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
Subarachnoid blood in sylvian fissure between frontal and temporal lobes
MCA Occlusion
Microcatheter into MCA Perforators
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 patients are on oral and/or IV antiplatelet therapy.
Post Procedure CT
CT 19 hours
Historically, why did the pendulum swing from Radiologists to Cardiologists for all interventional Coronary procedures?
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