This handbook is confidential. It may only be read with your permission.

*NB this version contains no personal information and is for web site/information purposes – confidentiality is not therefore an issue*

We encourage you to share this with people who are involved in your care and your family.
Executive Summary

A stroke happens when the blood supply to a part of the brain is suddenly reduced by either a blockage of a blood vessel or bleeding (burst blood vessel).

No stroke is the same as another. People are affected in different ways.

This handbook is designed to provide general information about stroke and also some specific information about your stroke to be filled in by those involved in your care.

It may be useful for both you and your family.

The handbook has been designed to keep during your stroke rehabilitation as a reference to use as and when you need it.
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INTRODUCTION
ABOUT YOUR HANDBOOK

- This handbook is confidential. It may only be read or written in, with your permission.
- This is your handbook and you choose who to show it to but it may be useful if you share it with the people involved in your care. We recommend that you take it with you to all treatments and appointments.
- You can ask health and social care staff, for example, nurses and social workers to record information whenever you feel it would be helpful for you.
- You can also ask other people to write in it if it would be of use to you, for example a relative or friend.

CONTACT DETAILS

The stroke team co-ordinating your care can be contacted on:

**Hospital**

Acute Stroke Unit Royal Albert Edward Infirmary

Contact Number : 01942 822075 / 01942 822076

**Alexandra Court**

Community Stroke Team can be contacted on the number below for the Community Stroke Team or at Alexandra Court, Howard Street, Pemberton, Wigan

Contact Number for Alexandra Court : 01942 215555

**Community**

Community Stroke Team Royal Albert Edward Infirmary

Contact Number 01942 778507
Other local contact numbers

**Stroke Association**

Pemberton Primary Care Resource Centre, Sherwood Drive, Pemberton, Wigan
WN5 9QX  Contact Number 01942 775826

**Think Ahead Community Stroke Group**

Stroke Information Centre, Ashland House, Manchester Road, Ince, Wigan, WN2 2DX
Contact Number 01942 824888

[www.think-ahead.org.uk](http://www.think-ahead.org.uk)

Email pn@think-ahead.org.uk or cs@think-ahead.org.uk

**Wigan Council**

Department of Adult Services, Civic Centre, Millgate, Wigan WN1 1AZ
Contact Number 01942 244991 Main switchboard who will direct you to the appropriate department/contact number for Adult Services

Central Duty Team 01942 828777

Carers Support Team 01942 705983

**Active Living**

Active Living Office, Robin Park Indoor Sports Centre, Loire Drive, Wigan
WN5 0UL

Contact Number 01942 488481

[www.getactivewiganandleigh.co.uk](http://www.getactivewiganandleigh.co.uk)

E-mail activeliving@wlct.org
Wigan and Leigh Housing
Unity House
Westwood Park Drive Wigan WN3 4HE
Contact Number 01942 705040
MY DETAILS (To be filled in by self / carer)

My Contact Details:
Name: ........................................................................................................................
Address: ....................................................................................................................
...................................................................................................................................
...................................................................................................................................
Telephone: ...............................................Mobile:....................................................
Email: ........................................................................................................................

My Next of Kin/Emergency Contact:
Name: ......................................................................................................................
Address: ..................................................................................................................
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..................................................................................................................................
Telephone: ................................................Mobile:……………………………………..
Name: ......................................................................................................................
Address: ..................................................................................................................
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Telephone: ................................................Mobile:……………………………………..

People I would like invited to meetings about my care:
Name: .....................................................................................................................
Relationship: ...........................................................................................................
Telephone: .............................................................................................................
Email: ......................................................................................................................
Name: .....................................................................................................................
Relationship: ...........................................................................................................
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| Name: ....................................................................................................................... |
| Relationship: ........................................................................................................... |
| Telephone: ............................................................................................................... |
| Email: ...................................................................................................................... |

**My Doctor’s Details:**

| Name of GP: ............................................................................................................ |
| Name of Practice: .................................................................................................... |
| Telephone: ............................................................................................................... |
| Name of Consultant: ............................................................................................... |
| My NHS Number: ..................................................................................................... |

**My Pharmacist Details:**

| Name: ....................................................................................................................... |
| Address: .................................................................................................................... |
| ............................................................................................................................... |
| ............................................................................................................................... |
| Telephone: ............................................................................................................... |
| Fax: .......................................................................................................................... |
INFORMATION ABOUT STROKE
WHAT IS A STROKE?

