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JULY/AUGUST 2008

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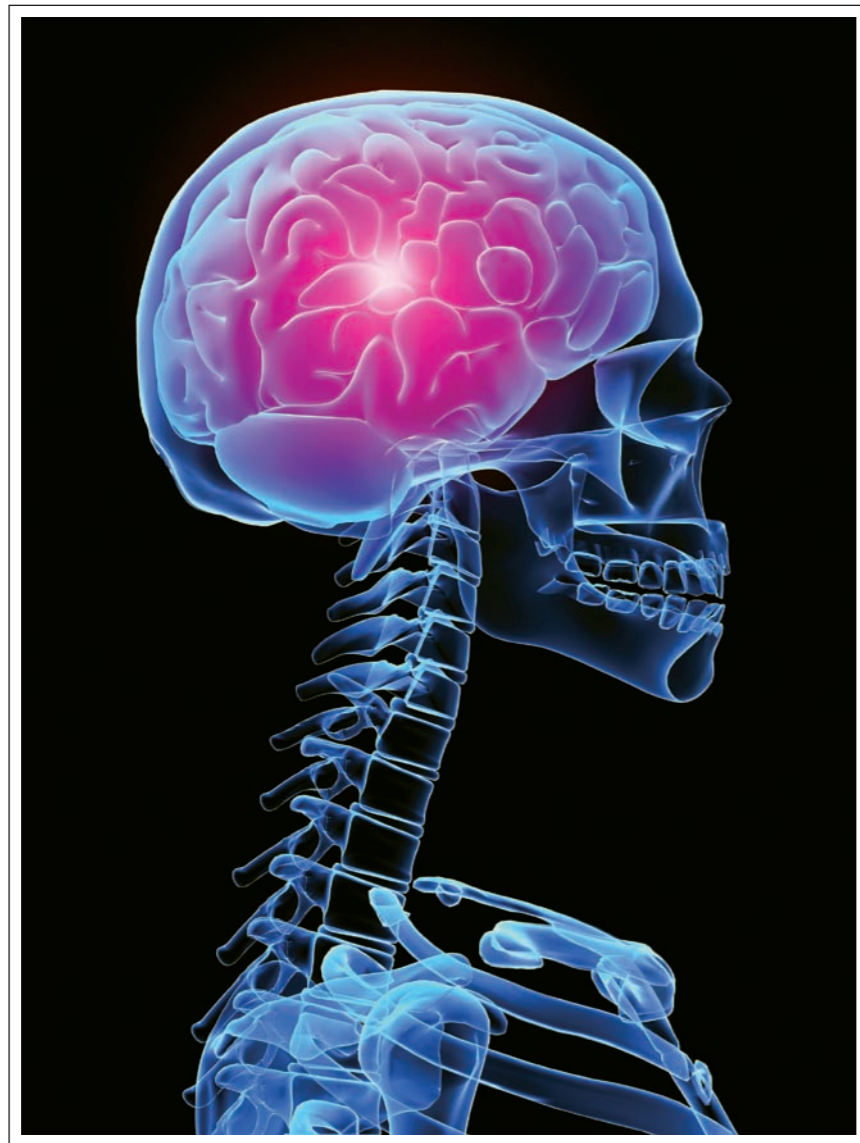
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# DUKE RALEIGH TAKES A STRIKE AGAINST STROKES

Duke Neurosurgery of Raleigh will open in July. Doctors there would rather prevent than treat stroke – but, should you need treatment, theirs is state-of-the-art.

BY PAGE LEGGETT



It's probably a safe bet that most Americans know the basics about disease prevention ... Wearing sunscreen is a safeguard against skin cancer. Giving up smoking can help in the fight against lung disease, heart disease and cancer. And, maintaining a healthy weight helps guard against a host of diseases.

But, what about stroke? Few of us know what, if any, proactive measures we can take to guard against that danger. In fact, many of us may not even be quite sure what a stroke is.

