

Karen Rubino

45 years old

One morning when Karen Rubino, a forty-five-year-old computer systems analyst, sat down to boot up her computer and begin her daily telecommunication from home, she was uncomfortable.



Karen: I turned on my computer to start work. While it was booting up, I went into the kitchen where my bagel was toasting. I noticed it was difficult to take it out of the toaster. It was hard for me to lift my left arm and although my left hand was moving, it was not cooperating. The bagel fell. When I tried to put cheese on it, I noticed that my right hand was not cooperating either. I thought, "Well now, this is the silliest thing!"

This unexplained weakness did not go away. It got worse.

Karen: Both of my hands moved but I could not grasp anything tight to hang onto. I was finally able to get some cream cheese on the bagel and went back to my computer. I tried to log on. My fingers were on the keyboard but they couldn't type. My left hand was flopping. As I kept trying to logon to the computer, I looked down at my pants and I thought, "How come I have cream cheese all over [my pants]?" Then I realized I was holding my bagel cream cheese-side down in my left hand and I didn't even know it.

Everything finally fell on the floor. I washed off my hand and called my husband. I thought I'd pulled a muscle. I left a message for him. He called me right back. "There is something wrong; you are talking like you are drunk! You are slurring your words; I think you might be having a stroke."

I don't know what made him say that. All he knew was that I was slurring my words and that I couldn't hang on to the bagel. I thought to myself, "No, that's impossible! I am only forty-five. I cannot be having a stroke! I probably stretched in the wrong direction. I'm going to go up and take a hot shower and then I'll feel better."

Karen decided to take a shower, hoping these unusual symptoms might pass so she could get to work. Before hanging up, she told her husband she was about to shower.

Mr. Rubino: No you're not! I'm calling your doctor. Don't get in that shower until I call you back.

Karen: I am very grateful to my husband for being so persistent. In no time at all he called back. He had talked with someone in the doctor's office who said it sounded as though I were having a stroke. He told me to take an aspirin immediately, call 911 and get to the hospital as soon as possible.

Now my memory is a little hazy [her husband stayed on the phone to make sure that she was able to get the aspirin]. I had to get an aspirin and, thank goodness, the bottle had a twist-off lid. [There is good evidence that taking an aspirin at the first sign of a heart attack is beneficial. There is no evidence yet about its benefit in acute stroke.] But it was still hard to get off. I took the aspirin and made it back downstairs to the

phone. I told my husband, "I know it'll pass. It'll go away if I just take a shower." He said, "No, they said that you were absolutely not to take a shower."

My husband had his nineteen-year-old son take me to the hospital. It took us about twelve minutes to get there. I walked into the emergency room. I was still able to walk, but I couldn't talk very well. I was holding my left arm and I told the receptionist, "My doctor seems to think I'm having a stroke." I'm not sure how well that came out but the girl told me to "just have a seat."

The failure of the receptionist to see Karen's condition as a true medical emergency was a problem. If she had entered the emergency department as an obvious victim of a stabbing or a gun shot, her reception would probably have been different. When the receptionist was confronted by a patient who was walking and talking, albeit it with slurred speech and what appeared to be a limp arm, her first impression was that this patient was *not* an emergency.

Karen's husband intervened and got the ball rolling.

Karen: My husband works in Blue Springs. He was to meet us in the emergency department. It seemed to me that as soon as we got there, I turned around and he was already there. He said, "Why are you sitting down?" Then he got me up and had the nurse come take me. She did a couple of tests where she had me repeat something she said in a sentence. I could not repeat it at all. Then she had me lift up my arm; it went up but immediately fell down. At this point, she took me directly to the back where there were doctors and nurses, and then everything started moving quickly. Throughout, I kept insisting, "I just don't believe I am having a stroke."

Once the presumed diagnosis of acute stroke was made, things started to happen.

Karen: Nothing happened [in the emergency department] until my husband got there. That was not good. Once I got back there, they began to question me: "What time did you feel this coming on?" I told them several times, "8:30 a.m." I did not know why they kept asking me that. I heard them explain to my husband that the exact time was critical because they wanted to give me a shot of tPA but they had to give it within a three-hour window. I had no idea what time it was by then.

They felt that it was within the three-hour window, so they went ahead and gave me the shot. Then they pulled my husband aside and said: "We would like to transport her down to Saint Luke's because they have the best stroke center in the region. We need to get you to the best." I have to give them a lot of credit for doing that because we had no idea about Saint Luke's Stroke Center.

The transfer to Saint Luke's Stroke Center was by ambulance. Karen questioned the need for all this "fuss" over her.

Karen: In the ambulance I looked up at the attendant and he started talking to me. It kept me calm but I just kept looking at him, thinking to myself: "This is silly; you know, this cannot be happening. I'm forty-five and I don't hurt. Little things are not moving quite right, but I'll be fine." But I wasn't.

Karen was not experiencing any pain or headache. She could not process information in her usual way because her brain was affected and she was disoriented. Upon arrival at Saint Luke's Stroke Center she began to feel more comfortable.

Karen: When we arrived at Saint Luke's Stroke Center, this team of many people was very busy working on me. My husband remembers that the team was very good at keeping him informed about what was going on and what they were going to do.

They took me to the angiogram suite [to find the clot], and someone on the team called out: "Come here and look at this. I found it!" Suddenly I felt pressure and pain behind my right eye. I told them to quit. Then I don't remember anything after that.

Karen's recollections of the details surrounding the actual breakup of the clot were cloudy, but she learned later that her husband was kept fully informed of her status. He had to give his permission for the intervention so that the team could proceed with the clot breakup using the Merci® Retriever. When the procedure was explained to him, he said that the choice was a "no-brainer." He told the team, "Absolutely. Get in there and get it!"

The next thing Karen remembered was that she was in the ICU, still unable to move or speak clearly. There was no sudden return of function, but Karen felt she was improving when her facial muscles began to work – it was a smile.

Karen: They gave me some apple juice and a graham cracker. I was chewing it all up and started to take another bite when my son reminded me that I already had my mouth full. Most of the food was in my mouth on the left side and I could not feel it. We all just laughed. This is when they realized that my face had come back. They could tell from my smile that I was getting better.

I knew that everything was going to be better. I looked up at my husband and thought, "Okay. I don't know what is going on here, but he's here and he's got everything under control and he will not let anything [bad] happen to me." He said, "Everything's going to be O.K." When he told me that, I thought: "O.K. I have complete faith in these doctors." I just trusted them. I never panicked. They all knew what they were doing. When the first hospital told me to go to Saint Luke's Stroke Center because they were the best in the region, it says a lot about a hospital to say you need to be somewhere else. So I said, "O.K., we will just wait this out and everything will come back."

Karen credits her husband for saving her from possible long-term disability.

Karen: I thank God for him.

COMMENTS

Karen's husband saved her from probable long-term disability. Many of us assume that once we make it to a hospital emergency department we are safe, but that may not be the case. The stroke victim often presents with slurred speech, a staggering gait or confusion, but may not appear to have anything life-threatening. As a result, the critical time for an attempt at stroke reversal may be missed, and by then most of the irreversible damage has occurred. Partial recovery is the best possible outcome. Many hospital emergency departments are busy with more obvious life-threatening acute emergencies such as heart attacks, respiratory failure, and drug overdoses. As a result, the acute stroke patient is sometimes overlooked.