A stroke happens when the blood supply to a part of the brain is suddenly reduced by either a blockage of a blood vessel or bleeding (burst blood vessel). No stroke is the same as another. People who have stroke are affected in different ways.

Symptoms depend on the part of the brain that is affected.

Generally a stroke can result in a reduction or loss of strength and sensation in the face, arm or leg. Some people have specific problems with communication, vision, balance, co-ordination, memory, concentration and vision. It is also quite common for people who have had a stroke to have problems with their swallowing. These difficulties can make everyday activities such as dressing, washing, cleaning teeth, mobility and leisure activities difficult.

After a stroke, many people feel tired. Some people feel agitated, angry and upset. Some people are sad or feel depressed.

These are natural responses but sometimes injury to the brain can cause these feelings.

You may want to talk about your feelings to a doctor or nurse.

No two people are affected in the same way so we assess and treat everyone according to how their stroke has affected them. Not all symptoms will be obvious immediately.

The recovery people make also varies.
INFORMATION ABOUT STROKE

Different areas of the brain are responsible for different functions. Your symptoms will depend on the part of your brain that has been affected. You may want to ask the consultant to show you where you have had your stroke.

If the left side of your brain is affected, you may have difficulty on the right side of your body (and vice versa).

When language is affected, the damage is usually on the left. You can ask the consultant to colour the picture above to show where you have stroke.
What type of stroke did I have? – (To be filled in by Healthcare Professional)

**Blockages:** A blood clot can block a blood vessel in the brain. This is called a *thrombus* or an *embolus*.

**Leaks:** Blood vessels can become thin or weak and begin leaking. This is called a *haemorrhage*.

**Other:** There are some other less common causes for a stroke. Please ask your Health Professional to give you some details.

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<th>Results of CT Scan</th>
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**Some questions you may want to ask:**

- What part of my brain has been affected?
- What does this mean?
- Why did I have a stroke?
GENERAL INVESTIGATIONS YOU MAY HAVE

Only some of these many be relevant for you.

BLOOD GLUCOSE

Glucose is the sugar that is found in the blood. It is important that your blood glucose level is at the right level because if it is too high it can increase the risk of stroke. If you have been diagnosed as being diabetic you will receive further information about your treatment plan.

ANGIOGRAM

This test helps to show up blood vessel on an X-ray. A special dye, which is injected into the blood vessels, is used. This test shows if there is any narrowing of the blood vessels.

CHOLESTEROL LEVEL CHECK

Measuring your cholesterol level involves a blood test (please ask the doctor or nurse about fasting for this test). This test needs to be done at regular intervals as decided by your doctor.

CAROTID DOPPLER SCAN OF THE CAROTID ARTERIES

This test looks for narrowing of the blood vessels in your neck and can help the doctor decide whether further treatment is necessary. A probe is placed against your neck and sound waves are used to assess the width of your blood vessels and whether there is any fatty obstruction in them.

COMPUTERISED TOMOGRAPHY SCAN (CT SCAN) OF THE HEAD

A CT scan is a special kind of X-ray of your brain and involves you lying down on a couch. As the machine passes around you, this test tells the doctor what sort of stroke you have had so that he can prescribe the appropriate treatment for you.

MAGNETIC RESONANCE IMAGING (MRI) & MAGNETIC RESONANCE ANGIOGRAM (MRA) SCAN

Magnetic Resonance Imaging (MRI) can provide a more detailed brain scan if required and the MRAangiogram can show up the main blood vessels in the brain. This can help the doctor to decide whether or not any further treatment and intervention is needed.
BLOOD PRESSURE

Blood pressure is checked immediately and then on a regular basis after your stroke. High blood pressure (hypertension) is the most common cause of a stroke. Medication will be given for high blood pressure to stabilise it in the early stages after a stroke. It has been proven that lowering blood pressure reduces risk of repeated strokes.

ECG / 24 hour ECG

This is a heart tracing that is set up to record your heart rate and rhythm. Sometimes this is recorded for a longer period of time (for example 24 hours) using a monitor you wear. This is helpful to pick up episodes of occasional irregular heartbeat that may be occurring.

Echocardiogram

This test involves a sound probe being placed against the chest wall and sound waves are used to assess the thickness of the heart wall. This test measures whether the heart is functioning properly.

