A STROKE OCCURS WHEN BLOOD FLOW TO THE BRAIN is blocked. The culprit may be a ruptured artery or—more likely—a blood clot, the most common cause of stroke. In these so-called ischemic strokes, the clot prevents oxygen-rich blood from reaching brain cells, which quickly begin to die. Because these cells control physical and mental functioning, it is essential to get help as soon as symptoms appear.

Treatment at a designated stroke center, like NewYork–Presbyterian Brooklyn Methodist Hospital, can greatly increase a patient’s odds of survival and full recovery.

In the Hospital’s emergency room, a skilled team swings into action. If an ischemic stroke is diagnosed, treatment often includes use of a clot-dissolving drug, tissue plasminogen activase (tPA), which must be administered within three hours of the onset of a stroke. “While tPA is now a widely acceptable protocol, what sets NYP–Brooklyn Methodist apart is our ability to offer advanced endovascular therapies for ischemic strokes, which have been proven to produce positive outcomes,” says Natalie Cheng, M.D., director of stroke services. In these procedures—usually done within six hours of admission—a neurointerventional radiologist navigates a catheter to the site of the blockage to directly deliver tPA to the clot, or physically remove it. “These advanced endovascular techniques are very exciting,” says Dr. Cheng, “but they only work if we can get to the patient in time.”

In order to ensure timely treatment Dr. Cheng encourages everyone to learn the signs of stroke, which may include:

• weakness or numbness of the face or limbs
• difficulty with speaking or comprehension
• vision problems in one or both eyes
• dizziness or difficulty walking
• fainting or seizure, and sudden severe headache.

“If you experience any of these symptoms yourself, or observe them in someone else do not hesitate—call 911,” says Dr. Cheng.
Affairs of the Heart

NO ONE LIKES THE WORD “FAILURE,” so a diagnosis of heart failure can sound ominous. But there’s good news, according to Kumudha Ramasubbu, M.D., who heads up the heart failure program at NewYork–Presbyterian Brooklyn Methodist Hospital. “Heart failure doesn’t mean that your heart has stopped; it simply means that the heart muscle has weakened and can no longer pump enough oxygen and nutrient-rich blood to the rest of the body.” The result can be exhaustion, difficulty breathing, swelling of the extremities (edema) and loss of appetite.

Most cases of heart failure can be successfully controlled with drugs, including diuretics, which help the body excrete excess fluids, and ACE inhibitors, which block production of angiotensin II, a hormone that causes blood vessels to contract, increasing the heart’s workload. The doctor may also prescribe dietary adjustments, including salt restriction, and a program of exercise tailored to the patient’s individual needs.

Coming from a large medical center in Texas, Dr. Ramasubbu appreciates New York Methodist’s patient-centered approach. “The beauty of a hospital like this,” she observes, “is that we can work closely with patients to manage their self-care, making sure they are taking their medication, that the drugs are working and that they are following whatever lifestyle changes we have agreed to. That is particularly important with a chronic condition that needs close monitoring.”

When medication and lifestyle changes are not sufficient, and a patient continues to exhibit symptoms, Dr. Ramasubbu may recommend cardiac resynchronization therapy (CRT), which involves implanting a pacemaker-like device. Designed to correct ventricular dysynchrony, CRT improves heart failure symptoms in 50 percent of patients, and has been shown to significantly improve heart function and quality of life.

In more serious cases of heart failure, Dr. Ramasubbu may consider heart transplantation or implantation of an artificial heart pump called a left ventricular assist device (LVAD). “LVAD is major open-heart surgery. We use it in three circumstances: as a bridge for those who are waiting for a transplant; as a ‘destination’ therapy where the device is permanently installed to help the patient’s heart beat more efficiently, and as a ‘bridge to decision’ —a temporary measure used while we determine whether a patient should receive a transplant.”

To learn more about cardiac services at NewYork–Presbyterian Brooklyn Methodist Hospital, visit nyp.org/brooklyn and click on cardiology and cardiac surgery under Our Services, or call 1.866.84.HEART (866.844.3278).

Born in India and raised in Germany, Kumudha Ramasubbu, M.D. is truly a woman of the world. When she came to New York to establish a heart failure center at NewYork–Presbyterian Brooklyn Methodist Hospital, she was delighted to discover that the world had come to her: “What I enjoy here is the diversity of people and cuisine—much more so than in other cities. I love exploring that.”

But her number one passion is the heart. She chose to specialize in cardiology because “the heart is a very logical organ. When you intervene medically or surgically you can usually count on the outcome. Moreover, the heart has been widely studied so we have many clinical trials and a lot of evidence to guide us.”

