

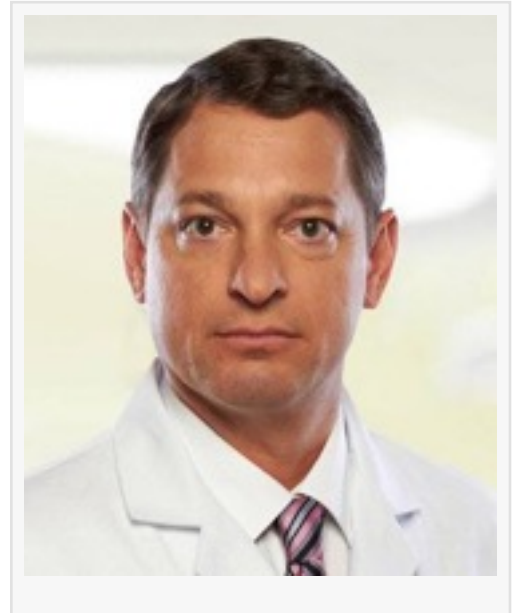
Stroke Care Revolution Saving Lives and Function...Despite Lost Opportunities

Some hospitals aren't prepared for timely transfers to a Comprehensive Stroke Center with physician skill & equipment to provide the necessary standard of care.

SANTA BARBARA, CA, UNITED STATES, April 8, 2020

/EINPresswire.com/ -- In 2018 hospitals across the country prepared for the updated Acute Ischemic Stroke Guideline which represented a paradigm shift as thrombectomy was recommended along with thrombolysis for large vessel occlusions within 6 hours of onset of symptoms and thrombectomy for large vessel occlusions for [strokes](#) that present within 24 hours of last verified normal neurological status.

Eighty-five percent of strokes are ischemic which are caused by arterial occlusion of small vessel or large vessels and the remaining are caused by hemorrhage (bleeding) into the brain. Catastrophic ischemic strokes that led to permanent profound disability tend to be those that involve the large vessels of the brain and this is the patient population that now are benefiting greatly from the new stroke paradigm.



Unfortunately, some hospitals and managed care organizations were not prepared to allow for timely transfers to a Comprehensive Stroke Center that have the capabilities, both in terms of physician skill and equipment to provide the medically necessary standard of care.

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Each hour that the brain is delayed within the 24 hour window makes a difference and the viability of brain cells is compromised.”

Dr. Greg Vigna

Greg Vigna, MD, JD, national pharmaceutical attorney, neurological injury attorney, and practicing physician states, “I have seen a number of patients who had met the anatomical criteria for receiving thrombectomy but missed the 24 hour window because physicians, hospitals, and

occasionally managed care organizations who did not timely transfer the stroke victim to a Comprehensive Stroke Center.”

Dr. Vigna adds, “I have also seen patients who were transferred 50 miles from one hospital to an affiliated hospital that was a Comprehensive Stroke Center bypassing a ‘competitor’ hospital which had the capabilities for thrombectomy. Each hour that the brain is delayed within the 24 hour window makes a difference and the viability of brain cells is compromised. Fortunately, in Santa Barbara, where I live, patients with stroke symptoms are transported directly to the stroke center of excellence, Santa Barbara Cottage Hospital where care can be rendered quickly. Stroke victims in Los Angeles and Northern California aren’t so fortunate as I have seen many instances where a patient’s 24 hour window for thrombectomy was missed because of delays in transfers.”

Greg Vigna, MD, JD is a California and Washington DC lawyer who focuses on catastrophic [neurological injuries](#) cause by the vaginal mesh, brain injuries, spinal cord injuries, brachial plexus injuries, and medical malpractice.

<https://www.ahajournals.org/doi/full/10.1161/strokeaha.118.020176>

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