

St. Agnes Stroke Center saves lives

When Patricia Fetcho of St. Alphonsus Rodriguez, Woodstock, called her daughter's mobile phone Oct. 17, 2007, with slurred speech, she wasn't sure what was going on.

"I knew something was wrong, but I didn't know what," Mrs. Fetcho said.

She said her daughter, Annemarie Hoffman of St. Augustine in Elkridge, "knew exactly what was happening."

"She said, 'Mom, I think you're having a stroke,'" Mrs. Fetcho explained, adding that her daughter told her to unlock her front door so paramedics could enter - Mrs. Hoffman was calling 911.

A resident of Ellicott City, Mrs. Fetcho said paramedics bypassed her local hospital, Howard County General, informing her that they needed to transport her to St. Agnes Hospital. There she could receive tissue plasminogen activator (tPA), also known as the clot-busting drug.

St. Agnes is one of a network of hospitals in Maryland designated a primary stroke center, where stroke patients can receive tPA and get the necessary timely treatment leading to effective recovery.

Dr. Marian LaMonte, St. Agnes chief of neurology and the physician who cared for Mrs. Fetcho, said St. Agnes' designation as a primary stroke center makes it part of a unique system. She explained: "Maryland is only one of two states that have a statewide coordinated emergency medical system. All ambulances, counties and operators are linked in a network."

These special circumstances allow the state to "take care of health problems which the state deems as important for all citizens," Dr. LaMonte said.

"In 1996, the final study about the clot-busting drug concluded that patients had to be seen, evaluated and treated within a time window," she explained.

The chief of neurology, who had created a stroke center at the University of

Pennsylvania, knew about Maryland's statewide system and its commandeering of helicopters for emergency transport, and had worked on the tPA trials. After the 1996 study, she became part of one of the Maryland task forces to create "the first statewide system for acute stroke care that used EMS to place patients where they could get the (clot-busting) drug within the golden window," a period of three hours after the onset of symptoms, she said.

St. Agnes was one of the first hospitals in the state to have an acute stroke center.

"You have to recognize you have stroke symptoms. You have to call 911, and once you get to the emergency department, you need to advocate to get that medicine, and then you're golden," said Dr. LaMonte. "You will get the best treatment. That's exactly what my patient (Mrs. Fetcho) did."

"I was very fortunate," said Mrs. Fetcho, who is nearly 80 years old and fully recovered. After her stroke, she spent three or four days at St. Agnes followed by two weeks at Kernan Orthopaedics and Rehabilitation in Baltimore.

She said after a couple of months, her speech, which presented her greatest challenge, was back to normal. Mrs. Fetcho said she now sees Dr. LaMonte about every four months for check-ups.

"We used to think patients would get as better as they could get three months after a stroke," Dr. LaMonte said. "We know now you will recover as long as you work on it, as long as you put in the effort. You will be rewarded until the day you die, hopefully of something else - old age."

She added, "Clearly, the mechanics are the mechanics, not the air between the spaces," explaining that in the end, "it's faith that drives people to do things," to succeed in the process of recovery.

For more information about stroke prevention, treatment and recovery, visit <https://stagnes.netreturns.biz/healthinfo/>, and click on "Stroke."