

Get Ahead of Stroke Campaign - Dr. Violiza Inoa

Maximizing Stroke Prevention: The Ultimate Guide

Introduction

In today's fast-paced world, the prevalence of stroke is a pressing concern. With its debilitating consequences, stroke prevention has become paramount. The Getting Ahead of Stroke Campaign is dedicated to empowering individuals with the knowledge and tools they need to get ahead of stroke. In this comprehensive guide, we delve into effective strategies and actionable steps to mitigate the risk of stroke and safeguard your well-being.

Understanding Stroke

What is Stroke?

A stroke occurs when blood flow to the brain is disrupted, leading to cell death and neurological impairment. Ischemic strokes, caused by blood clots blocking arteries, and hemorrhagic strokes, resulting from ruptured blood vessels, are the two primary types.

Risk Factors

Identifying and addressing risk factors is crucial for stroke prevention. Common risk factors include hypertension, diabetes, high cholesterol, obesity, smoking, and sedentary lifestyle. Additionally, age, genetics, and previous stroke or transient ischemic attack (TIA) contribute to stroke susceptibility.

Recognizing Symptoms

Prompt recognition of stroke symptoms is vital for timely intervention. Remember the acronym BE FAST, which includes additional symptoms:

- Balance difficulties
- Eyesight changes
- Face drooping
- Arm weakness
- Speech difficulty
- Time to call emergency services

These additional symptoms, along with the classic FAST symptoms, provide a comprehensive framework for identifying stroke and seeking immediate medical attention.

Get Ahead of Stroke Campaign

Purpose

The Getting Ahead of Stroke Campaign aims to raise awareness, educate communities, and promote proactive measures for stroke prevention. Through collaborative efforts with healthcare professionals, organizations, and the public, we strive to combat the rising incidence of stroke.

Key Initiatives

1. Educational Workshops: Hosting workshops on stroke prevention, risk factors, and warning signs.
2. Community Outreach: Engaging with local communities through health fairs, seminars, and informational sessions.
3. Digital Awareness: Leveraging online platforms to disseminate informative content, resources, and testimonials.
4. Partnerships: Collaborating with healthcare providers, advocacy groups, and governmental agencies to amplify campaign reach and impact.

Empowering Through Education

Lifestyle Modifications

Encouraging healthy lifestyle choices is paramount for stroke prevention. Adopting a balanced diet rich in fruits, vegetables, whole grains, and lean proteins, along with regular physical activity, aids in maintaining optimal cardiovascular health.

Medication Adherence

For individuals with hypertension, diabetes, or other predisposing conditions, adherence to prescribed medications is crucial. Regular medical consultations, medication management, and monitoring play a pivotal role in controlling risk factors and preventing stroke recurrence.

Smoking Cessation

Tobacco use significantly elevates stroke risk. Offering smoking cessation resources, counseling, and support services empowers individuals to break free from nicotine addiction and safeguard their vascular health.

Conclusion

The Getting Ahead of Stroke Campaign is committed to driving positive change in stroke prevention and management. By prioritizing education, awareness, and proactive interventions, we can collectively reduce the burden of stroke and enhance the quality of life for individuals worldwide. Join us in our mission to get ahead of stroke and create a healthier future for all.

Full Interview with Dr. Violiza Inoa

Gain valuable insights from Dr. Violiza Inoa on recognizing stroke symptoms early and seeking immediate medical help. Empower yourself with knowledge for a healthier future!

Highlights:

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05:00 Getting Ahead of Stroke Campaign

12:12 Stroke treatment, including emergency response times and medical interventions

22:06 Getting ahead of stroke and family decision-making

27:50 Stroke disparities in different communities, and lack of awareness

35:00 Stroke diagnosis and treatment, including when to call 911

Transcript:

Introduction - Dr. Violiza Inoa

Bill Gasiamis 0:00

Hello everyone. Welcome back to another episode of the Recovery after Stroke podcast. My guest today is Dr. Violiza Inoa a leading neurologist who spearheaded medical missions in rural Dominican communities before pursuing advanced training in the United States. As an assistant professor at the University of Tennessee, she champions stroke prevention and treatment.

