gray matters

PROVIDING
COMPREHENSIVE
STROKE CARE

UNIVERSITY OF UTAH HEALTH CARE
Clinical Neurosciences Center

PAGE 3
William T. Couldwell, MD, PhD, FAANS, Chairman, Department of Neurosurgery, University of Utah Health Care, recently completed his term as 2013-2014 President of the American Association of Neurological Surgeons (AANS).

A member of the AANS since 1995, Dr. Couldwell served on the Board of Directors since 2006 and completed a five-year term on the AANS Neurosurgeon editorial board in 2011. He was instrumental in the greatest expansion of the Neurosurgery Research and Education Foundation (NREF) since its creation in 1980.

“In addition to funding clinical fellowships, the Foundation has now increased the scope of its mission to include enhancing clinical research through clinical trials and registry data,” says Dr. Couldwell. “The NREF has also expanded its online educational materials to teach state-of-the-art neurosurgical care in several subspecialty areas to residents and neurosurgeons throughout the world.”

In the future, Dr. Couldwell says, the NREF plans to expand its online offerings to include a formal education curriculum for residents, as well as lifelong education materials such as for Maintenance of Certification (MOC) and Maintenance of Licensure (MOL).

“We are a relatively small specialty but attract some of the absolute best medical students in the country to the field,” says Dr. Couldwell. “We need to continue to find ways to enhance the growth of our field to capitalize on the talented people who wish to contribute to the neurosciences.”

A NEW RESOURCE FOR Lewy Body DEMENTIA

The Clinical Neurosciences Center at University of Utah Health Care has one of a handful of programs in the nation uniquely equipped to manage patients with this complex and often-misdiagnosed disease.

At the helm is Rodolfo Savica, MD, MSc, a neurologist specializing in Lewy body dementia and Director of the Dementia with Lewy Bodies and Parkinson’s Disease Dementia clinic.

“Dementia with Lewy bodies is a degenerative neurological disorder that shares symptoms with Parkinson’s disease and Alzheimer’s disease,” says Dr. Savica. “Due to this relationship, it is possible for patients with Lewy body dementia to be inappropriately diagnosed. Compound complications mean these patients often require additional attention and management. We work with a broad range of specialists to make accurate diagnoses and address patient issues with motor skills, medication management, cognition, behavior, and social interactions.”

EXAMINING THE DISEASE

Dr. Savica also spearheads research to improve our understanding of this disease, including potential disease biomarkers. Future research will examine genetic and environmental factors that may contribute to developing Lewy body dementia and ways to identify disease risk earlier for improved diagnosis and quality of life.

The Dementia with Lewy Bodies and Parkinson’s Disease Dementia clinic is an appropriate referral option for all patients with Lewy body dementia or Parkinson’s disease.

To learn more about dementia with Lewy bodies, visit http://bit.ly/lewybodies.
In February 2013, DNV GL, a leading global certification company, designated the Stroke Center at University of Utah Health Care a Comprehensive Stroke Center (CSC), validating a decade of work to become the only center in the region able to offer every component of stroke care to patients of all ages. In 2014, the Stroke Center was recertified with the designation, allowing it to remain the region's only CSC.

“We already had most of the clinical pathways necessary in place to earn the designation,” says Jennifer Majersik, MD, MS, Director of the Stroke Center. “Every member of the stroke care team has a defined role, which has been part of protocol for a long time. Our team not only includes neurologists, but vascular-trained neurologists and neurosurgeons, neurocritical care specialists, and stroke-specific rehabilitation providers. There is no aspect of stroke care we can’t handle.”

SEAMLESS COORDINATION

Diagnosis and treatment at the Stroke Center is characterized by speed and integration between specialists. When a brain attack page goes out in advance of a patient’s arrival at University of Utah Hospital, the individual is pre-registered and a stroke team—an emergency medicine faculty member and resident, vascular neurology faculty member and resident, cardiology technician, pulmonary technician, pharmacist and social worker—assembles in the emergency department.

When the patient arrives, the team receives a briefing by the emergency medical services provider and performs a quick neurology assessment before sending the patient for a computed tomography (CT) scan of the head. That test typically reveals the type of stroke the patient is having; if it’s ischemic, he or she may be a candidate for the blood clot dissolving drug, tissue plasminogen activator (tPA), which is usually administered intravenously. If it’s hemorrhagic, the patient is moved to the Neuro Critical Care Unit for close monitoring and possible surgical evacuation.

MANY SERVICES, ONE DESTINATION

Neurosurgeons play a critical role in certain stroke cases such as severe ischemic strokes and those involving brain hemorrhaging or swelling.

The University of Utah Health Care Stroke Center remains the Intermountain region’s only Comprehensive Stroke Center.
Perfect Partners

The University of Utah Stroke Center collaborates with the American Heart Association and American Stroke Association (AHA/ASA)–Utah Division on a variety of efforts to improve stroke care and enhance public awareness of stroke.

“There are wonderful working relationships,” says Marc Watterson, Vice President of Heart and Stroke Initiatives at the AHA/ASA–Utah Division. “The Stroke Center at University of Utah Health Care is a leader in Utah in our Get With The Guidelines® (GWTG) program, which helps set standards and track data for stroke care. The center is a GWTG Gold Plus award winner, placing it among the top-rated institutions in the program. Jennifer Majersik [MD, MS, Director of the Stroke Center] has been a longtime partner in developing AHA/ASA standards of care and reviewing grant proposals.”

