

Quicker clot removal may lead to better outcomes

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The faster a blood clot causing a stroke is removed, the less disability a patient may have, according to research presented at the American Stroke Association's International Stroke Conference 2016.

Previously, the SWIFT PRIME trial showed that patients with disabling ischemic (clot-caused) strokes were far less likely to die or be seriously impaired if their clots were physically removed with a clot retrieving device in addition to standard treatment with clot-busting drugs. In that trial, clot removal could be performed up to six hours after stroke onset.

In the current analysis of 83 patients who underwent clot removal, researchers examined whether patients did better if their clots were removed quicker. They found:

Overall, substantial [blood flow](#) was restored by clot removal in 88 percent of patients.

In those [patients](#) who had blood flow restored within 2.5 hours after stroke onset, 87 percent achieved functional independence (minimal or no disability).

Patients who had blood flow restored between 2.5 and 3.5 hours after stroke onset were 10 percent less likely to achieve functional independence than those who had earlier clot removal.

Every 60-minute delay after 3.5 hours resulted in a 15 percent lower

likelihood of functional independence.

Researchers estimated that in a group of 100 [stroke survivors](#), every six-minute delay in restoring blood flow would cost one survivor their functional independence, compared to those receiving early clot removal.

Provided by American Heart Association

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