Bill Gasiamis 0:24

Dr. Inoa's expertise in vascular neurology and interventional neuroradiology has earned her numerous accolades including the Excellence in the Treatment of acute ischemic stroke award. Before we dive into the interview, I'd like to take a moment to introduce my book, *The Unexpected Way That A Stroke Became The Best Thing That Happened: 10 Tools For Recovery, and Personal Transformation*.

Bill Gasiamis 0:51

It's a collection of inspiring stories from 10 stroke survivors, showcasing their incredible journey from adversity to personal growth, covering everything from nutrition and exercise to handling emotional challenges. This book is a beacon of hope for those on the road to recovery. For more information, you can check out recoveryafterstroke.com/book or simply search for my name Bill Gasiamis on Amazon. Dr. Violiza Inoa, welcome to the podcast.

Dr. Violiza Inoa 1:22

Hi, how are you? Thank you. Thanks for having me.

Bill Gasiamis 1:24

Thank you for being here. Before we do have that conversation about stroke

awareness, stroke prevention, and supporting people during those stages where they're having their stroke or their stroke is occurring. Tell me a little bit about yourself and the work that you do.

Dr. Violiza Inoa 1:42

So again, my name is Violiza Inoa, I'm at the stroke in neurointervention, in Memphis, Tennessee, the United States. I am a neurologist by training by background, and I dedicate my life to seeing stroke patients for prevention, but also for hyperacute treatments in post-stroke care.

Bill Gasiamis 2:07

Your work has got you to this stage of your career where you're encouraging you want people to know something about stroke, you want them to know that stroke is treatable. And do you have a sense that there is a feeling in the communities that you deal with, or the people from the community deal with that stroke is not treatable, that it's some kind of a condition that when it occurs, it's devastating, and it's life-altering and life-ending?

Dr. Violiza Inoa 2:44

Yeah, no. And it's not just a feeling. I've had my personal experience with that, you know, with many patients that do not recognize stroke as an emergency or as a treatable condition. However, there's a lot of data behind it data from the community from different states.

Dr. Violiza Inoa 3:08

We know what is going on. The majority of Americans nowadays, know that stroke is an emergency. But if you were to ask if they would call 911, less than half would seek emergency treatments. Many, many, many people in the population would say that they would recognize stroke symptoms, but they would not seek any medical help.

Dr. Violiza Inoa 3:46

And the reality of it is that we've lived in a culture where people believe that if they had a stroke, they're doomed, that there's nothing they're going to do about it. That stroke leads to death and disability. And that's it, that there's no opportunity for treatment. And we are here to tell you that that is not true stroke is a treatable condition. I think, for many years, many of us have spent a lot of our energy in educating the population about stroke prevention.

Dr. Violiza Inoa 4:23

And I think that's important, talking about the importance of recognizing high blood pressure and diabetes, high cholesterol, on healthy lifestyle, treating those conditions to prevent heart attacks and stroke. But I think we've spent less time talking about treatments and the reality is that the treatment of a stroke is one of the most impactful treatments in medicine and we can talk a little bit about what that means in a few minutes.

Getting ahead of stroke campaign

Bill Gasiamis 5:00

So the whole reason this podcast exists is because there is a gap in the support for people who have had a stroke. And then when I had my hemorrhagic strokes and then had to have brain surgery, and then I had to learn how to walk again, and all those things, I didn't have anyone sort of reaching out to say, Hey, this is going to be okay, we're going to work it out, you're going to get through that in 10 years, you're going to be in a better position.

Bill Gasiamis 5:27

Maybe you'll have some physical challenges, but you might have been able to grow from this psychologically or emotionally or in many other ways. And the biggest challenge is that I did a lot of support work in my time after the first bleed. I did a lot of work for the Stroke Foundation here in Australia, where we did all of the awareness campaigns. But my anecdotal experience was that the awareness campaigns and this is not true, entirely.

Bill Gasiamis 6:06

But we're falling on deaf ears and the audience that needed to hear them. Those awareness campaigns were not there when I was presenting to the people who needed to hear how to prevent stroke, we're not there. So then what was happening, we were discovering that in my interviews, I was discovering people who had had a stroke and were young, like me in the 20s 30s, or 40s, even in their 50s.

