

**FERNE / EMRA 2007 Acute Ischemic Stroke Patients :
Top 5 Reasons to Call Your Neurointerventionalist
Scott M. Silvers, MD, FACEP**

“Top 5 Reasons to Call Your Neurointerventionalist”




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Disclosure

- No significant financial or intellectual conflicts of interest

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Top 5 Reasons to Call Your Neurointerventionalist

5. Vascular “blowouts”

- e.g. carotid tumors or trauma
- Covered stents vs occlusion / thrombosis

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4. Symptomatic Dissections < 6 hours


- Carotid or vertebral
- IA TPA and stenting

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3. Ischemic stroke patient with visible clot on CT angiogram outside of 3 hour IV TPA window for IA TPA


- < 6 hours
- > 6 hours in devastating presentations

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Top 5 Reasons to Call Your Neurointerventionalist

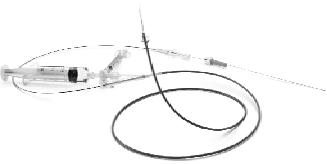
2. Ischemic stroke patient with visible clot on CT angiogram outside of 3 hour IV TPA window or TPA contraindicated for mechanical thrombectomy


- MERCI device

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Interventional Therapy



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Top 5 Reasons to Call Your Neurointerventionalist

1. Subarachnoid hemorrhage of aneurysmal origin
 - Differing skill sets among interventionalists
 - Typically give “right of first refusal” to interventionalists

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Top 5 Reasons to Call Your Neurointerventionalist


1. The Superbowl is on, it's in the fourth quarter, the score is tied, and you're working clinically.....
If you can't watch it, the interventionalist rooting for the other team sure as heck shouldn't be able to watch it either!

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Take Home Message

- Know the signs and symptoms of an acute stroke
- Get patients to the emergency department (Acute Stroke Center if available) as quick as possible → Call 911
- Many stroke patients are eligible for a variety of modern therapies that improve outcome
- Spread the word!

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Thank you! silvers.scott@mayo.edu

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