

What to Expect with EVT

Things will happen quickly once you arrive at the Royal University Hospital (RUH).

- You will be met by the Stroke Team who will look again at your stroke symptoms.
- You may have another CT or CTA scan.
- You may transfer straight to the angiography (imaging) room on the **main floor of RUH in the Medical Imaging Department**.
- During EVT, you will receive general anesthesia (you will be fully asleep).
- After the surgery, you will be monitored closely in the recovery room, then moved to the Acute Stroke Unit on 6300 Neurosciences.
- The procedure may take about an hour, but it can take longer.
- The Stroke Team will try to contact your family if they are not with you.
- Family should keep their phone on and come to the hospital when they can.

Important to Know

Not all patients are still eligible for EVT when they arrive at the hospital. This may be because symptoms have improved or medication has already broken up the clot.

In other cases, the stroke has caused too much damage to the brain for these treatments to be safe or helpful.



After EVT

Depending on your stroke, you may be admitted to RUH for a short time to receive care. In other situations, you will be transferred back to your home hospital to complete your stroke recovery.



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For More Information Visit:

<https://www.heartandstroke.ca/stroke/recovery-and-support/stroke-care/first-few-days>



[saskhealthauthority.ca](https://www.saskhealthauthority.ca)

Healthy People, Healthy Saskatchewan



Endovascular Thrombectomy (EVT) for Ischemic Stroke

When It Is Needed and What to Expect



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A Guide for Patients and Families



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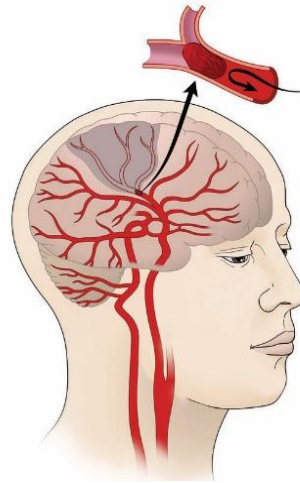
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Making a Stroke Diagnosis

- A stroke is found by looking at symptoms, doing a physical exam, and quickly getting **brain imaging**. Finding a stroke quickly helps the healthcare team choose the safest and most effective treatment.
- A **CT scan** is a type of imaging that shows if there is bleeding in the brain (hemorrhagic stroke) or signs of blocked blood flow (**ischemic stroke**). This is very important because treatment is different for these two types of strokes.
- The **CT angiogram (CTA)** looks only at the blood vessels in the head and neck to see if a large artery is narrowed or blocked. This helps the healthcare team decide on the best treatment.

What is an Ischemic Stroke?

- Arteries carry blood full of oxygen and nutrients to your brain. The brain needs a steady supply of blood to work properly.
- An **ischemic stroke** happens when a blood clot blocks an artery in the brain. Without blood flow, brain cells start to die within minutes.



[Ischemic Stroke](#) by National Institute of Neurological Disorders and Stroke, National Institutes of Health/ [CC BY-NC 2.0](#).

- The blockage or clot can form in an artery in the brain. It can also form in another part of your body and then travel to the brain.
- A **large vessel occlusion (LVO)** is a blockage of one of the brain's large arteries. These strokes can cause more serious symptoms and need fast treatment. Some people with an LVO may be able to have EVT treatment.

Ischemic Stroke Treatment Options:

Tenecteplase (TNK)

A medicine that helps break up the clot in your artery.

- Being able to safely have this medicine depends on timing, imaging results, and your medical history.
- Works best when given soon after symptoms start.
- Should be given within one hour of arriving at the hospital.
- May be used on its own or together with EVT.

Endovascular Therapy (EVT)

A procedure to remove the clot from the blocked artery.

- EVT can be done up to 24 hours after symptoms start. This depends on the scan results and where the clot is.
- A thin tube (catheter) is placed into an artery in the groin or wrist and guided to the brain using X-ray imaging.
- A small tool is used to remove the clot.
- Blood flow can then return to normal.

Common Signs of Stroke