Bill Gasiamis 6:36

And they were "I'm fine, there's nothing wrong with me, it'll pass I'll have a headache medication, or I'll go to bed and sleep it off" and of course, those people are in the category of I'm not old enough to have a stroke. So it must not be a

stroke. And then the people around them, their family, friends, colleagues, also, there wasn't enough awareness of what stroke is, but that was very easily convinced by the person.

Bill Gasiamis 7:09

Even though their instincts told them. Something's not right with my colleagues, they'll very easily convinced when the person says, I know, I'm okay. I'm just gonna go lie down, I have a headache. So, what you're saying, and what I've experienced anecdotally, really does align there. And over 300 episodes now, and we're starting to understand that what people SRECS fibers need is more information.

Bill Gasiamis 7:42

And as we get more information about recovery, people are contacting me going, Oh, this is a fantastic resource. I didn't know that it was possible to overcome these challenges. And I suppose one of the other issues, Doctor is that when we are treated? I don't know if there are a lot of doctors that share your enthusiasm. About the possibility of recovery and overcoming. Why are you so enthusiastic? Why do you believe that we need to be telling people that recovery is possible?

Dr. Violiza Inoa 8:22

Well, your story thanks for sharing. And it has many important points, and I think we can unpack a few of the things that he just mentioned. So first of all, there are two types of stroke. One of them is the lack of blood flow to the brain a clot that is called ischemic in medical terms, that's about 87% of the stroke.

Dr. Violiza Inoa 8:52

And there's brain bleed. There's hemorrhagic stroke, which is the minority of stroke, and both of them are equally devastating, potentially right. Both of them can present with similar symptoms or stroke symptoms. And I think it's important to go over some of the stroke symptoms and we can stop here and make this parenthesis and talk about the mnemonics that we have.

Dr. Violiza Inoa 9:21

One of them is the BEFAST. B stands for balance, loss of balance vertigo spinning sensation inability to walk. E stands for eyesight. So, sudden blurry vision or vision loss or double vision even F stands for face, face drooping. Stands for arm, arm weakness, and leg weakness, as well as S for speech, inability to speak

correctly, slurred speech, unable to find words unable to read to write, and T stands for time, time to call 911.

Dr. Violiza Inoa 10:06

So, those are the stroke symptoms, and they can happen with both ischemic lack of blood flow, hemorrhagic bleeding stroke, and what happened to you was a bleeding stroke. Both types of stroke need to be identified and treated right away. So let's talk about the more common stroke, which is the ischemic stroke, like you said, about 87% out of the 100 stroke patients 87 will have an ischemic stroke.

Dr. Violiza Inoa 10:46

In the United States, it's about like 800,000 people per year, it happens every 40 seconds, and someone will have a stroke in the United States overall stroke. So if we go back to the ischemic stroke, it can also happen to anyone at any age, right? What is different is the cause of stroke is going to be different across ages. So someone who is 18 can have a stroke, and someone who is 60, 80, 90, or 100, can all have a stroke.

Dr. Violiza Inoa 11:28

The causes can vary a little bit, right, regardless of the age, they need treatment, stroke is a treatable condition you were saying. And the fact of the matter is that I know you're in Australia, we are in the United States, we are developed, we have great stroke systems. Stroke Treatment doesn't happen at home, we have to call 911. Although I know that in your country, you have a lot of people who are not necessarily close to stroke centers.

Stroke Treatment Including Emergency Response Times And Medical Interventions

Dr. Violiza Inoa 12:12

However, I know that the systems work because we have worked and we know doctors from Australia. And I know how they can take care of stroke patients over there. So the more or the most important thing is that people after they have the symptoms, they call 911. Because that starts the triage system, and the patients can get to the emergency department where stroke can be treated.

Bill Gasiamis 12:45

Yeah, in the main cities, we have stroke units in the hospitals. And what's cool is

recently some of those hospitals rolled out specific stroke, ambulances. And that means if our emergency services triple zero if we call triple zero, and we request an ambulance, and we say I think that somebody is having a stroke, there is a possibility that they will send the stroke ambulance, which is just an amazing resource.

