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A Robot Helped Save Him: Telemedicine Robot Played Role In Stroke Survival

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CLARENCE RENNO, above left, was watching TV after dinner at home in Wishram when his wife, Carol, noticed symptoms of a stroke and called 9-1-1. Her fast action, coupled with aggressive treatment and partnerships between Mid-Columbia Medical Center and Oregon Health and Science University helped restore the function he needed to live his life. Photo by Mark Gibson.

By **Kathy Ursprung**

As of Wednesday, March 20, 2013

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Carol and Clarence Renno until something a bit extraordinary helped save Clarence's life.

He is alive and able to talk about the experience today because of a combination of his wife's quick action and a robotic medical device that allowed specialists to examine him from 80 miles away.

A retired railroad worker and homemaker, the Rennos were watching television at home in Wishram after dinner that evening at about 6:20. Clarence got up to go into the kitchen.

"He came back and I thought he said something," Carol said. "I said, 'What did you say?' He just looked at me."

Carol started getting angry and spoke louder when her husband wouldn't answer.

"I said, 'If you don't answer right now, I'm calling someone.'"

Clarence wanted to answer, but he couldn't.

"I was standing up," he recalled. "I could hear her, but I couldn't answer — I tried, but I couldn't. So I turned around and sat down."

He also noticed that his head was wobbling from side to side.

"That's the last thing I remember," he said.

Clarence Renno, 65, was having a stroke. Clarence had suffered a heart attack in 2004 and in 2010 started suffering from atrial fibrillation, a risk factor for stroke, according to information from www.stroke.org. Strokes, also called brain attacks, kill 133,000 people a year.

"I picked up the phone and I called 9-1-1," Carol said. "She kept asking if he was breathing and if he was sweating. I said, 'No, he just won't talk to me.'"

Emergency dispatch called out the Wishram first responders. Soon nearby friends and family members arrived wondering why the flashing lights were at the Rennos' house. Meanwhile, the ambulance had been dispatched from Goldendale.

By 6:40, Clarence could not move his right side, notes from medical personnel said. He was getting rapidly worse.

While the minutes before the first responders arrived "seemed to last forever" as Carol waited in fear with her stricken husband, she said the ambulance came from Goldendale within about 15 minutes.

"I left the room because there were too many people and our house is not big," she said.

Meanwhile, the Rennos' grandson drove Carol to Mid-Columbia Medical Center, where she dealt with paperwork as her husband was transported.

Upon his arrival at 7:30 p.m., Clarence met Dr. Patrick Grimsley of the Emergency Department, who saw that he had right side weakness and speech deficiencies.

"We started the stroke protocol," Grimsley said.

Minutes are precious in stroke response, so everything happened quickly.

First on the agenda was a CT scan. The scanner makes images of the brain, which show where a clot might be impeding blood flow or a vessel might be bleeding into the brain.

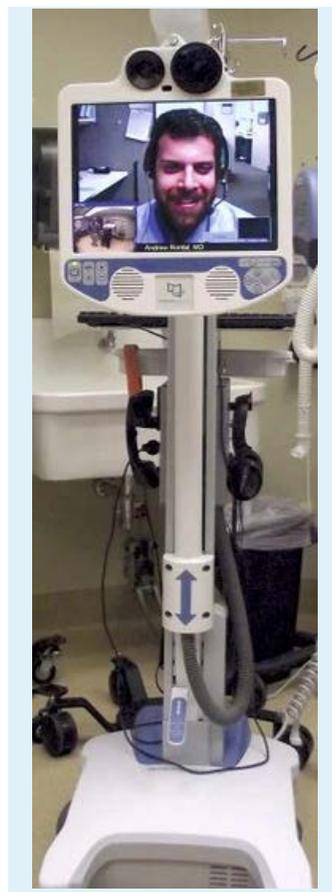


Photo by Kathy Ursprung
Dr. Andrew Rontal smiles into the camera of a Remote Presence System robotic telemedicine unit.

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"After he had the CT scan, I contacted OHSU [Oregon Health and Science University] and the stroke team from there," Grimsley said.

