

# New stroke imaging technology could reduce potential for patient brain damage

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A new study, presented today at the Society of NeuroInterventional Surgery's (SNIS) 15th Annual Meeting, found that new stroke imaging technology could decrease delays in care by up to 60 minutes, giving patients a better chance at making a full recovery.

The study, *New Multiple CT Assessment of Acute Stroke Patients: Are We Ready for Prime Time?*, shows that recent advances in imaging software in the angiosuite give neurointerventionalists the essential details required to diagnose a patient with large vessel occlusion (LVO) for an endovascular thrombectomy (EVT). This study suggests that in the future, [stroke](#) patients can bypass the CT scan or emergency department and go directly to the angiosuite for imaging and proper care.

"By using this technology in the angiosuite, hospitals can reduce intra-facility transfer delays and hence the time of stroke symptom onset to treatment, which will significantly reduce brain damage and improve outcomes for patients," said Nicole Cancelliere, lead author of the study and an interventional clinical research technologist at Toronto Western Hospital.

The time required to transfer a patient from their CT scan to the operating room could delay EVT by as long as 60 minutes.

Preliminary results show that the cone beam imaging software compares favorably with baseline and follow-up CT scans. The imaging allows

accurate detection of hemorrhage, occlusion site, ischemic core, and tissue at risk, suggesting that baseline imaging can be performed in the angi suite using cone beam imaging. The lead PI on this study, Professor Vitor Mendes Pereira, concluded by saying, "By reducing intra-facility transfer times, patients can receive EVT treatment sooner, which can significantly impact patient outcomes".

Provided by Society of NeuroInterventional Surgery

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