



Advanced Stroke Patient Therapeutics: How Can These Modalities be Accessed and Utilized by Emergency Physicians in Order to Improve Patient Care?

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Learning Objectives

- Establish the key concepts that guide the decision making in the diagnosis and treatment of acute ischemic stroke patients.
- Explore the role of interventional radiology (IR) diagnostic modalities, IA thrombolysis, and mechanical clot removal devices in the treatment of ED acute ischemic stroke patients.

Background

Many questions exist as to how and why IR modalities are accessed, and with what outcome. Once answered, it may be possible for emergency physicians to interact directly with these interventionalists in order to improve stroke patient outcomes.

Key Clinical Questions

- Which ischemic stroke patients (type, location, severity) should be sent to the interventional radiology (IR) suite for advanced diagnostics and therapeutics?
- Does the ED use of advanced diagnostics facilitate this decision making?
- Should interventional radiology techniques be considered in all ischemic stroke patients, even for patients who have received IV tPA in the ED?
- Should patients who are sent to the IR suite all receive IV tPA, perhaps at a decreased dosage, in anticipation of the IR interventions?
- Do all IR patients initially get studied with carotid and cerebral angiography?
- Are the carotids studied in all of these IR ischemic stroke patients?
- What IA clot thrombolysis and mechanical clot therapies are available and most often used and why
- What outcomes are seen with these advanced IR interventions?
- What advanced therapeutics are the standard of care in 2007, and do they justify stroke patient transfer to specialty centers that have this capability?