In the past, local Emergency Department doctors would evaluate a stroke patient and determine whether they needed to be transported to Portland to be examined by neurologists. Today, thanks to a robotic telemedicine system known as a Remote Presence System, neurologists in Portland can start examining a patient in The Dalles scant minutes after they arrive at Mid-Columbia Medical Center.

"The doctor and the stroke team can look at the patient, talk to the patient, examine the patient and can help with decisions," Grimsley said.

Neurologist Hormozd Bozorgchami examined Clarence from Portland. He was not available for comment, but his colleague, Dr. Andrew Rontal, explained that the specialists may be able to observe subtle indicators over the high-definition monitors that may not be as obvious to the generalists on site.

The OHSU doctors control the telemedicine robot.

"They can zoom in and zoom out and the whole thing can move around and look at the family," Grimsley said. "The quality of the image is really good. They can zoom in and look at the pupils. It's similar to them being in the room." The unit also has a stethoscope that transmits information to OHSU.

When Clarence returned from his CT scan, his symptoms started to worsen, Grimsley noted.

"I couldn't feel anything," Clarence said. "I was just lying there. [Dr. Borzorgchami] was asking me to lift my leg. I was thinking, 'OK, I'm lifting my leg,' but it wasn't lifting ... By then I was a bystander."

The neurosurgeon also consulted with Carol.

"All of a sudden, this thing turned around and started talking to me," Carol said, mimicking her earlier surprise.

She learned that, because Clarence reached the hospital so quickly after his symptoms started showing, he was a candidate for thrombolytic drugs — commonly called "clot-busters." The drug breaks up a clot and can restore blood flow or "profusion" of the brain tissue. Generally, patients must be seen within three hours to be candidates.

"If somebody falls outside the three-hours window, we use more conservative measures," Grimsley said.

If patients wake up with symptoms, for example, they can't have the drugs because the time of onset can't be identified.

"People traditionally wait too long to come in," Grimsley said. "As soon as somebody has a speech deficiency, weakness or a visual deficiency they should call for help."

Since Clarence couldn't talk, it was up to Carol to decide whether her husband should undergo the aggressive treatment, which she learned can have negative side effects.

"It's a funny feeling when you are dealing with someone else's life and hearing the percentages on what the outcome could be," she said. Fortunately, she didn't have to make the decision alone. After a time, he started to get a bit of speech ability back.

"The nurse came out and said, 'Mrs. Renno, your husband said June.' My name is June Carol, but I go by Carol," she said. So Clarence was able to participate in the decision process.

The events transpired in minutes. As soon as the decision was made to give Clarence the thrombolytic drug, medical personnel began to prepare him for LifeFlight transport to OHSU.

"The first thing that happened was a little unnerving," Grimsley said. "His gums started to bleed. People

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bleed very easily with this medication. And it's a very big concern when people start to bleed anywhere in their mouth." The bleeding presents a risk of infection.

MCMC personnel were able to get the bleeding under control, but all the little things became worrisome, Grimsley added.

"But by the time he got into OHSU, the symptoms had started to resolve and he was doing much better," he said.

Thanks to the thrombolytic drugs, Clarence checked in at OHSU Friday evening and was able to walk out under his own power the next Monday.

"I could basically move my whole arm and raise my leg, and they could understand me," Clarence said.

"Like I said, it was a miracle," Carol added.

The consequences could have been much worse without the fast and aggressive treatment.

"Otherwise, the stroke would have been devastating for him," Grimsley said. "His right side was paralyzed."

Follow-up communication between OHSU and MCMC has been excellent, Grimsley said.

"We're partners in communications, too," he said. "That night, later on, they called back and let us know how he was doing."

A quiet, slow-spoken man by nature, it's hard for a casual observer to tell whether the stroke has had lingering effects.

"My speech gets garbled at times," he said, "and I'll think of something I want to say and then I can't say it. I forget what I wanted to say."

He says he moves slower than usual, too.

He started occupational, physical and speech therapy last week at Water's Edge.

As retirees, Clarence and Carol Renno have been very active in active at The Dalles Moose Lodge.

"We were both there every day," Carol said. "We didn't have time to get sick."

They plan to resume their activities there as soon as they can.

"We're very thankful they were here," said Carol of the care her husband received at MCMC.



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