Plasma Viscosity (PV)

This blood test looks at the number of cells in a given volume of blood so that your doctor can assess whether your blood is too thick and therefore has difficulty in flowing through your blood vessels.

Full Blood count is measured by a blood test and identifies the number of red and white blood cells in your blood and whether there are any abnormalities (i.e. anaemia).

Biochemical Profile – This tests all the biochemical elements in the blood and whether they are in the normal range.

Thyroid Function

The thyroid gland is an organ situated in the front of the neck. The function of the thyroid gland is to produce a hormone, which controls the rate of metabolism, which is the way your body uses food for energy. If you have too much thyroid hormone in your blood, your pulse may become fast and irregular which will increase the risk of suffering a second stroke.
This is a list of some of the terms you may hear. Of course, only some of these may be relevant in your particular case. This list is not exhaustive and you should always ask for explanations of anything you do not understand.

**Aneurysm**: A balloon-like swelling on a blood vessel wall which may burst suddenly, usually causing a subarachnoid haemorrhage.

**Angiogram**: A technique in which an image of blood vessels is obtained by injecting dye into the blood stream.

**Anti-coagulant**: A type of drug, which may be used to reduce the likelihood of blood clots forming.

**Atheroma or atherosclerosis**: A condition in which fatty deposits build up in the blood vessels. This restricts and disrupts the flow of blood and can contribute towards stroke.

**Atrial fibrillation**: An irregular heart rhythm. This condition is a risk factor for stroke.

**Carotid Endarterectomy**: An operation to reduce the chance of stroke in people who have a narrowing in one of the arteries in the neck. These arteries supply blood to the brain and the narrowing means the artery is more likely to be blocked by a clot, causing a stroke.

**Cerebral/cerebro**: Refers to the brain.

**Cerebral Embolism**: A stroke, which is caused by a clot which has travelled from the heart or from a vessel leading to the brain.

**Cerebral haemorrhage**: Bleeding from a blood vessel into the brain or surrounding area.

**Cerebral infarction**: Is due to an area of the brain in which cells have died because the blood supply has been cut off by a stroke. This type of stroke is due to a blockage of a blood vessel.

**Cerebrovascular disease**: Any condition affecting the blood vessels of the brain.

**CT Scan**: A scan, which enables doctors to examine cross-sections of the brain and to build up a picture of the damage, caused by a stroke. CT stands for computed tomography, a non-invasive X-ray method.

**Doppler or duplex scan**: An ultrasound scan, which uses reflected sound waves to build up an image of the body. Used to identify narrowing in arteries taking blood to the brain.
TERMINOLOGY (continued)

Dysarthria: Slurred or distorted speech due to changes in the control of muscles in the mouth and throat.

Dysphagia: Difficulty in swallowing.

Dysphasia or Aphasia: A condition where the stroke has affected the person’s ability to use or understand speech, and his or her reading and writing skills.

Dyspraxia or Apraxia: Difficulty in planning and carrying out a series of actions. This can affect speech or movement. It is not caused by weakness or paralysis of the muscles or by failure to understand.

ECG (Electrocardiogram): A routine test, which measures the rhythm and activity of the heart.

Echocardiogram: An ultrasound scan which uses reflected sound waves to build up an image of the heart to show things like clots or abnormalities of the heart valves.

General Physician: A doctor who deals with a wide range of conditions but who may have special experience in certain areas such as stroke.

Geriatrician: A doctor specialising in the treatment and care of older people.

Hemiparesis: Weakness or partial paralysis on one side of the body.

Hemiplegia: Loss of the power of movement on one side of the body.

Hypertension: High blood pressure.

Intra-cerebral Haemorrhage: Bleeding from a blood vessel within the brain.

Ischaemic Stroke: A stroke caused by a blood clot, which disrupts the blood supply to part of the brain.

MRI Scan: A type of scan which can be used to produce more detailed images of the brain than a CT scan. MRI stands for magnetic resonance imaging.

Neurologist: A doctor specialising in disorders which affect the brain and the nervous system.

