

# HealthWorks

Health care news and information

Caring for life.

## Carondelet Heart Institute Leads the Way



Robert Tung, MD, and Michelle Meyer, RN, in the new EP cockpit at the Carondelet Heart Institute. The new cockpit is used in treating heart rhythm disorders.

It certainly looks impressive, and it is. The Carondelet Heart Institute at St. Joseph Medical Center is the first hospital in North America and the third in the world to install the Electrophysiology (EP) Cockpit.

The EP Cockpit is a new innovation which supports cardiologists in the treatment of heart rhythm disorders, including complex ablation therapies. This new concept in electrophysiology combines Philips proven Allura Xper interventional lab with a number of innovative instruments to help make EP labs more convenient and efficient. In other words, the cockpit helps shorten EP procedure time and improve

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## Stroke Treatments Become More Aggressive

### Time Remains Major Factor

In the time it takes the average reader to finish this article, two Americans will have a stroke. If they're lucky, they, or someone close to them, will recognize the symptoms, note the time, call 9-1-1, and get them to a stroke center right away. Time is everything when it comes to stroke treatment.

Fortunately, when Chuck Wilson "started feeling weird" while having breakfast one morning, he did consider stroke a possibility. "I went into the bedroom to get my wife's attention, then fell on the floor and started babbling" he says. They went immediately to St. Joseph.

### More Aggressive Treatments Could Give Bigger Window

The most common type of stroke is an ischemic stroke—sometimes referred to as a "brain attack." It happens when a clot blocks the blood supply to the brain. The most promising treatment for an acute ischemic stroke is the clot-busting drug tPA. Traditionally, the drug is injected into a vein in order to "break up" the clot, and get the blood flowing again. But this treatment must be given within three hours of the onset of symptoms. Beyond the three-hour window, the risk of hemorrhage is too great. And, not every patient is a candidate for the drug.

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Chuck Wilson didn't think he was at high risk for stroke but recognized the symptoms and went to the Emergency Department. Now he's back on the courts three days a week.

# Breast Center Survivor Support

St. Joseph Breast Center has started a support group for breast cancer survivors. The group meets the second Thursday, every other month, 6-7 p.m., in the Community Center for Health and Education at St. Joseph. Remaining meetings for this year are June 12, August 14, October 9 and December 11.

“We started this group to give our survivors a way to connect with others and to also educate them,” says Donna Freisinger-Loyd, RN, nurse navigator for St. Joseph Breast Center. “We consider women survivors from diagnosis on.”

*For more information, call the nurse navigators at 816-943-2281.*

## Walk-in Mammography

Monday - Friday

8 - noon  
and 1 - 3 p.m.

Just go to outpatient mammography on the first floor.

**Call 816-943-3022 for more information.**

## Stroke Treatments

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“Generally only about five to ten percent of those who suffer a stroke reach the hospital in time to be considered for the intravenous tPA,” says Arthur Allen, MD, medical director of St. Joseph Stroke Center. “But with advances in interventional techniques, we have a bigger window—six to eight hours after the onset of stroke.”

Wilson got to the emergency room within the three-hour window, but because of other medications he takes, doctors decided it would be too risky to give the IV tPA. A few years ago, Wilson may have had permanent stroke damage.

“We have more options today,” says David Burkart, MD, interventional radiologist with St. Joseph Stoke Center. “We can insert a small catheter into the artery, and thread it toward the clot. We can dissolve the clot by applying tPA directly, which requires much less of the drug, or we use a corkscrew-like device to retrieve and physically remove the clot.”

When Wilson went in for the procedure, he says he was mumbling and couldn’t think of words. “When I woke up, I could speak and think clearly,” he says. “I think I’ve recovered completely.”

Dr. Burkart says this treatment can clear the clot two out of three times. “If we can get the artery open, the patient has about a 50 percent chance of returning to normal function, compared to about a 10 percent chance if nothing is done,” says Dr. Burkart. “It’s really important to get to a stroke center that does interventional therapies.”

### Call 9-1-1

The biggest obstacle in stroke treatment may be public awareness. Many people ignore symptoms or wait to see if they’ll go away. “The patients themselves might not recognize any impairment and family members may dismiss symptoms as tiredness or confusion,” says Dr. Allen. “Stroke symptoms are not usually painful, they’re not the attention-getters like chest pain—but stroke is a medical emergency.”

Dr. Allen says sometimes the message the body is sending is very subtle, but to avoid lifelong disability or even death, it’s important to pay attention—and call 9-1-1.

“The emergency workers are better equipped to handle stroke,” says Dr. Allen. “They radio ahead to the medical center so that the Emergency Department can be ready and waiting when the patient arrives. Minutes matter more than you think.”

*To receive a free refrigerator magnet with stroke warning signs, call 816-9HEALTH (943-2584).*

## Act F.A.S.T.

**F** = Face: Ask the person to smile. Does one side of the face droop?

**A** = Arms: Ask the person to raise both arms. Does one arm drift downward?

**S** = Speech: Ask the person to repeat a simple sentence. Can he or she? Are words slurred?

**T** = Time: If the person shows any symptoms, call 911 or get to the Emergency Department fast.

*Time is brain.*



Dr. Allen examining Chuck Wilson months after his stroke. Wilson has no permanent stroke damage.