



Synergy in Stroke Care-The need for Multidisciplinary Team Approach in Stroke

Shashank Mishra*

Consultant Interventional Radiology, Kokilaben Dhirubhai Ambani Hospital and Research Centre, India

***Corresponding Author:** Shashank Mishra, Consultant Interventional Radiology, Kokilaben Dhirubhai Ambani Hospital and Research Centre, India.

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Stroke, a complex and time-sensitive medical emergency, demands a holistic strategy that goes beyond the traditional boundaries of neurology. As Atul Gawande, a prominent voice in medicine, states, "The fundamental problem with the system is that it assumes that health care is a solo and not a team sport."

In the realm of stroke management, the significance of a multidisciplinary team cannot be overstated. Neurologists, as key members of this collaborative approach, play a pivotal role in orchestrating the intricate interplay of various specialties.

The multidisciplinary team, comprising neurologists, neuroradiologists, neurosurgeons, rehabilitation specialists, nurses, and therapists, offers a comprehensive and nuanced perspective on stroke care.

While significant advancements have been made in understanding stroke and its management, a strong and robust team of specialists are required at each post to facilitate prompt diagnosis, timely treatment and identification of complications and to prevent further deficits after a stroke. The goal must always be intact survival.

The team

As soon as a stroke patient enters the hospital, a trained ER (Emergency Room) physician should examine the patients neurological status and clinically rule out any stroke mimics. Clinical examination and comprehensive history taking encompasses GCS, NIHSS (Neurological Institute of Health Stroke Scale) and determining time of ictus [1]. Post examination the patient must get radiological imaging done - preferably an MRI Angiography to differentiate ischemic from haemorrhagic aetiology. After a prompt and thorough reporting by a neuroradiologist, ischemic strokes may be started on thrombolytics by the neurologists if the time since ictus is less than 4.5 hours [2]. In case of medium to large cerebral vessel blockage, with perfusion mismatch, an interventional neuroradi-

ologist consultation can be extremely useful to evacuate the clot by endovascular means [3]. Some patients may even need some form of angioplasty with a balloon or stenting or surgical carotid endarterectomy to reduce future episodes of ischemic infarcts.

While ischemic infarcts are more common, haemorrhagic infarcts are also on the rise. If a bleed is identified on MRI, management differs significantly. The source and cause of the bleed may be hypertension, aneurysm or vascular malformations within the brain. Depending upon the ease of access, presentation and clinical status of the patient, a neurosurgeon or a neurointerventional radiologist can either clip, coil or stent the vessel. A neurosurgeon may offer craniotomy to relieve the pressure symptoms due to edema and raised intracranial pressure [4].

Post intervention or surgery, immediate care in the ICU is of utmost importance for long-term outcomes. Trained neuroanaesthetists and intensivists are invaluable in monitoring the progress and early identification of clinical deterioration. Therapy by Neuro rehabilitation physiotherapists works wonders in clinical and vocational improvement of stroke patients, helping in early recovery and lesser ICU stay days [5].

Nurses and therapists, integral components of the team, provide vital support in both acute and rehabilitative phases. The synergy of diverse expertise ensures a seamless continuum of care from the emergency department to rehabilitation.

Unfortunately, in spite of established data it is observed that even in metropolitan cities, barring a few hospitals, not many have this comprehensive care available round the clock. While the above aspects are mandatory, the ground realities in India are lack of uniform nationalized and prompt ambulance services; very few "stroke trained specialists" and an extremely skewed (public -private) health infrastructure development [6].

As is being increasingly identified in other medical branches, a multidisciplinary 'Stroke team' can serve as the linchpin in optimizing stroke outcomes. Collaboration fosters a synergy of knowledge, skills, and perspectives, enhancing the speed and efficacy of interventions. We must as clinicians be constantly looking at ways to deliver better care to our patients and advancing the frontiers of stroke care.

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