

**Acute stroke unit announcement at HSC Winnipeg
June 11, 2019**

**Remarks by Dr. Perry Gray, provincial lead, medical specialist services and chief medical officer,
Shared Health**

“YOU ARE HAVING A STROKE.” It is probably one of the most terrifying phrases you can hear about yourself or a loved one.

A stroke most commonly is about blood clots, blood clots that stop the flow of blood to the brain. Blood clots depriving a section of your brain of oxygen and nutrients. When the problem is blood clots, time is one of the most significant factors that determines a patient’s outcome.

There are three kinds of time-dependent therapies when dealing with strokes. Time where:

- Every minute counts;
- Every hour counts;
- Every day counts.

Clot-busting is the “every minute counts” therapy -- the administration of a drug to break down the blood clot. TPA must be given within about four and a half hours to be effective, and every minute counts.

Clot-busting therapy is available in many emergency departments and hospitals across the province.

Clot-removal is the therapy of hours. HSC Winnipeg is the only hospital in the province that has the team and equipment to remove a clot. The equipment involves highly specialized radiology suites and a highly trained team that travels via your arteries to remove a clot. Every hour counts, up to a maximum of 24 hours.

The acute stroke unit is where every day counts. An acute stroke unit is where early intensive rehabilitation occurs.

After you experience a stroke, your brain has a window, usually after 24 hours -- I call it the window of rehab opportunity; others call it the zone of plasticity -- where the brain cells you have left take over the function of the brain cells you lost. It is where early intensive rehabilitation therapy can achieve results that cannot be achieved with lesser and/or delayed rehab. The brain has an early ability to bounce back, an opportunity we want to capitalize on.

The acute stroke unit is also helpful for the other type of stroke: stroke due to bleeding, rather than clotting. There is no clot to bust or remove in this type of stroke but these patients also benefit from the early intensive rehabilitation provided in an acute stroke unit.



This is a team-based unit with neurologists and nurses, but the unique feature is the large number of physiotherapists, occupational therapists and speech language pathologists. In addition dietitians, pharmacists, social workers and others round out the team.

As much as possible the rehab care is provided on the unit itself, minimizing the transport time for the patient, allowing even more time for therapy and not tiring the patient with travel.

The creation of an acute stroke unit will provide Manitobans with the full range of therapies needed to maximize recovery from a stroke.

With an aging population, we expect the group of patients needing stroke care to continue to grow. The incidence of stroke doubles with each decade of life.

Other benefits of an acute stroke unit include preventing stroke complications and recurrence.

This is excellent news for Manitobans who experience stroke. Patients will recover sooner and return to their loved ones sooner.

As Manitoba's Hospital and centre for neurosciences, we are thrilled to begin work on the development of this unit as we continue to provide excellent, timely care to people who experience a stroke. On behalf of my colleagues at Shared Health and HSC Winnipeg, and the people we serve, thank you very much."