Dr. Ramasubbu confides that although she knew she wanted to be a doctor by age eight, she had a Plan B: “In case things didn’t work out, I would have pursued art and architecture. I guess that’s the other reason I chose cardiology: the heart is beautiful. The way the ventricles and the valves work is endlessly fascinating.”
Diabetes Management Takes Teamwork

CONTROLLING YOUR BLOOD SUGAR, watching your diet and taking your medications are key to successfully managing Type 2 diabetes. Also key is forming a strong partnership with your doctor and making the most of each visit, according to Edmund Giegerich, M.D., chief of endocrinology and vice chairman of medicine. He also recommends taking advantage of the availability of diabetes education, like that offered by NewYork–Presbyterian Brooklyn Methodist Hospital.

Diabetes educators, explains Lori Cortina, C.D.E., R.D., are specialists in the management of the disease. “As educators, we work with patients on every aspect of care from meal plans to managing medication and glucose control.” Diabetes education, she adds, is covered by Medicare and by many private insurers. “Diabetes may not be curable, but it is very controllable, if the patient is educated and disciplined and works closely with his or her health care providers,” says Dr. Giegerich.

Here are some tips for patients diagnosed with diabetes on how to get the most out of a partnership with health care providers:

**Keep careful records and bring them to each appointment.** “Bring your blood sugar monitor and food logs with you, so the doctor can review them to see if the medication is working or needs to be adjusted,” says Dr. Giegerich.

**Be well-informed.** “I encourage patients to go to reputable websites like those maintained by the American Diabetes Association or the American Association of Diabetes Educators,” he says.

**Ask questions.** “I don’t mind being challenged,” Dr. Giegerich adds. “If you don’t understand something, don’t be shy about asking.”

**Follow medical advice.** If your doctor refers you to a heart specialist, a podiatrist or an eye doctor, make sure you make and keep those appointments. “Diabetes is about a lot more than managing blood sugar,” says Ms. Cortina. “If it is not well controlled it can cause loss of vision or loss of limbs; it is also associated with heart disease.”

**Take Notes.** “Before you leave a session with a doctor or a diabetes educator write down what was said,” Ms. Cortina advises. “If something isn’t clear, your notes will remind you to follow up.”

**Learn from others.** “I encourage people to join the Hospital’s support group which meets the last Thursday of every month. Sometimes the best ideas come from others who are living with diabetes themselves,” says Ms. Cortina. In addition, patients can register for a free six-week diabetes management workshop.
Registered nurses have a unique perspective on health and wellness. In each issue of Your Health Today, we ask Hospital nurses to address a particular health care concern.

**TOPIC: TRANSITIONING FROM HOSPITAL TO HOME**

**PAT YOURSELF ON THE BACK:** you’ve made the decision to have that long-delayed surgery, and you have booked the date. But have you looked ahead to the day when you will go home? “Part of being prepared for hospitalization is preparing for post-hospitalization,” according to Danilo Aurelio, R.N. “Whether yours is a planned hospitalization or an unexpected emergency, it will be easier to return home if you understand what care you will need and how your caretakers can provide it.” While there are professionals on the Hospital staff who will help you and your family with discharge planning, making some arrangements beforehand can ensure a speedier, more comfortable recuperation.

“It is important to understand that your level of function may temporarily change after a hospital stay,” says Mr. Aurelio. If you know that you may have difficulty moving as the result of, say, an orthopedic procedure, he says, you may want to make some simple physical adjustments to your home, such as securing or removing area rugs, installing bathing aids such as handrails or a shower chair and making sure stairways and halls are well lit.

Questions to consider before being admitted include: How will I get home from the hospital? Will I be able to handle stairs? Will I need assistance with bathing and dressing? How will I get groceries? Do I need help taking medication or changing bandages and dressings?

Mr. Aurelio adds that the New York State CARE Act, passed in 2015, requires hospitals to record the name of the patient’s designated caregiver, if there is one, and to keep them informed as to when the patient will be discharged and what is required for home care.

“It’s often hard for patients to accept help from family and friends,” Mr. Aurelio concludes, “but in this case allowing support from caregivers will give you a chance to relax and focus on healing. It’s the best medicine.”

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**Find a Physician:** If you need a physician for primary or specialty care, contact NewYork–Presbyterian Brooklyn Methodist Hospital’s free Physician Referral Service at the number or web address below. Our staff will help you find a doctor whose office location, area of specialization, insurance and billing policies are right for you.

Visit nyp.org/brooklyn and click on “Find a Doctor” or call 718.499.CARE (2273)