Bill Gasiamis 13:20

What I've found is the response time by the medical organizations has been such that it's decreasing the amount of time that it takes to get a suspected stroke patient to the hospital. And that by have even heard of stories where people have had a stroke. And they are compared to me and some other stroke survivors, people who have had other ischemic strokes, they've been able to have the cause of the clot removed or treated with TPA, and as a result, have a fantastic outcome.

Bill Gasiamis 14:01

And even though they have some, you know, some deficits or some challenges, they are far better off than they would have been if they waited a lot longer. Tell me a little bit about the way that you guys can treat somebody who turns up at an emergency department and is having an ischemic stroke. How, do you go in and support them to improve blood flow or to get blood flow back to the brain?

Dr. Violiza Inoa 14:36

Yeah, no. And I'll get to that. But I think I want to highlight the fact that you're talking about the stroke ambulance. So last time we checked there were about 40 stroke ambulances in the world and for the people that are listening, what that means is that there is a more expensive ambulance. But it's a bigger ambulance that has a CAT scan inside of the ambulance.

Dr. Violiza Inoa 15:13

And what that means is that the people that are riding in the ambulance, they have the knowledge, the radiological knowledge, they have nice text, they have people that can draw labs, they have the first line of treatment when indicated, which is TPA, TNK thrombolytic. And those are clot-buster medications. So they are harbored in the ambulance.

Dr. Violiza Inoa 15:44

So people can be treated right away. But I have to say that that's the VIP treatment, right? So we do have one I live, in Memphis, Tennessee, and we do

have one as part of the University of Tennessee, we were doing some research. And it works. Good data suggests that people who ride on the stroke ambulance are treated faster. So we have some experience with that.

Dr. Violiza Inoa 16:11

Now, I want to make sure to the audience that the audience understands that not everyone is going to get the stroke ambulance at their doorstep. And that doesn't matter. Because, you know, our systems of care are built to treat stroke patients. And what happens is that if I'm having symptoms of a stroke, I call 911. And I forget about the stroke mimics meaning I forget about if this is not a stroke, or if this is a stroke, I'm not the doctor, right?

Dr. Violiza Inoa 16:50

If I was a patient, I'm not trying to diagnose myself, all I'm trying to do is to activate the system, the system is activated. Great data saying that once the EMS paramedics call the hospital word stroke can be treated, say a stroke patient or potential stroke patient is coming in. Once a patient arrives at the ER, there are a lot of people waiting for this patient. To start this triage in the emergency department. The first step is to get a CAT scan like you suggest that people bleed in the brain.

Dr. Violiza Inoa 17:30

And we could not get the clot buster medications to the people that have bled. So we need to identify ischemic or lack of blood flow. And then we give that medication. As soon as we can, the faster, the better. Then we do a special CAT scan that highlights the vessels. And then if the arteries of the brain are blocked, we identify a big artery that has been blocked, and then there's a procedure that is indicated that is called thrombectomy.

Dr. Violiza Inoa 18:07

So physicians, like myself, many physicians, we have them in Australia, they go from inside the vessels, or tiny vessels, either from the wrist or from the groin. This is a minimally invasive procedure. This is not open skull or brain surgery. This is inside the vessels. They navigate through the vessels as big pipes. And then we go to the brain and with devices, we get the claws out. And it's it's amazing. How fast we can do this procedure, how minimally invasive they are, and how much better the patients can get.

Bill Gasiamis 18:55

Yeah, it is amazing. Are there some risks to doing that procedure? What are the challenges with doing the procedure? And then clearly we know the benefits. If it goes well, where I've had a lot of them that have gone well, then we can improve blood flow very, very rapidly. So first question, what are the risks of doing a procedure like that?

Dr. Violiza Inoa 19:26

Yeah, absolutely. So that's a good question. For the benefits, we know, that the number needed to treat patients to get better is 2.6 which is amazing. It's better than any other procedure, even medications in the history of medicine. So the downside of the procedure is minimal. But for example, the procedure uses contrast dye so patients can get allergy II to the conscious die and that is treated with medications such as steroids, even Benadryl, you know, anti-allergic medications.

