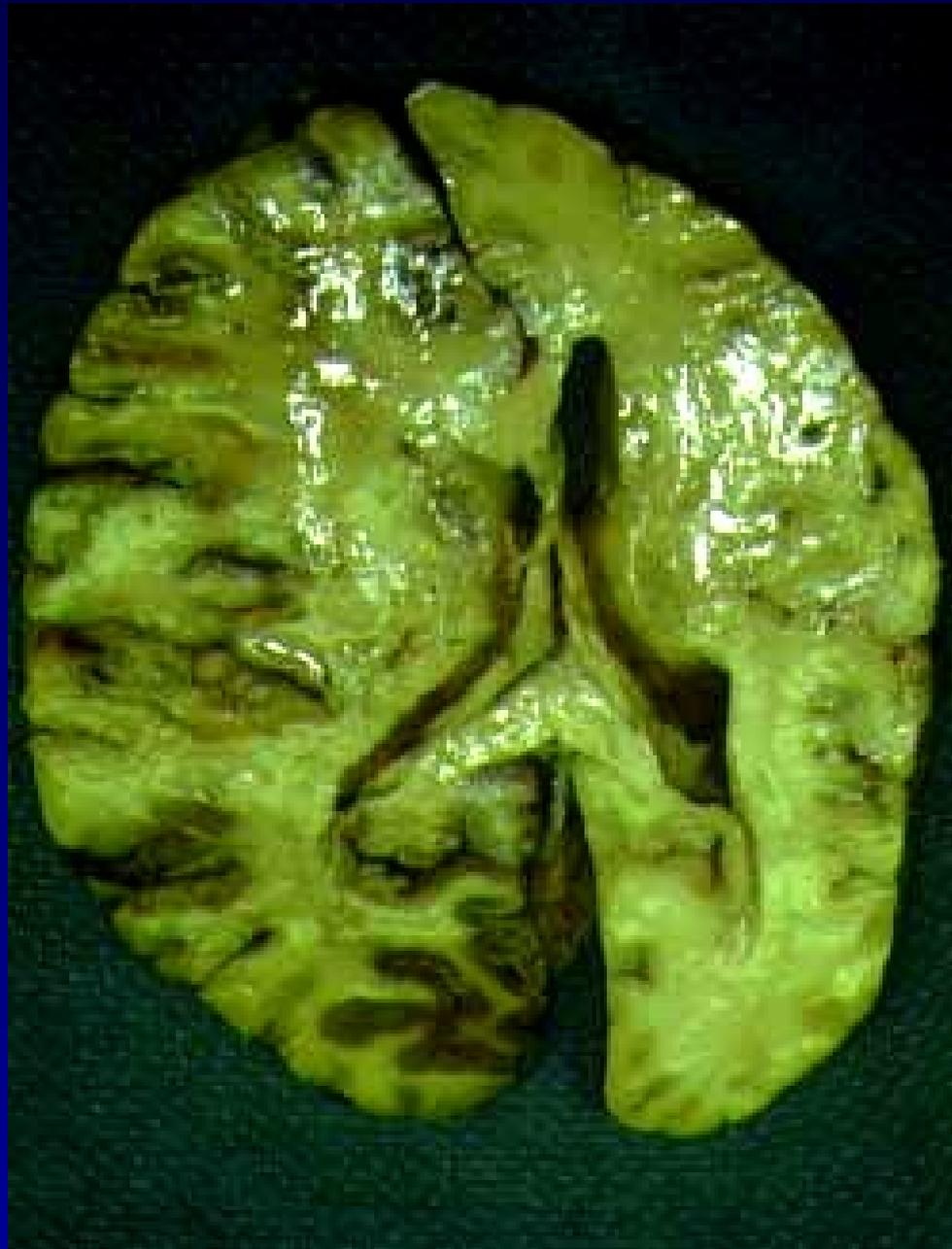


CT 4 hours



CT 19 hours





**Historically,
why did the pendulum
swing from Radiologists
to Cardiologists for all
interventional Coronary
procedures ?**

Patient Access
Patient Care
ICU management
Skills
Technical Skills

**Cardiologists
became Experts in
ALL ASPECTS
of
Cardiac Disease
Management**

**Now Cardiology
Wants to
Reinstate the
Radiology
Model ?**

**WHY BECOME
HIGHLY SKILLED
TECHNICIANS WHO
DON'T REALLY
KNOW HOW TO TAKE
CARE OF STROKE
PATIENTS ?**

EDUCATION AND TRAINING

**Temper outstanding
technical ability
by developing
superior
clinical judgment**

Multispecialty Team

**Stroke Neurology
Neuro Critical Care
Neurosurgery
and
Interventionalist**

Thank You