## AMERICAN STROKE ASSOCIATION'S STROKE WARNING SIGNS

*Sudden numbness or weakness of the face, arm or leg – especially on one side of the body*  
*Sudden confusion, trouble speaking or understanding*  
*Sudden trouble seeing in one or both eyes*  
*Sudden trouble walking, dizziness, loss of balance or coordination*  
*Sudden, severe headache with no known cause*

Dr. Ali Zomorodi, a graduate of Duke's undergraduate and medical schools and a physician at Duke Neurosurgery of Raleigh, defines it in layman's terms: "A stroke is a set of deficits in neurological functioning that occurs when your brain doesn't get enough oxygen."

Dr. Zomorodi further cautions that strokes are very prevalent in North Carolina. In fact, North and South Carolina have some of the highest rates of stroke in the United States. (The southeastern U.S. is known as the "stroke belt," and eastern N.C. is considered by some to be the belt buckle.) Dr. Zomorodi says, "This [prevalence] can be partially attributed to lifestyle, genetics and even access to health care. Tobacco, of course, is also a contributor."

Aha! So quitting smoking is one of the first and best things we can do to prevent strokes. But, what else?

### AN OUNCE OF PREVENTION

"Strokes are most often caused by high blood pressure, smoking, diabetes and high cholesterol," says Dr. Zomorodi. In other words, many of the risk factors that come into play for heart disease, lung disease and various cancers are the same risk factors for stroke.

Not surprisingly, Dr. Zomorodi says, "The best treatment is prevention." Prevention, he says, "is done by neurologists and primary care doctors who work to reduce the patient's risk factors, and treat patients with clot preventing medicine such as aspirin to keep them from having a stroke." Dr. Zomorodi lists a few reasons we should get serious about stroke prevention:

- There are 700,000 to 1 million individuals who have a stroke each year in the United States.
- Sixty in 100,000 individuals who have a stroke each year die as a result.

- Stroke is the third leading cause of death in the US after heart disease and cancer.
- Stroke is the number one cause of serious, long-term adult disability.

The two main treatments used to prevent strokes are intravenous medicine, which restores blood flow to the brain, and intra-arterial therapy. Intra-arterial therapy, Dr. Zomorodi explains, is a new treatment option that involves the use of catheters inserted to open arteries that are blocked. New devices such as the Merci (Mechanical Embolus Removal in Cerebral Ischemia) and Penumbra allow surgeons to literally go into the artery and remove the blood clot.

"A major benefit to intra-arterial therapy is the time window for treatment," said Dr. Zomorodi. "Whereas patients receiving IV medicine are only benefited with arrival within three hours of having the stroke, the use of intra-arterial therapy allows us to treat patients who have had a stroke within eight hours." Duke is one of the first hospitals in the area to use intra-arterial therapy. Soon, patients in Raleigh will benefit from it, as well.

### TIMING IS EVERYTHING

Why do you have to respond so quickly to a stroke? Dr. Zomorodi again puts it in layman's terms: "When part of the brain is blocked off, that part of the brain starts to die. But the surrounding area is still salvageable. Treatment options for stroke are dedicated to trying to get the blood back into the salvageable area."

Here, he gets at the lack of public knowledge about what strokes are and how to prevent them. "We have done a good job communicating the importance of responding quickly to a heart attack. It is the same thing with the brain as it is with the heart – the sooner you can receive treatment, the more of the brain that is possible to salvage. This enables the individual to have a more normal life."



September 13th, 2008  
Raleigh

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**STROKE 101**

There are two kinds of stroke: ischemic and hemorrhagic. Ischemic strokes occur because there is not enough blood getting to the brain; the vessels are clogged from within. Almost 85 percent of strokes are ischemic.

Ischemic strokes can be triggered by cerebral embolism, in which a blood clot forms somewhere in the circulatory system and travels to the brain. Another trigger is when an artery in the brain itself clots off. (Some of this is caused by cholesterol and plaque buildup.) A third root cause is small vessel disease.