Dr. Violiza Inoa 20:10

So sometimes the procedure is under anesthesia, that general anesthesia. So there are some risks related to the anesthesia in the procedure. Sometimes as we go through the vessels, we can injure some of the vessels we get through. So we can call tear of the vessels, etc, most of the time that heals itself, or we give aspirin or medications, such as aspirin to treat them. Sometimes, the complications can be devastating, you know, we're trying to get the clots out of the brain that causes bleeding in the brain, etc. This is the minority of the time. And in fact, when if we have a complication, or if we were to encounter a problem, we will try to fix it right away.

Intro 21:06

If you've had a stroke, and you're in recovery, you'll know what a scary and confusing time it can be, you're likely to have a lot of questions going through your mind, like how long will it take to recover? Will I recover? What things should I avoid? In case I make matters worse, and doctors will explain things that, you've never had a stroke before, you probably don't know what questions to ask. If this is you, you may be missing out on doing things that could help speed up your recovery.

Intro 21:36

If you're finding yourself in that situation, stop worrying, and head to

recoveryafterstroke.com where you can download a guide that will help you it's called Seven Questions to Ask Your Doctor about your Stroke. These seven questions are the ones Bill wished he'd asked when he was recovering from a stroke, they'll not only help you better understand your condition, but they'll also help you take a more active role in your recovery, head to the website now, recoveryafterstroke.com and download the guide. It's free.

Getting ahead of stroke, and family decision-making

Bill Gasiamis 22:06

Yeah, I do hear from many patients who have had that procedure and it's gone fantastically well. There are some patients, some of my guests who have had some challenges with a few additional complications. All of the people that I've spoken to seem to be grateful that they were able to have the procedure, even though there were complications, even though there were some challenges that they were very unwell at the time of the prevention, of the procedure being provided.

Bill Gasiamis 22:46

And as a result of that, the outcome might have been a lot worse, if they didn't have the procedure. The challenge is that family members often struggle with these decisions. I think one of the reasons they struggle is because they may not understand how unwell their loved one is, and making decisions like that is difficult. I've even had somebody contact me and say, I think I made the wrong decision about allowing the doctors to intervene in my husband's stroke.

Bill Gasiamis 23:19

And it's like, why would you think that, and it's because he's very unwell now. And I decided without thinking about it and all those types of things. But in that particular case, I feel like this lady also now feels like that without an intervention. That outcome may not have been as good as it is now. And this particular stroke survivor has had an amazing recovery.

Bill Gasiamis 23:47

And I've followed him for about 10 years. And even though he may have hemiplegia, he is living an amazing life. He can become a member of his community, he's able to participate and go back to work in some capacity. He's become involved in creative outlets, and he has been involved in the production of

shows and all that kind of stuff. So it seemed very, very bleak at the beginning, and it was, but that type of intervention has allowed him to find a way back into an amazing life even though it has its challenges and difficulties.

Dr. Violiza Inoa 24:36

Yeah, and I want to expand on what you're saying because it's it's very important to understand that not every patient is going to be the same. Right. So we have different baselines, you know, we function the Frequently, we have other comorbidities. And also we do different things. So for example, someone who drives for a living a taxi driver might think that if they were having a stroke that just affects their vision that's going to be disabling, versus someone who is retired and is living at home.

Dr. Violiza Inoa 25:29

And it's not like you do not want to see, however, your vision is not going to impair you from making a living. So there are so many aspects to this, this is very interesting. But something that I have to address is that time is brain. And it has been probably the most important factor that we that we know about is stroke treatments, early interventions are going to favor our patients.

Dr. Violiza Inoa 26:06

There are studies out there. There's a beautiful paper by Dr. Savor talks about the quantification of neuron loss. So for example, if we were to have a stroke and not get treatment, for every hour of not being treated, we age 3.6 years, millions of neurons go by. So time is of the essence, and I understand where you're coming from, you know, those are very important critical decisions.

