HIGH-QUALUITY STROKE CARE IN THE KINGDOM OF ELECTRIC CARS

Om May 29th to June 2nd I visited Oslo University Hospital Stroke Program.

At the beginning, I visited the Stroke Unit at the Oslo University Hospital Ulleval where I met Dr Else Charlotte Sandset, MD, PhD, Consultant Neurologist in Stroke Medicine and her colleagues.

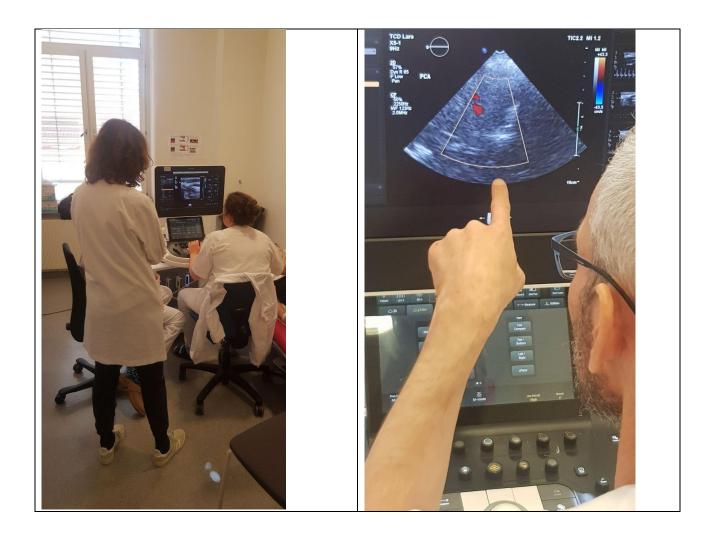




Just upon my arrival at Ulleval a patient with a suspected wake-up stroke was delivered by EMS which allowed me to observe hyperacute stroke care in real time. Although CT-perfusion revealed potentially salvageable penumbra, MRI showed DWI-FLAIR match, and the Acute Stroke Team opted not to give the patient IV tPA as significant benefit was unlikely. There was no LVO either, therefore no acute revascularization procedure was performed in this case. It was good to see how recent advances in the field and results of clinical trials were applied in routine clinical practice.



At Ulleval, I also had a chance to observe detailed carotid and transcranial doppler ultrasonography in a number of stroke patients, including a young patient with bilateral internal carotid dissections. Almost all Stroke Neurologists could perform ultrasound on their patients themselves, a skill I wish I had mastered.



On the following day I had an honor to give a talk titled 'impact of war on stroke and its care in Ukraine' for all Oslo University Hospital.



After the talk I visit an Oslo University Hospital Rehabilitation Department where I observed work of an experienced multidisciplinary team and had multiple discussions with its Chair Georgios Vlachos, MD, PhD, Consultant Physician in Geriatric Medicine, Internal Medicine and Stroke Medicine.



In the Rehabilitation Department I found out that high-intensity treadmill training could help improve gait and other outcomes in acute and subacute stroke patients as well as had a chance to closely observe a session with a 90-y.o. stroke patient who kindly allowed me to take pictures and shoot some videos. I sincerely hope that in collaboration with Norwegian colleagues we will shortly introduce this promising approach to the clinical practice or our comprehensive stroke unit in Kyiv, Ukraine.



Furthermore, I attended a meeting with a patient's family and community rehabilitation team that will take care of the patient after hospital discharge. Moreover, I got familiar with work of a Day Hospital, out-patient Rehabilitation and Polyclinics Department providing rehabilitation, follow-up and long-term care for stroke patients discharged from the Oslo University Hospital.

During one of my visits to Ulleval I watched a medical helicopter bring a patient.



I was so impressed that I requested a visit to the Norway Air Ambulance in order to meet Air Ambulance Emergency Medicine Physicians and talk with them about the great job they were doing. A colleague I met there not only told me how they work, but turned out to have personally contributed to medical evacuation of injured servicemen from Ukraine. What a nice surprise!



In addition, I visited another Stroke Unit at Akershus University Hospital with modern facilities and a huge neurology department (40 Consultants!) providing both acute care and rehabilitation for a large catchment area near Oslo. Most colleagues I met were taking active part in research activities and eagerly told me about their past and ongoing projects. These conversations strengthened my opinion that clinical practice, education and research are the three pillars of modern medicine, including up-to-date stroke care.







At the end, I would like to express my sincere thanks to the ESO TF4UKR D2D visit program that supported the visit, to the Oslo University Hospital and in particular Dr Else Charlotte Sandset for the invitation and the unique opportunity to observe various aspects of up-to-date stroke care continuum and, of course, to futuristic Oslo with its sunny days, beautiful parks, inspiring marines and incredible number of electric vehicles on the streets. I want to believe that, as Sir WinstonChurchill once said, this is not the end, it is not even the beginning of the end, but it is, perhaps, the end of the beginning.