Other collaborations between the Stroke Center and the AHA/ASA–Utah Division include:

- Developing stroke protocols for emergency medical services organizations
- Saving Strokes, a golfing rehabilitation program for stroke survivors
- Utah Heart/Stroke Walk & Run fundraising event for research
- Utah Stroke Symposium, an annual education event for physicians and providers from throughout the Intermountain region
- Utah Stroke Task Force, an organization that works with hospitals across Utah to advance stroke care

“If a patient requires a revascularization procedure, such as reopening a blocked artery in the neck or placing a new blood vessel in the brain to provide an alternate route for blood flow, neurosurgeons can prevent the extension of a stroke or additional strokes from occurring,” says Richard Schmidt, MD, PhD, cerebral vascular neurosurgeon and Associate Professor of Neurosurgery at University of Utah Health Care. “University of Utah Hospital is the first hospital in the Intermountain region to have an endovascular-trained neurosurgeon, who can perform catheter-based arterial opening procedures and administer tPA directly into blocked blood vessels.”

The Stroke Center is also very active in treating patients with aneurysms and arteriovenous malformations, which can present with hemorrhages and require immediate surgical or endovascular treatment. Other patients may have hemorrhaging due to hypertension or degenerative vascular diseases and require surgical intervention to prevent pressure buildup on the brain.

Other aspects of the Comprehensive Stroke Center include:

- Adult and pediatric clinics for stroke survivors and individuals at risk for stroke
- Telestroke Program, which allows physicians at 23 hospitals in five states to consult University of Utah Health Care physicians about stroke diagnosis and treatment via videoconference
- Inpatient and outpatient stroke-specific rehabilitation
- Only Neuro Critical Care Unit in the Intermountain region with around-the-clock, on-site neurosurgery coverage
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The Stroke Center is also home to a robust research program. In December 2013, the National Institutes of Health (NIH) selected The University of Utah as one of 25 regional stroke centers across the country to participate in the new NIH Stroke Trials Network (NIH StrokeNet).

“This exciting initiative combines resources to undertake large stroke trials aimed at prevention, treatment, and recovery,” says Dr. Majersik, who is a member of the StrokeNet executive council. “Recovery, in particular, hasn’t been well addressed—stroke rehabilitation is a one-size-fits-all therapy currently. Hopefully, NIH StrokeNet will identify the best protocol. We are honored to be part of this national effort to reduce the burden of stroke.”

To learn more about the Stroke Center, visit stroke.uofuhealth.org.
In 2013, both departments began offering free Continuing Medical Education (CME) credit through its weekly live streaming presentations. Topics have included Chiari 1 malformations, evaluation and management of Parkinsonian disorders, and when and where to implant electrodes during epilepsy surgery.

“This is a novel way to reach a group of physicians we wouldn’t be able to include otherwise,” says Richard Shumway, MHA, Administrative Director of Clinical Neurosciences Center at University of Utah Health Care. “We want to make sure we provide access to cutting edge techniques and studies for physician colleagues throughout Utah, as well as those spanning Idaho, Wyoming, and Montana.”

EXPERTISE JUST A CLICK AWAY

So far, the response to NeuroStream has been positive, with large groups of physicians tuning in.

“In some instances, anywhere from 10 to 15 physicians stream a presentation in one location alone,” says Shumway. “We want to strengthen our relationships with our community providers that take care of large populations by providing valuable information to them on an ongoing basis. All they need to do is visit our website, click a link, and sign in to watch grand rounds.”

Visit medicine.utah.edu/neurostream to learn more or to view a grand rounds presentation.

STREAMING NEURO

Specialists in the Intermountain region can stay abreast of the latest research and best practices by watching NeuroStream—live streaming of University of Utah neurology and neurosurgery grand rounds.

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Mark Your Calendar

The fourth annual Intensive Interactive Brain and Spine Imaging Conference will bring together an array of experts dedicated to education.

By highlighting case studies with imaging and clinical differentials, the Intensive Interactive Brain and Spine Imaging Conference will offer practical knowledge for a wide range of providers.

The conference also takes a distinctive approach to interactivity among conference goers. In addition to multiple face-to-face networking opportunities, attendees will have the chance to text any questions to the conference organizer, Richard H. Wiggins III, MD, CIIP, FSIIM, Director of Imaging Informatics at The University of Utah Health Care. Questions will be answered during a midday session and again at the end of the day.

“This conference is unique in that our speakers are oriented toward teaching,” says Dr. Wiggins. “We are surrounded by students every day, and we spend a lot of time thinking about how to educate. The conference is an opportunity to go to one place and see the best educators and teachers talking about brain and spine imaging in a different way.”

To register for the 2015 Intensive Interactive Brain and Spine Imaging Conference, visit brainandspineconference.com
save the date

4th Intensive Interactive
Brain and Spine
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March 23-27 2015

Honorary Course Director:
Anne G Osborn

Course Directors:
Karen L Salzman, Lubdha M Shah, Richard H Wiggins III

Invited Special Course Faculty:
Philip R Chapman, Julia R Crim, Jeffrey S Ross

brainandspineconference.com