Dr. Violiza Inoa 26:53

But even the time that a family member takes trying to understand and grasp in, in get a lot of knowledge about what's going on, that is detrimental to the patient, unfortunately, so in many centers in the United States, and I would like you to share what you guys are doing over there.

Dr. Violiza Inoa 27:17

But we treat thrombectomy as an emergent procedure, of course, we want to talk to the family. But even if we do not reach out to these family members, we go ahead and talk to other physicians, and as long as everyone is agreeable, we go ahead and treat the patient. And then we ask questions later because we know

that if we lose the time, there's less likelihood that this patient is going to get better.

Stroke disparities in different communities, and lack of awareness

Bill Gasiamis 27:50

I like the sound of that. Deciding to treat the patient, I think in that scenario is very important. According to the stats, nearly 2 million brain cells die every minute a stroke goes untreated. It sounds like a lot of brain cells.

Dr. Violiza Inoa 28:09

That is a lot of brain cells, a lot of brain cells and across the board, when we look at treatment with plug booster medications and treatment with thrombectomy, which is the unblocking procedure, we know that time is one of the most important factors. So we need to act fast. You know, going back to the beef fast mnemonic. Yeah,

Bill Gasiamis 28:45

I like to be fast. In Australia, we don't talk about the beef fast, so much, we mostly talk about the FAST. I like to be fast because it does add that level of B loss of balance and E loss of eyesight, which is which are very common symptoms of stroke. But we seem to focus on all the other ones which are also important. But I love that BEFAST version is a little more, covers a few more people and perhaps gives a little bit more awareness of what stroke can look like on somebody who's in front of you, whether they're a loved one or somebody or a work colleague.

Bill Gasiamis 29:29

There also seem to be some stroke disparities. Now some communities are more likely to have a stroke, who are those communities and what are the challenges that they face as the above two? And who are the other communities where's the difference? There are disparities.

Dr. Violiza Inoa 29:52

So absolutely. I am Hispanic Oh, so our community has a high risk of stroke, sometimes types of stroke, black people have more likelihood of having stroke because of genetics could be because of socioeconomic situations, it's very multifactorial, with higher rates of high blood pressure, higher rates of diabetes,

in my community, the Hispanic community and in the black community.

Dr. Violiza Inoa 30:32

So Asians will have more plaque built up in the brain. So even younger, Asians will have stroke more promptly because of this reason, and then access to care, right? So lower socioeconomic status will probably have less access to care, and lack of insurance, many people who would not go to doctors will lack education, but also finances. So they are concerned about the hospital bill, paying for an ambulance, what it's what what is it going to cost in all of those factors will contribute to the socio-economic and racial disparities in stroke treatment.

Dr. Violiza Inoa 31:25

I have to say that your race, your age, and your background do not preclude you from having a stroke, and do not preclude you from getting treatment, we treat all comers. And again, time is the most important thing, because after some time, patients will fall outside of Windows, right? So there's a time window for the clot buster medication, there's a time window for the thrombectomy and the old clot in the vessels. So if you fall outside of the time trying to wait out your symptoms, you're not going to get treated.

Bill Gasiamis 32:14

Yeah. Doctor Inoa, you know, in those communities, is that there isn't enough awareness about the fact that if you belong to a particular group of people, you're more likely to have a stroke. And therefore, when you see somebody, you might suspect a stroke more quickly. But why is it that not only will black communities Hispanic communities and Asian communities be at greater risk of stroke?

Bill Gasiamis 32:52

But is it that they also are not taking action to are those communities not educated about that higher risk, and therefore, making decisions that are money based, or making decisions that are culturally based about doctors or anything like that, what other things are happening in that space that stops people from getting treatment from those communities?

Dr. Violiza Inoa 33:17

I can tell you, and obviously, I would not want to generalize, because there's education across the board. But definitely, lack of education plays a big factor. And, obviously, lack of awareness, lack of getting appropriate medical care, lack

of identifying the symptoms, not going to the hospital not calling 911. So for example, we live in Connecticut, excuse me, we live in Memphis, Tennessee, I don't know I trained in Connecticut.

