



# NEUROINTERVENTIONAL PROGRAM

## NEW STANDARD OF CARE FOR STROKE PATIENTS

Stroke is a significant concern in our community—where it is ranked as the 3rd leading cause of death—compared to the nation where stroke is the 5th leading cause of death.

For many years, there was little progress in the area of stroke treatment. However, a breakthrough study in 2017 demonstrated that mechanical thrombectomy could dramatically reduce disability caused by stroke, even if provided up to 24 hours after stroke occurred. The American Heart Association/ American Stroke Association responded to the research by changing their guidelines of care for stroke patients.

While stroke remains a time-sensitive disease, the new guidelines lengthen the window of treatment time, and it is crucial that patients end up in the right place to receive this advanced treatment.



The lab, which will be built in existing shelled space within the hospital, will feature a biplane angiography system (pictured above) that allows neurosurgeons to view blood vessels deep within the brain. This sophisticated diagnostic tool uses minimally invasive techniques to produce highly detailed, three-dimensional images from two regions of a patient's head, from front to back and side to side.

With the opening of the Neurointerventional Program in the fall of 2020, Paoli Hospital will be equipped to provide the most advanced, life-saving stroke care to our region. Philanthropic support from our community will help to make the initial \$10 million investment in this program possible.

The leading procedure in Paoli's Neurointerventional lab will be mechanical thrombectomies to treat patients with ischemic stroke.

During a mechanical thrombectomy, a patient is usually under conscious sedation, rather than general anesthesia. The procedure is similar to a cardiac catheterization where a device called a stent retriever is inserted in to an artery in the patient's groin with a catheter.

Using the advanced visualization made possible with the bi-plane angiography, the catheter is then threaded up to the blocked artery within the brain to either suction or remove the clot and restore blood flow.

