

I had a great opportunity to be a part of ESO's D2D program. I was hosted by prof. Else Charlotte Sandset and her great team at Oslo University Hospital, Norway.

My visit lasted for 10 days, and it was a blast. After I was introduced to the whole team, without further delay, team started with their regular working duties. Working agenda includes a lot of team work and discussions about admitted patients and their follow-up, both seniors and juniors, as well as neurologists and radiologists. I think this is a great way of learning and exchange of opinions, which I would like to be more frequent in hospital I am working at. As meetings are done, we proceeded for regular rounds and check-ups of patients, but someone can ask where is fun in that?! Do not forget this is a stroke unit, so there is always some adrenalin rush. Stroke code was run, and we proceeded further. With a pre-notification system, stroke team is waiting prepared for patient to come in. What's even more exciting, is that people here are coming not just by ambulance, but with helicopter also, as was the case with this patient.



Paramedic team is well prepared and has all important information about patient, so nothing is missed, and there is no delay. Blood work is done on the site, and we have proceeded straight to the CT lab for CT, CTA and CT perfusion. This hospital has policy "straight to the CT", where intravenous thrombolysis, if patient is eligible, is started as soon as CT is done. This working pathway helps to reduce door-to-needle time quite a lot, and for this patient it took around 18 minutes for all to be done (come in, report, neurological examination, blood draw, transportation to the CT, doing CT and bolus of tPA). Dr. Advani, one of the young stroke consultants, showed me how good simulation in hospital settings can improve so much quality of services provided by whole team, doctors and nurses. It is also awarding experience for residents because they are being trained in decision-making process, with

feedback from seniors. I really liked this working path, and now thanks to this visit, I have the experience needed to introduce this to the stroke team in my hospital.

During my stay, I made a presentation about stroke care in Novi Sad and Vojvodina, where I come from. Whole team here in Oslo is well intended, so they had a few questions about organization back in my country, and a ton of suggestions how can we improve our stroke care. It was a big scope of information and ideas, that even while I am writing this

report, my other parts of brain are thinking about how to preform and to implement many of those suggestions. Also, I have met Dr. M. Ranhoff Hov and talked with her how technology can help in prehospital management of patients and how it effects the outcomes. It was so inspiring, because I am very keen on technology in medicine.

Working week ends with Zoom lecture by Dr. Marc Ribo, a neurointerventionalist from Barcelona, about endovascular treatment of intracranial stenoses. It has become a tradition in Oslo hospital to have “International Friday” in this way, and Dr. Sandset is personally “responsible” for this great idea and organization.

I cannot leave out part about Oslo and Norway. Architecture and landscape are first things that took my breath away as soon as I landed. Everything is so well organized. Oslo has a lot of museums, and many of them are dedicated to the contemporary art, showing how this nation is accepting and nurturing art and history together. Communication among city was no problem at all, because almost everyone speaks English really good. Norwegians are so kind, and always with a smile on their faces, that even if it’s cold outside, you always have warm reception. It felt like I never left Serbia, but... I have.

It was a great experience, and I think it should be experienced by everyone who has interests in stroke. This way you can step up your knowledge, and pass on your experience to others and make further improvement back at home. At least, this is my plan.

I would like to express my gratitude to ESO and to my host, Dr. Else Charlotte Sandset, for organization and effort.



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