Dr. Violiza Inoa 33:58

So it came up to me but I live in Memphis, Tennessee, in the south of the United States under the stroke bill. And in reporting data is mandatory mandated by the state, you know, from the different hospitals in you cannot imagine the majority of people will drive, you know, through these rural areas to try to get to the hospital to get treatment for a stroke.

Dr. Violiza Inoa 34:26

And that is just a lack of awareness and knowledge. Because if they only knew different, you know, they would call 911. And I mean, there's there's a lot of there's a big taboo as well. In my Dominican community, for example, if you have a stroke, you're done. You know, there's there's nothing afterward. That is the cultural belief, which as you know, it's just absolutely not true.

Dr. Violiza Inoa - Diagnosis and treatment, including when to call 911

Bill Gasiamis 35:00

It's interesting that thing you said about people driving. Now, I know a lot of people who have said they've driven to the hospital to avoid a hospital bill or ambulance bill, and I get it at that moment. Firstly, you don't think you're having a stroke. Secondly, you know that the bill is going to be expensive, you'd like to avoid that if possible. But during that drive, you're missing the opportunity to be treated by an EMT.

Bill Gasiamis 35:28

So even if it's not a stroke, or ambulance, which it most likely won't be, you're still missing the opportunity to get treated and be cared for. And for tests to be done and things to be determined so that they can be reported to the ER so that when you arrive there, things can be action can be taken appropriately. Also, you're putting other people at risk by driving because if the stroke that we're experiencing gets worse, it could mean that we end up having a collision, making it worse for ourselves and making it worse for other people around us.

Dr. Violiza Inoa 36:09

Yeah, and I have met people who get to the hospital, and they spent hours waiting in the ER, just to get triaged, let's say your stroke symptom is a little bit of numbness in one arm. And let's say it's the eyesight, it's the vision, oh, blurry vision that can be about anything. However, now, it can end up being a big, big stroke.

Dr. Violiza Inoa 36:42

And sometimes there's a pro drum, you start with milder symptoms, milder symptoms can be also associated with large clots, right, so things can get worse, etc. So acute care and diagnosis are absolutely important. And yeah, I'm completely against driving into the hospital because of all of the reasons that he just expressed.

Bill Gasiamis 37:20

In the scenario of an ischemic stroke, thrombectomy. And medications are great interventions, how do doctors support people who are having a hemorrhagic stroke? What are some of the interventions that can help decrease blood loss and blood entering the brain?

Dr. Violiza Inoa 37:43

The best intervention is the diagnosis and the lowering of the blood pressure. And that has to be that needs to be done hyper acutely. So there's great data that we know, suggesting that or demonstrating that controlling that blood pressure aggressively, immediately after the bleed, will decrease, disability will decrease rates of death, right? So, rapid approach to the acute management of the patients, patients would bleed when they come in and they can be very sick.

Dr. Violiza Inoa 38:30

So they cannot protect the airway, and sometimes they are altered. So protecting, you know, the ABCs of medicine, right making sure that the patients are stable, that the blood pressure is adequately controlled, and also getting in many cases, a CAT scan of the vessels or CTA is very important, because depending on the age and the type of the bleeding, people can have brain aneurysms, vascular malformations, and those things need to be treated. So it's equally important that people with hemorrhagic stroke arrive at the emergency department as soon as possible as well.

Bill Gasiamis 39:20

Yeah. And of course, when you're a patient, you won't know if you're having a hemorrhagic stroke or an ischemic stroke. But the symptoms are very similar, or the things that we experienced are the same. So it's just as important to take action and don't worry about what you think is happening. Just take action because of what is happening and what you notice.

Bill Gasiamis 39:42

I'm curious, Dr. Inoa what, in the whole process. When do neurologists become involved? So initially, I imagined the first phone call 911 in America or 000 in Australia. do you deal with an ambulance, the ambulance takes you to the ER, and then from the ER, you might get a CAT scan, and you might get admitted to a ward. What part of the process? Does the neurologist become involved in the patient? And what type of role do neurologists play?

