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24/7 'telemedicine link' targets strokes: Mount St. Mary's offers fast response through neurology network

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LEWISTON, Apr 24, 2008 (The Buffalo News - McClatchy-Tribune Information Services via COMTEX) --*

Mount St. Mary's Hospital on Wednesday announced an audiovisual "telemedicine link" to medical specialists in the Catholic Health System in an effort to better treat stroke victims.

Seven neurosurgeons in Erie and Niagara counties who specialize in stroke care are now on call 24 hours a day, seven days a week with the Remote Evaluation of Acute Ischemic Stroke system.

With strokes, as well as heart attacks, the outcomes and recovery times improve with the quickness in which patients are treated.

That's why Mount St. Mary's has put the new program in place.

Dr. Gregory D. Sambuchi, a neurosurgeon and head of neurology at Mount St. Mary's, said, "My phone is always on. I have to be available. That's the life of a stroke doctor."

He will participate in the new telemedicine program with others, including Dr. Lee R. Gutterman, a neurosurgeon and head of the Catholic Health System's stroke program, who has handled stroke care for the last 20 years.

"I'm pleased to be a member of a team," Gutterman said. "There is a lot we can offer patients when we collaborate. We are providing ourselves as a service to the patients of Niagara County."

Niagara Falls Memorial Medical Center and nine smaller hospitals set up a similar program in the fall of 2006 with the Stroke Care Center at Millard Fillmore Hospital in Buffalo.

Dr. Lloyd W. Brown, chief of the Mount St. Mary's emergency department, said that if a patient with a stroke can be treated within three hours with a clot-busting drug, the patient can return to normal function.

But he said that this is often not done because of difficulty recognizing the signs or symptoms of a stroke.

With the new technology, which has been used for four months on a test basis at Mount St. Mary's, a doctor can be linked up to the emergency room and see the patient in real time, using Web cam and cell phone technology.

These doctors also can see CT scans and the results of other tests on their computers, which may preclude the use of the clot-busting drug.

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"It starts with the CT scan," Gutterman said. "If there is bleeding in the brain and we give someone a clot-busting drug, they will die."

"What if it's after hour four?" Gutterman said. "There are still other options."

Gutterman said patients who need more advanced care can be transported to a Buffaloarea stroke center, such as at Kenmore Mercy, Sisters and Mercy hospitals, where a patient might need more technology to remove a clot but may still be able to avoid open brain surgery.

Sambuchi said the team wants the public to view a stroke as a "brain attack," like a heart attack, and rush a possible stroke victim to the hospital.

"Patients need to go to their closest institution," Sambuchi said, "and the good news is now that includes Mount St. Mary's."

Symptoms of a stroke may include facial droop or an uneven smile; arm numbness and weakness; and slurred speech or difficulty speaking. Even if these symptoms last only a few moments and then disappear, they could still be a sign of a serious condition, according to hospital information.

"We want people to understand these subtle signs," said Judith A. Maness, president and chief executive officer at Mount St. Mary's. "We'd rather see you come in and rule a stroke out, than stay home and say you're fine."

Gutterman said, "The signs are subtle, and you need a trained eye. This [telemedicine] is a windfall. People can now stay in Niagara County and have the best evaluation. We don't need everybody to go [to Buffalo]."

He said he expects this computer- based diagnosis to spread to cardiac and critical care.

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