Open Letter by Bryan Melchor Stroke Awareness Month

The Day the Music Died

Time will forever be marked by life before August 2, 2015 and life after this day when I was joyfully leading my church band in songs of praise – feeling so grateful and uplifted by the gospel music I was a part of. Then the music stopped. I felt sleepy. My speech was slurred. I was having a massive hemorrhagic stroke, and I was only 30 years old.

Hemorrhagic stroke is an intracerebral hemorrhage – a bleed or clot deep in the brain that is known as the deadliest and most debilitating kind of stroke with no surgical answer. A shocking $35\%-52\%^1$ of people who have this kind of stroke do not survive and of those that do survivor, only $10\%-25\%^2$ return to living a life of functional independence. Turns out, I am one of the lucky ones.

Because I was fortunate to be taken to a hospital that is progressive in its search for and use of advanced, innovative technologies, my surgeon was trained on a new way to surgically treat an intracerebral hemorrhage like mine. My clot was a big as a two eggs stacked on top of each other and doctors told my wife that I may not survive. She was left with the daunting decision on whether I should have surgery that involved removing part of my skull so the brain could have room to swell or a new way of doing brain surgery through a dime-size hole the surgeon thought could save my life. This new minimally invasive way removed the clot while respecting my healthy brain.

Although surgery is not yet the standard of care for intracerebral hemorrhage, we moved forward in the hopes of saving my life with this new technology. The waiting room and lobby were filled with friends and family when, after more than four hours in surgery, the surgeon came out to report, "things went perfect." The surgeon was able to remove more than 90% of the clot.

Of course, there was still much work to be done. I was in a coma for two weeks following surgery. My family was told I was likely paralyzed on the right side of my body and that I may never walk again. Signs of me beating those odds appeared when I began to wake up from the coma with immediate movement on my right side, and I began to speak within a month.

On the second month after my surgery, I began walking again without a wheelchair or cane. At 6 months, I participated in a walk-a-thon and exceeded my goal of more than two miles. Since then, I've completed seven walks! Today, I am working toward running again, I continue to reach cognitive milestones with speech therapy, and I am driving – a true marker of regaining my independence.

I could not have achieved all of this without love, support and prayers from my family and friends. This keeps me positive and keeps me fighting to recover to the fullest level. Music has come alive again and is part of my life. I am singing at church – grateful for the miracle that has allowed me to be where I am today. Most people say they can't even tell I've had a stroke.

I am sharing my story during Stroke Awareness Month to give others hope – hope that survival and regaining the life you had before stroke can happen. My optimistic future is the result of a skilled surgeon taking the time to get trained on new technologies that are gaining more and more published evidence on safely removing hematomas caused by a hemorrhagic stroke.

I don't understand all of the technicalities of these devices called BrainPath, which helped my surgeon reach the hematoma in a new way that minimized damage to my brain, and Myriad – the tool used to remove my clot. But I'm forever grateful for the innovation, the skills of the surgeon, and for the revolution being created by offering a surgical option to people who have an intracerebral hemorrhage. Maybe someday soon, it won't be the deadliest, most debilitating kind of stroke.

Bryan Melchor was treated at Sutter Eden Medical Center by neurosurgeon, Dr. Edie Zusman. He and his wife, Nikkolette, reside in Fremont, California. To learn more about the NICO BrainPath and Myriad technologies used in Bryan's surgery, visit www.NICOneuro.com. This letter was transcribed and written with the assistance of Sue Goin, Sapphire Communications.

¹Macellari F, Paciaroni M, Agnelli G, Caso V. Neuroimaging in intracerebral hemorrhage. Stroke. 2014;45:903-8.

²Andersen KK, Olsen TS, Dehlendorff C, Kammersgaard LP. Hemorrhagic and ischemic strokes compared: Stroke severity, mortality, and risk factors. Stroke. 2009;40(6):2068-72.