Thrombolysis: A drug which breaks down a blood clot. This needs to be administered with 4 hours of the onset of the stroke.
**Transient Ischaemic Attack (TIA):** A brief episode often called a mini-stroke, which occurs when the blood supply to part of the brain is temporarily cut off. There may be symptoms such as problems with speech, weakness in limbs down one side or blindness in one eye but they will disappear within 24 hours. A TIA is a warning sign that you are at risk of a stroke. Anyone who experiences any of the symptoms of a TIA should consult a doctor immediately so that steps can be taken to reduce the chance of having a full stroke.

**Subarachnoid Haemorrhage:** A type of stroke caused by bleeding from a blood vessel into the space between the brain surface and one of the covering membranes.

**Vascular:** Refers to the circulatory system of blood vessels. The arteries carry oxygen and nutrients from the heart to the different parts of the body and the veins remove waste products.
PEOPLE YOU MAY SEE

**Consultant:** A stroke consultant is a doctor who is a specialist in the diagnosis, investigation and treatment of strokes.

**Pharmacist:** Will ensure that your medicines are managed safely and effectively and that they are appropriate for your age and clinical condition.

**Nursing Staff:** Senior Nursing Staff will provide information and care to improve and maintain health. They provide advice and information on medications prescribed, health promotion and healthy advice following a stroke. They are also involved with the multidisciplinary and patient carer decision regarding goal setting for patients.

**Occupational Therapist (OT):** The Occupational Therapist will assess the impact of any physical or cognitive symptoms of your stroke on your ability to perform everyday tasks, such as washing and dressing, making meals, making decisions, undertaking leisure activities, etc. They provide specific techniques, advice and equipment for the home to help you be as independent as possible, and if required, identify where you may need assistance from carers.

**Physiotherapist (PT):** A Physiotherapist will be able to assess the physical ways in which the stroke has affected an individual and then provide individualised treatment based on goals set in conjunction with the person and other professionals involved in their care.

**Speech and Language Therapist (SLT):** A Speech and Language Therapist will assess and treat communication and swallowing problems and enable them to communicate to the best of their capability.

**Dietitian:** A Dietitian will plan nutrition and food programmes that are safe and easy to eat.

**Psychologist:** A Psychologist can assess and help with emotional problems like tiredness, mood swings, stress, anxiety and depression. They can also assess problems with memory, cognitive difficulties, attention following a stroke.

**Information Advisor and Support Co-Ordinator:** This is a service provided by the Stroke Association. An Information Advisor and Support Co-Ordinator talks to everyone in the patient’s household to help them understand the physical and psychological effects of stroke. They can give practical advice and put the family in touch with other organisations for support.

**Community Stroke Supporter/Peer Supporters:** Think Ahead Community Stroke Group’s long term “Living with Stroke” programme is a service provided by your local Stroke Group across Wigan, Leigh and surrounding areas. Through their own personal experience of stroke our Community Stroke Supporters / Peer Supporters offer emotional and practical support to stroke survivors, carers and their families.
**Therapy Assistant:** A Therapy Assistant supports the implementation of the rehabilitation programme. They work with Physiotherapists, Occupational Therapists and Speech and Language Therapists.

**District Nurse:** A District Nurse visits people in their own home providing care for patients and supporting family members. They can help with things like dressing and continence problems.

**Practice Nurse:** They work with your GP in the Surgery. They can check your blood pressure and give you advice on stopping smoking and healthy eating. They will do tests that you need, for example, take blood from you.

**General Practitioner (GP):** GP’s are responsible for your care in the community. They managing your risk factors to reduce your risk of having another stroke, are responsible for providing you with repeat prescriptions for your medication and carrying out a medication review each year, and refer on to other health professionals if that is needed.

**Active Case Manager / Community Matron:** An Active Case Manager / Community Matron helps to make sure that the health and social care for people is properly co-ordinated within the community.

**Ophthalmologist:** An Ophthalmologist, or eye specialist, can assess any sight difficulties and may be able to prescribe special glasses or other visual aids.

**Podiatrist:** A Podiatrist assesses, diagnoses and treats problems with your feet. They give advice on the prevention of foot problems and on proper care of the feet.

**Social Worker:** During your stay on the ward you and your carer may need help and advice regarding housing, benefits and family issues.

The Social Worker will be able to offer information, and where needed assessments both for you and your carer. This will enable you to identify the services available and arrange the necessary support for your care needs on discharge from hospital.
OTHER ISSUES AFTER STROKE
FATIGUE POST STROKE: Feeling tired

Fatigue after stroke is very troublesome and completely different from the tiredness that we all suffer from at times in our everyday life.

