

## HEALTH AWARENESS



I WAS MEETING MY DAUGHTER TO GO TO LUNCH. SHE OPENED THE DOOR AND I SMILED AND SAID, “HEY HONEY, HOW ARE YOU?” AND SHE SAID “WHAT’S WRONG WITH YOU?” SHE SAID “ONE SIDE OF YOUR FACE SMILED AT ME, AND THE OTHER SIDE DID NOT, AND I’M TAKING YOU TO THE HOSPITAL.”

WHEN SYLVIA HAD HER STROKE, OUR TEAM CAME TOGETHER TO TRY TO FIGURE OUT WHAT HAPPENED.

SHE GOT A DIAGNOSTIC EVALUATION WITH C-T SCAN AND M-R-I SCAN. AN OBVIOUS CAUSE WAS NOT FOUND.

SHE WAS SEEN BY ONE OF OUR CARDIOLOGISTS WHO DID A TRANSESOPHAGEAL ECHOCARDIOGRAM, AND THAT WAS NORMAL.

NEARLY ONE-THIRD OF ALL STROKES ARE CRYPTOGENIC IN NATURE.

CRYPTOGENIC, BY DEFINITION, MEANS WE DON’T KNOW WHY THE PATIENT HAD THE STROKE.

IF YOU DON’T KNOW WHY, YOU CAN’T TREAT IT.

THE CONCERN IS THAT THAT PATIENT MIGHT HAVE HAD ATRIAL FIBRILLATION. I SAW SYLVIA, AND WE TALKED ABOUT OPTIONS TO MONITOR HER HEART. WE HAVE TWENTY-FOUR-HOUR HOLTER MONITORS THAT PATIENTS CAN HAVE PLACED IN THE OUTPATIENT SETTING, WE HAVE THIRTY-DAY EVENT MONITORS THAT PATIENTS CAN WEAR, AND MORE RECENTLY, WE HAVE IMPLANTABLE LOOP RECORDERS, AND SHE DECIDED THAT THIS WAS AN OPTION THAT SHE WANTED TO PURSUE.

AS A CARE PROVIDER, IT’S IMPORTANT TO BE KNOWLEDGEABLE ABOUT A CRYPTOGENIC STROKE PATHWAY BECAUSE THIS PROVIDES TOOLS WHICH ARE USEFUL IN TRYING TO WORK TOGETHER IN A MULTIDISCIPLINARY EFFORT TOWARDS OFFERING A BETTER DIAGNOSTIC WORKUP FOR CRYPTOGENIC STROKE PATIENTS.

I PLAN TO LIVE A LONG LIFE. I’M SEVENTY-FIVE, BUT I MAY BE HERE ‘TIL I’M NINETY-FIVE. I PLAN IT.