

Med Chi meeting 6<sup>th</sup> October 2016

Synopsis of talk given by Dr Philip Thompson, Stroke Consultant entitled

“Incredible Changes and Exciting Horizons:  
The Brighton Stroke Unit 12 years on”

Dr Philip Thompson started by giving the audience a brief history of his career, mentioning that he was born in Taunton Somerset, trained in Cardiff University, continued his training in Brighton and then London until he was appointed Consultant Stroke Surgeon here in Brighton. After a quick run through the content of his talk Dr Philip Thompson went on to give the audience another brief history this time of a case study in Ancient Greece. He described a 65 year old male Greek who overindulged in Greek wine and food and who collapsed, experienced loss of speech and had a weak right arm and hand. His physician Thessalus (son of Hippocrates, the famous Greek physician) diagnosed these stroke symptoms as Apoplexy and treated it with warm enema, venesection and offerings to Goddess Hygeia. Hippocrates believed that apoplexy was caused by stagnation of the blood caused by sharp or cold humours/spirits and that Galen 129 AD in Pergamon (now Turkey) expanded his theories saying the cause was anything that obstructed flow to the brain, humoral, bad humours. A timeline of the major events in the history of Stroke was discussed, moving from Hippocrates in 400 BC to Johann Jakob Wepfer (Swiss pathologist) in 1658 who for the first time defined Apoplexy as a haemorrhage and blockage of arteries and used necropathic dissection for treatment. Dr Thompson then talked about Lawrence Craven, who in 1950 made observations about the effects of Aspirin on bleeding and heart attacks. He also mentions that publications in 1956 mention that Aspirin seemed to have TIA effects. Dr Philip Thompson then only moves a year forward to 1951 to mention Charles Miller Fischer (a Canadian neurologist who identified carotid occlusion as a cause of stroke and describes TIAs, lacunar strokes and miller fisher variant and starts MGH stroke service and carotid surgery. Stemming from this knowledge, the first successful carotid surgery was performed by Felix Eastcott in 1954, then Thrombolysis (NINDS) in 1995. Dr Thompson then mentions several international studies in the 1990s such as CAST & IST Aspirin and Stroke. Major developments included the first Stroke Care Unit opening in 1995 and the setting up of National Stroke Strategy in 2007. Finally he mentions the latest advancement in Stroke treatment, the 2015 MR Clean Thrombectomy.

Dr Philip Thompson briefly discussed the various names historically given to this condition and comments that the name “Cerebrovascular Accident” suggests that one cannot prevent it, which is not the case. In the UK stroke is the largest cause of death and that 1 in 4 strokes are fatal but that the mortality in the UK has been reduced by 49% from 1990 to 2010. Mortality has been reduced by the work performed by the members paid or voluntary of a multidisciplinary stroke care unit quoting from the Stroke Unit Trialist Collaboration BMJ (1997) that shows survival is higher if receiving multidisciplinary rehabilitation than conventional care. Stroke management involves a rapid assessment, treatment/prevention of cause, complications and risk factors. Recent research on Aspirin, highlights the success rates of this drug on different types of strokes. Carotid surgery is another major breakthrough in the prevention of stroke. Dr Philip Thompson then focused on the

success of rapid assessment and the effects and research facts of trials on Thrombolysis. The audience were clearly made to realize the usefulness of interventions with facts and figures of its success.

Dr Philip Thompson put the responsibility of prevention both on the individual and on the GP. He also mentioned the role Statins have on prevention and its confusing reviews. Finally Dr Thompson spoke of the importance of excellent Stoke care and multidisciplinary team such as the one in Brighton which also has an excellent supporting team to include Sussex rehabilitation Centre, Neuroradiology and Neuroangiography, Cardiac Service, Vascular Surgery, Neurosurgery, SECAMB, A&E and Acute Medical Team and Voluntary Services. In a modern case study he describes the successful treatment of a 39 year old male in Oct 2015 who presented with stroke symptoms in A&E at 12:49, had Thrombectomy at 15:45, was admitted to The Stroke Unit and was mobile and able to care for himself by the next day. Dr Philip ended his presentation by then presenting the immediate and future challenges in Stroke management in Brighton.