'It is ENTIRELY different to what people think fatigue is – they think they know what you’re talking about but they can’t know what it does to you.'

Even after a relatively mild stroke or a mini stroke (TIA) many people say that they feel completely exhausted.

There have been a number of research studies on fatigue after stroke. In one study where patients were asked at 15 months after a stroke if they felt tired, 57% said yes. Even 2 years after the stroke 10% said they were always tired and 30% sometimes.

Many people describe fatigue as the most difficult problem they have to cope with after a stroke.

Some people with fatigue are also depressed, and of course depression is quite common after a stroke. However, although most people with depression do feel tired, not everyone with fatigue is depressed.

We don’t know what makes some people have fatigue when others don’t. There are no particular types of stroke that are especially associated with fatigue.

However there are a number of approaches and techniques for managing fatigue. You may want to consider these if fatigue is a problem for you.

Managing your fatigue – What NOT to do:

1. DON’T tell yourself that you are weak or stupid because it has happened to you. It is a known condition and can happen to anyone after a stroke.

2. DON’T think you’ll never make progress.

3. If you’re having a ‘better day’ DON’T push yourself to do lots and lots. This will only mean you spend the next day or two absolutely exhausted and probably miserable as well.

4. If you’re the sort of person who is always busy and expects a lot of yourself then it is essential that you drop your standards for a while. DON’T make it harder for yourself by trying to do all the things you used to at the same old speed. Learn to prioritise what is important and to expect less of yourself for the time being.

5. Fatigue and depression are both common after a stroke and can happen together. If you feel your mood is low or you are constantly irritable, tense
and snappy then DON’T ignore it. Your GP can prescribe medication or refer you on for support and advice.

Managing your fatigue – What TO DO:

1. DO show family and friends these notes because it is important that people around you know about fatigue. They can then help you deal with it.

2. Sometimes conditions such as anaemia, diabetes or an inactive thyroid gland can cause tiredness. Some medication can also cause tiredness. Check with your GP, stroke nurse or Consultant.

3. Listen to your body. If you are overwhelmingly exhausted during the day then DO take a rest.

4. DO learn to PACE yourself.

5. It is very important to find your level. You can then slowly build it up. DO take plenty of time to build up your activity levels gradually. The overall aim is to find out how much you can do in a day CONSISTENTLY.

6. DO aim for a regular sleeping pattern. Evenings are often when people feel most tired and should be rest times when you wind down. Try to go to bed at a similar time each night.

7. DO aim to exercise in whatever way fits in best for you. It may be the last thing you feel able to do but actually exercise helps to improve fatigue.

8. DO eat healthily and avoid alcohol as much as possible.

9. DO seek out support. Your local stroke team, GP or the Stroke Association may be able to put you in touch with different types of support.

FRUSTRATION

When everyday activities that were previously easy to do become difficult after a stroke it is unsurprising that the stroke survivor becomes frustrated. Sometimes this frustration builds up into anger at the situation which has resulted from the stroke. This can become difficult to manage for everyone and help should be sought from the Stroke Team who may be able to reduce frustration by adapting activities.
CHANGES IN MOOD AND POSSIBLE PSYCHOLOGICAL EFFECTS AFTER A STROKE

No-one plans to have a stroke and it always happens suddenly so there is no warning and no time to get used to the idea. This can result in some people feeling devastated and that their life has changed. As people start to recover and gain back some of the functions that they had lost initially, they feel much more positive. It is quite natural to feel low in mood and this is a normal reaction to this situation. It is important to feel able to ask the stroke teams any questions you may have and to get the reassurance you need to help you cope.

The stroke team will monitor how you are feeling on a continuing basis and provide additional support to you and your family to help you cope with these changes should this be required. Some people find that after a stroke they feel differently about things that happen on a daily basis. Some carers and family members find that their loved one acts differently after their stroke.

Stroke may have significant impact on the survivor’s abilities and as a result their view of and confidence in themselves. It is therefore not surprising a period of adjustment is needed. The majority of stroke survivors are able to readjust to life as it is after the stroke. However, some stroke survivors find that they need a little help to make that adjustment.

It is important that you speak to a member of the Stroke Team or GP if you feel your mood if affected.

