

# Bill Schlosberg

## 56 years old

Bill Schlosberg was in trouble on the night of February 23. His story is a reminder that stroke victims are often helpless to act on their own behalf. Someone else, a “medical guardian” or “advocate,” must take control and help. Bill recounts his memory of the early stroke warning symptoms.



*Bill: Shortly before 10:00 p.m. I was doing my taxes. I was out of it; it was like I was on barbiturates. I couldn't concentrate and began to get a really bad headache. I did not feel like doing anything. It kept getting worse. Suddenly, Marge, who was sitting on my left, disappeared from my vision. My left-sided vision was gone. This was enough! We headed to the emergency room at about 12:15 a.m.*

*Marge: The ER physician immediately did a CT scan and a spinal tap. Both were negative. He gave Bill some morphine for his headache. It was now about 3:30 a.m.*

*When Bill came back from the spinal tap, he was asleep. The ER physician said, “Well, I guess I'll send you folks home,” and tried to wake Bill. But he could not wake him up. We sat Bill up; he was very limp on the left side. As the doctor tested his reflexes, he said, “I think your husband is having a stroke.” The physician then ordered another CT scan. This scan was about three hours after the original one. He showed me the difference between the two scans, pointing out the area of*

*the stroke on the second scan. The doctor had been in contact with Saint Luke's Stroke Team; he explained that because of the spinal tap, use of the clot buster, tPA, was too dangerous. He suggested sending Bill to the Stroke Center at Saint Luke's where they might use the corkscrew retriever to reverse the stroke.*

Bill has no memory of these events. Marge, with the help of the stroke team, was making decisions about his care.

*Marge: The stroke team found a large clot in Bill's artery blocking vital flow to his brain. They reviewed our options: They thought he would do well with the corkscrew retriever even though it was an experimental procedure. It was just under the eight-hour window so they had to get to work. Knowing the importance of time, they wanted to be very exact about the time of onset and kept asking: "What time did it start?" Luckily, we were able to be quite precise.*

They did the reversal attempt. Later Bill awakened in the ICU.

*Bill: The first thing I noticed was that people sitting on my left were invisible to me. I could hear them but I could not see them. Also, as I walked around, I kept bumping into things on my left. I would hit the doorjamb. I could not see off to my left side.*

Bill had few risk factors for stroke. He had smoked one pack of cigarettes every day for fourteen years but he had not smoked since 1973. His cholesterol and blood pressure were normal. His medical evaluation did not find a source for his clot as is the case for about 40 percent of all stroke patients.

Two years after the stroke he reported some lingering effects of the stroke.

*Bill: I still have trouble seeing things properly. There is some misperception on the left side of my vision. The periphery is better. Those initial gaps off to the left side of my vision have shrunken significantly, but there is still an area that is gone.*

*Marge: One of the things that sometimes happens is that when we are out, he goes into the ladies room by mistake because it is spelled W-O-M-E-N; he misses the W-O because it's in the left side of his vision.*

Bill continues to work on the rehabilitation of his vision and is making progress. Bill and Marge learned many things from his stroke reversal.

*Marge: Get to the hospital right away. Don't worry about your health insurance. And if you are in Kansas City, get to the Stroke Center at Saint Luke's.*

*Bill: We were very fortunate that the ER doctor knew about the stroke team at Saint Luke's. He was the one who made the diagnosis, so we are very grateful to him.*



## COMMENTS

Bill was fortunate that he was in the emergency room when his stroke symptoms became more obvious. The second CT scan showed the acute stroke.

His ER physician's suspicion saved Bill from almost certain paralysis and further damage. The reversal process was begun within the eight-hour window. The Merci® Retriever was the only option because of the spinal tap. A spinal tap punctures tissues near the spinal cord with a needle. Intravenous tPA could cause bleeding at that site, and that could be very dangerous.