Dr. Violiza Inoa 40:19

So that is a great question because it's going to depend on the type of hospital that you get to. In the United States, we have highest level would be a comprehensive stroke center, we have primary stroke center, we have a stroke, writing hospital, depending on the staff, and the availability of stroke treatments, then we classify the hospital as LS, a stroke neurologist, or a neurolos not going be everywhere, but definitely will be at the Comprehensive Stroke Center and the primary stroke center.

Dr. Violiza Inoa 40:58

So it is more likely that in the majority of the hospitals, you're going to be seen treated triaged, and treated by the emergency department. So they are capable. And they know all of the stroke protocols. And also, they know how to quantify strokes, and they know when to refer. So part of the triage system that we have, and I think that I cannot be more repetitive we call we need to call 911 because the ambulance, and the EMS providers, will know where stroke is treated and where the specialists are going to be.

Dr. Violiza Inoa 41:46

And for example, if they identify someone that is having a stroke, or symptoms of let's say, a large vessel stroke, right, they will come they will more likely route that patient where there is a neurologist, where there's a neuro interventionalist where the people can get CAT scans of the vessels, advanced neural imaging,

there's a neuro ICU, etc.

Dr. Violiza Inoa 42:14

Usually where neurologists work, they usually become part of a triage of a stroke. As soon as the patient arrives at the emergency department, which is something that probably that's where you were going to write, you don't have to wait. Once you come to the ER with the stroke symptom, the neurologist is waiting for you or someone who belongs to the neurology service. triaging stroke patients will be waiting for you.

Bill Gasiamis 42:48

And most importantly, what you said was that everyone you deal with is going to be in a position to diagnose, treat, and support somebody who's having a stroke, that presents to the ER. So from EMTs to paramedics, to registrar, nurses, to every single person who you're going to come across is aware of the stroke protocol. I appreciate your time, what are some of the last few messages we can give to people who are listening?

Dr. Violiza Inoa 43:26

Absolutely. So Well, thanks for the opportunity. I think this matters anywhere we are. And thank you for sharing your story. And I think it's extremely important what you're doing. And I'm glad to see you walk up talking, you know, process everything and being great. Because that is a great example. I think the final message is probably a long one Stroke can happen to you and any of your family members.

Dr. Violiza Inoa 44:00

Regardless of your background or your age, the stroke is treatable. It is survivable. And I think we are blessed in your country and in the country I live in that we have access to treatment. So we need to understand how to identify stroke symptoms, to call 911 to get treatments. Again, we are blessed with systems of care that will support stroke patients and will bring their lives hopefully back to their baseline and their lives can be better or the same as they were before.

Bill Gasiamis 44:48

I completely agree with that. I have some deficits left side numbness proprioception issues and a whole bunch of stuff but things improved things that

are getting better. I'm an example of that the 300 other people that I've interviewed are an example of recovery and the possibility of recovery.

Bill Gasiamis 45:09

Everyone is fighting the good fight, and they are going after recovery. They're great examples of what's possible. It's possible because of amazing people like you without amazing people like you and all the people who work with you and around you. We wouldn't be here. So we are grateful. And thank you so much for your time. I wish you all the best.

Dr. Violiza Inoa 45:33

I appreciate it. Thank you.

Bill Gasiamis 45:34

Thanks for tuning into today's episode. For more insights into our guests and access to a transcript of the entire interview, head over to recoveryafterstroke.com/episodes. And to all those who have shared feedback. Your reviews mean the world they not only fuel this podcast but also like the way others are on their stroke recovery journey. If you haven't left a review yet, why not share your thoughts on iTunes or Spotify? And if you're watching on YouTube, drop a comment below.

Bill Gasiamis 46:07

Give this episode a thumbs up and hit the subscribe for more updates. To all stroke survivors out there. Your story is welcome here. raw and unfiltered. Your journey has the power to inspire and uplift others facing similar challenges. And for those offering innovative products or services.

Bill Gasiamis 46:26

For stroke survivors, let's talk about collaborating on a sponsored episode of the show. Just head to recoveryafterstroke.com/contact to start the conversation. Thank you once again for your presence and support. Together we navigate the journey of recovery one episode at a time until the next time, take care, and stay resilient.

Intro 46:48

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Intro 47:17

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Intro 47:42

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Intro 48:07

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