DEPRESSION

Stroke survivors can often become disheartened after their stroke. However, this may progress into depression which makes it difficult for the stroke survivor to engage in rehabilitation or in daily life. Your Stroke Team will be able to advise about appropriate treatment which may include talking therapies or medication.

ANXIETY

Some stroke survivors find that they feel very uncertain about general daily life after their stroke. This is understandable following the often sudden onset of a large change in their abilities. However, this can develop into an anxiety based condition which prevents them from making progress in rehabilitation and completing daily activities. Again, your GP or Stroke Specialist Nurse will be able to advise about appropriate treatment which may include talking therapies or medication.
All members of the medical and rehabilitation staff will be happy to discuss any concerns you may have about changes in you or your loved one's reactions or behaviour since the stroke.

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**EMOTIONALISM**

Strokes can lead to personality changes and emotional imbalances. Stroke survivors often find that crying, anger and laughter occur more easily than they did before the stroke. In some patients ‘emotional liability occurs, when crying and laughter become uncontrollable.

More information about common problems after stroke can be found at the Stroke Association. [www.stroke.org.uk](http://www.stroke.org.uk)

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**COGNITIVE DIFFICULTIES**

A stroke often affects how the stroke survivor understands the world around them. This includes how you see and hear, how your brain recognises people and objects, how it remembers and organises information. These difficulties are not visible when looking at the person but are just as disabling as, for example, being unable to use your arm. The Occupational Therapist or a Clinical Psychologist can help to identify and explain the problems which are occurring for the stroke survivor and can help to adjust activities and routines to optimise their independence.

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**APHASIA**

Aphasia (or Dysphasia) is a difficulty understanding what is said to you and/or expressing yourself. Aphasia does not damage intelligence but does affect how someone can use language. Speaking, understanding what is said, reading and writing are all communication skills and can all be affected by a stroke.

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**DYSPRAXIA**

An inability to control and co-ordinate movements. This can affect the co-ordination of arms and legs or the muscles used in talking.

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**DYSARTHRIA**

Slurred or distorted speech due to changes in the control of muscles in the mouth and throat.
NEGLECT

Some stroke survivors neglect the side of their world corresponding to the side of their brain which was injured by the stroke. For example: a stroke survivor with left-sided neglect may ignore the left-side of the face when washing or not eat food on the left-side of the plate.

SWALLOWING

The ability to swallow is a complex activity involving the co-ordination of many nerves and muscles that can be damaged by a stroke. Nearly half of people who have had a stroke will initially experience difficulty swallowing (dysphagia). Without treatment people with dysphagia are vulnerable to dehydration and under nutrition.

There is also a risk that food and fluid may ‘go down the wrong way’, getting into the windpipe (trachea) and so into the lungs. This is aspiration and can lead to an infection.

SEIZURES FOLLOWING STROKE

Approximately 15% of Stroke survivors will have seizures at some point after a stroke. It is more common in people who have had a very big stroke.

Symptoms of seizure may include periods of vacant episodes, twitching or jerking of muscles and limbs and sometimes loss of consciousness for short periods.

If you have any of the above, discuss them with your GP and if he/she thinks you are having seizures then you will be treated with medication and monitored closely.

INCONTINENCE

Problems with bladder and/or bowel control are very common after a stroke. It is estimated that about half of all people admitted to hospital after a stroke will have some problem with bowel or bladder control. There are several reasons why incontinence problems can develop. For example, if the person is not fully aware of their surroundings, if someone has mobility problems or difficulty communicating that they need to use the toilet. The stroke may also have damaged the part of the brain that controls the bladder and/or bowel.
Sex After Stroke

Coming to terms with what has happened to you takes time and initially you will have been focusing on the more functional aspects of your stroke such as learning to walk, talk and take care of yourself.

Further down the line your mind may turn to more personal matters such as establishing or renewing a sexual relationship. If being sexually active was important to you before your stroke, it is likely that you will feel that way again. However, there may be some physical or emotional issues that now have to be considered.

Stroke affects everyone differently and to different degrees so it is very unlikely for two people to have exactly the same experience. This section looks at some of the issues involved in being sexually active after stroke and will hopefully answer some questions that you may have.

The common fear following a stroke is that having sex will bring on another stroke. There is no reason why after a couple of weeks you cannot begin to have sex if you feel ready to do so. If you feel unsure about having sex, arrange to speak to your GP.

