

## PATIENT THANKFUL FOR ADVANCED STROKE CARE SURVIVING A STROKE

Kraig Vincke is lucky that his son, Trevor, disobeyed him. It saved his life.

In October, the elder Vincke was at his dining room table when he suddenly slipped out of the chair. He had little movement on his left side, slurred speech and a headache—classic signs of a stroke. His son told him he was having a stroke, but the Chesaning father of two said he wasn't.

"Luckily, my son didn't listen to me," he says today.

Vincke, a field tile installer and volunteer fire fighter, was transported to Covenant Medical Center in Saginaw, where he was seen by emergency room physician Tim Brown, MD, and resident Corrine Kvamme, MD. Dr. Kvamme contacted the Michigan Stroke Network (MSN) at St. Joseph Mercy Oakland (SJMO) for a consultation for treatment.

Within minutes, Dr. Kvamme reached the stroke specialist at the Stroke Center, who collaborated with her on Vincke's care. "We knew something had to be done emergently or he would have neurology problems all his life," says Dr. Kvamme. Vincke was transported immediately by helicopter to SJMO.

### ROBOTS TO THE RESCUE

The MSN is a network of 30 hospitals throughout Michigan, 28 of which have remote presence robots, whose videoconferencing technology allows emergency room physicians to consult with stroke

specialists at SJMO 24/7. With the robots, stroke specialists can communicate with the patient and physician and determine whether the patient can be treated at his or her community hospital or needs to be transported to SJMO, where the stroke team is always at the ready. As soon as the call is made to the MSN, a helicopter, plane or ambulance is alerted—depending on the patient's proximity to SJMO—to transport him or her to the Stroke Center.

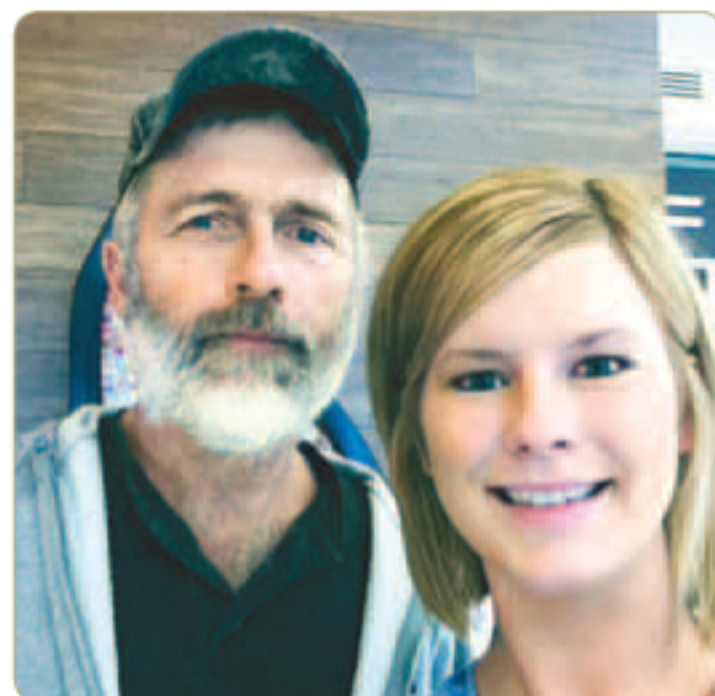
A stroke occurs when a blood vessel in the brain becomes blocked or bursts. It can cause brain damage or death if not treated promptly. Generally, if the patient is seen within the first 4½ hours after onset, he or she can be treated with clot-busting medications. If not, or the stroke is severe, the patient may need a neurointerventional procedure to remove the clot.

"The Michigan Stroke Network worked beautifully," says Dr. Kvamme. "It made the transport of the patient easy. With him, time was of the essence."

Andrew R. Xavier, MD, an interventional neurologist and SJMO Medical Director of Neuroendovascular Services, determined that Vincke was a candidate for a procedure that involved inserting a catheter into the brain to remove the clots from the blocked brain artery.

"The patient recovered movement on the left side of his body while on the operating table," says Dr. Xavier. "He went on to make an excellent recovery."

In fact, Vincke was home with his family four days after having



Stroke survivor Kraig Vincke and his daughter Kristen

the stroke. Dr. Xavier says Vincke's prognosis is excellent.

"The MSN is able to bring cutting-edge stroke treatment to remote institutions all over Michigan," says Dr. Xavier. "We screen rigorously and transfer only patients that need advanced care at a tertiary stroke care institution. The patients are returned back to their communities after the advanced level of care."

Vincke is grateful for the care he received at SJMO and the collaboration between the St. Joe stroke team and Covenant Medical Center emergency room staff.

"I'm very satisfied," Vincke says. "I had a lot of good care."

To learn more about the MSN, visit [MichiganStrokeNetwork.com](http://MichiganStrokeNetwork.com) or call **866-522-8676**.

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