The second kind of stroke, hemorrhagic, occurs when a blood vessel ruptures or bleeds into the brain, causing blood to accumulate and compress on the surrounding brain. High blood pressure and brain aneurysm are the common causes in this type.

At the American Stroke Association website ([www.strokeassociation.org](http://www.strokeassociation.org)), a web page called, "Hidden Risk Factors for Women" contains excerpts from "What Women Need To Know About The Hidden Risk Factors For Stroke," (*Stroke Connection Magazine*, Nov/Dec 2004). It reads, in part:

"This year, more than 100,000 US women under 65 will have a stroke."

"Stroke is not a geriatric disease. And it's not confined to elderly overweight smokers who have high blood pressure or high cholesterol."

The article points out risk factors women under 55 should be aware of. These include:

**Migraines** – Women who suffer from migraines with aura (visual disturbances such as flashing dots or blind spots) can be up to 10 times more likely to suffer a stroke, depending on other risk factors.

**Birth Control Pills** – Women who take even a low-estrogen birth control pill may be twice as likely to have a stroke than those who don't, and the risk may increase if other risk factors are present.

**Hormone Replacement Therapy** – Women who take hormone replacement therapy may have a slightly increased stroke risk. Autoimmune diseases such as diabetes or lupus can increase the risk of stroke.

**Clotting Disorders** – Women who've had more than one miscarriage may be at higher risk for blood clots, which can increase their chance of a stroke. Other signs of a possible clotting disorder can include previous history of clots in the legs (deep vein thrombosis) and livedo reticularis, a mottled purplish discoloration of the skin.

**A GREAT RESOURCE FOR RALEIGH**

Dr. Peter Grossi will serve as chief of the neurosurgical service at Duke Raleigh Hospital. He will be in Raleigh full time, while the other physicians in the practice will divide their time between Durham and Raleigh. Dr. Grossi is eager to bring what he calls "state-of-the-art treatment" to Raleigh and points out that all the advanced care the center will offer comes with the added benefit of "full access to Duke University's clinical trials and research." ◆



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**DUKE NEUROSURGERY OF RALEIGH OPENING JULY 2008**

**LOCATION:**

Duke Medicine Plaza (3480 Wake Forest Road) on the campus of Duke Raleigh Hospital

**PHYSICIANS:**

Drs. Carlos Bagley, Gavin Britz, Peter Grossi, Michael Haglund and Ali Zomorodi

**SPECIALTIES:**

Brain tumors, complex spinal disorders, epilepsy, neurovascular, stroke and endovascular, radiosurgery, peripheral nerve entrapment syndromes

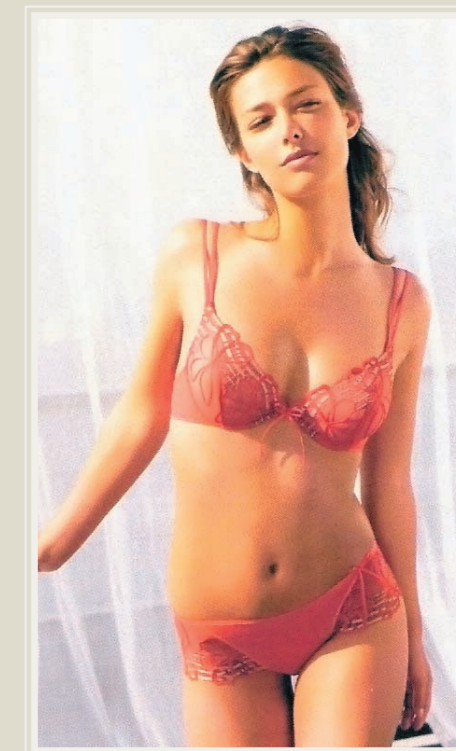
**DR. ZOMORODI SAYS:**

"At Duke Neurosurgery of Raleigh...we treat all diseases of the blood vessels that are going to the brain. We treat conditions such as stroke, atherosclerosis, brain aneurysms and anything else in the brain that causes bleeding.

Learn more at [www.dukeraleighhospital.org](http://www.dukeraleighhospital.org)

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