

Acute Stroke Patient Information Sheet

The doctors who have examined you (or your family member) believe that an ischemic stroke may be happening right now. This condition occurs when blood flow to the brain is blocked, usually by a blood clot blocking the arteries that deliver blood to the brain. Studies in thousands of patients with strokes like yours have shown that when the clot-dissolving drug alteplase (also called “tPA”) is given intravenously, patients have a much better chance of recovering to normal and living at home after a stroke. Even though there is an increased chance of bleeding, the chances of benefit still outweigh the risks.

The Food and Drug Administration (FDA) approved the use of intravenous t-PA when given to certain patients within 3 hours after the start of stroke symptoms. This is now standard treatment for patients who fit the right profile. For certain patients, tPA is now recommended up to 4.5 hours after the stroke. In order to receive this medication, you will undergo an acute stroke evaluation which will include blood tests, a neurological exam and brain imaging (CT scan or MRI) to identify the area of stroke and the pattern of blood flow to the brain. This will be done rapidly because of the time limits on the safe use of IV tPA.

For patients who do not meet the profile to receive IV tPA, there are other options available. These involve the use of new medications that are being studied in stroke treatment, as well as the use of already FDA-approved medications used in new ways for stroke. If you qualify for one of these alternative treatments, your doctor will review them with you. These options include the use of new types of clot-dissolving medicines that are given intravenously, as well as the use of a technique in which clot-dissolving drugs are delivered directly into the blood clot by placing a catheter into the blocked artery in the brain. This technique is very similar to a cardiac catheterization procedure for heart attack to open blocked heart arteries. This technique is more successful than IV tPA at dissolving blood clots in the large brain arteries and can be used in some patients who don't qualify for IV tPA treatment. If you are a candidate for these alternative treatments, the doctor will review the risks and benefits, and may have you review and sign special consent forms or study forms that explain these in detail.

For many patients, the safest and best treatments will be with intravenous blood thinners (such as Coumadin, warfarin, heparin, or aspirin-like drugs) and/or careful adjustments of blood pressure. You may have the opportunity to participate in other studies that are available to patients who are not able to receive these emergency interventions. Ask your doctors which treatment is right for you.