13.11.2011. was first included thrombolysis in Montenegro. In the past seven months, six patients received thrombolysis, five in the Department of Neurology, Clinical Center of Montenegro and one patient in General Hospital Berane.

The aim of this paper is to point out the difficulties in starting thrombolytic therapy and to analyze the effectiveness of therapy in patients who are included.

**Material and methods:** it is known that the initiation of therapy necessary space, equipment and personnel. Although we are in February 2008, organized training for thrombolysis in eight doctors of the Clinic for Neurology in the framework of continuous medical education, Medical Faculty of Belgrade University. We possess the necessary equipment except for transcranial Doppler. 24 hour presence neuroradiologists, cardiologists, anesthesiologists and clinical biochemists have had. However, we lacked the space for the stroke unit, because the clinic was located in an old building and had a total of 21 beds. The long time required to compromise, so we are in the main building of the Clinical Center received single apartment, where we formed a unit for stroke. Next year came a new problem and the Commission for Health Fund have not been approved drug for positive drug list, which is necessary to make the drug in a hospital pharmacy. With the changing of menagement Clinical Center , was made urging the purchase of medicine and immediately after that we 13.11.2011. include the first thrombolysis, 50-year-old patient .

In the past seven months therapy are included in four patients, three men and one woman. All patients had a decrease in NIHSS, one had hemorrhagic transformation, but with excellent outcome, there was no exitus. In May 2012 thrombolysis is included one patient aged 56 years in Hospital Berane. The average patient age was 48.6 years. The average time from onset of symptoms the patient to the starting of thrombolytic therapy was 2 h 24 min. The average time from arrival at the Emergency Center to the inclusion of therapy is 1h 13min. The average time from onset of symptoms to the patient’s arrival at the Emergency Center is 1h 8min. The average hospitalization of these patients was 12 days. NIHSS score was on average decreased by 6 points.

**Discussion:** By the end of the calendar year, together with the Clinic of Neurosurgery begin construction of a new Department of Neurology, which is planned for stroke unit with six beds. Until then, we’ll include thrombolysis in these makeshift conditions. Also, we expect the acquisition of TCD. However, despite these obstacles, bearing in mind the current time to report to the Emergency Center and the time until the beginning of therapy, we expect that the number of patients who come in the therapeutic window will not be small compared to the number of persons who gravitate toward clinical center of Montenegro (about 200000).

**Conclusion:** In addition to the Department of Neurology, the inclusion of thrombolytic therapy is planned in of the General Hospital (Nikšić, Bijelo Polje, Podgorica, Bar, Risan). For the education of the population and health personnel have written a brochure, “Identify-stroke every minute is important,” and these days, the Ministry of Health in the framework of the WHO gave a positive opinion of the National Guidelines for Stroke, whose adoption is expected by the Government of Montenegro, together with nine guidelines.