Having a stroke does not have to mean the end of being sexually active, although changes may be involved. Physically, stroke can affect men and women in different ways.

**Decrease in libido:** Both may find that libido (sex drive) is lessened due to tiredness, anxiety, depression, doubts about self-image and concerns for the future. A woman may find that sexual arousal takes longer after her stroke. There may be a loss of sensation or a degree of vaginal dryness, which may hinder sexual activity.
A man is more likely to be concerned if he finds he is unable to achieve or sustain an erection. This can happen after a stroke for many reasons but it is also common after any serious illness. After a stroke, even if one side of the body has been affected, the nerve processes involved on the unaffected side are usually enough to sustain an erection.

**Blood Pressure:** Many people worry that having sex will raise their blood pressure too high. In fact, sex only affects your BP in the same way as exercise does. It is very rare for strokes to happen during sexual activity, but if this is worrying you, you should speak to your doctor for reassurance.

Unfortunately, some blood pressure lowering drugs can cause difficulty with erection in some men.

Therefore, it is vital that you discuss this with your doctor so that something can be done about it. Your doctor may be able to prescribe tablets in some cases to help with erection difficulty.

If you or your partner have any concerns or require further information regarding sexual activity after stroke, there are a number of ways you can get further advice and support.

- **You can talk to any of the staff within the stroke service**
- **Discuss with your GP**
- **Discuss with a member of the Community Stroke Team**

Relate offer a free sexual counselling therapy advice service.

**MEDICATION**

You will be prescribed medication to take on a regular daily basis, long term after you have had a stroke. If you are concerned that some of your medication may be giving you side effects or interfering with your sexual performance, please discuss this with a member of the team or your GP who may be able to advise different medication or treatments. It is important you carry on taking these regularly and order your next prescription before you run out of tablets.

Do not stop taking your medication.
You must not drive for a least one month after a Stroke or Transient Ischaemic Attack.

- If you have been advised not to drive or have remaining neurological deficits (i.e. weakness / visual problems) then you may only start driving again with either your Hospital doctor’s or General Practitioner’s approval. **We would also strongly advise that you undertake a driving assessment (details below).**

- If there are any residual neurological deficits lasting longer than 1 month, then you must inform the DVLA* Swansea and your insurance company otherwise your insurance may be invalid. *(Driver and Vehicle Licensing Authority)

- If you suffer from Epilepsy you must be free from seizures for one year before you can apply to the DVLA to be considered to drive again.

- The rehabilitation team will relay any assessment findings related to driving skills to your GP to support them in their overall assessment with regards to driving skills.

**Group 2 (HGV/PCV)**

**Heavy Goods Vehicle Drivers/Taxi/Bus/Coach Drivers**

Recommended refusal or revocation for at least 12 months following a stroke or TIA. Can be considered for licensing after this period if there is a full and complete recovery and there are no other significant risk factors. Licensing will also be subject to satisfactory medical reports including exercise ECG testing.

**How to tell DVLA about a medical condition**

If you’ve had or currently suffer from a medical condition or disability that may affect your driving you must tell the DVLA. You’ll also need to provide details if you develop a new condition or disability or one that has become worse since your licence was issued.

Failure to notify DVLA is a criminal offence and is punishable by a fine of up to £1,000.

The following facts will be taken into consideration by the DVLA when they decide on your fitness to drive:

- Permanent damage to vision
- Problems with memory, judgement and concentration
- Slow reactions in an emergency
- Spasm in a paralysed limb which cannot be controlled
- Seizures or convulsions

As well as informing DVLA you must let your insurance company know about your condition. You must also inform them if you make any vehicle modifications to enable you to drive after your stroke. If you fail to inform them, you may find you are not insured.

DVLA telephone number: 0870 240 0009

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**RETURNING TO WORK**

After the acute illness phase and a period of rehabilitation you may feel that you would like to return to work. Your ability to return to your previous job will depend on the residual effects of your stroke and the type of job you did. Your GP and/or Stroke Specialist Physician or other members of the stroke team, for example, your Occupational Therapist, can help to decide if you are well enough to return to work. You should also discuss this and any options for returning to work with your employer.

Some options to consider include:

- Planned phased return
- Part-time work
- Change of Post
- Transport to and from work

You may not be able to carry out the duties of your previous post but under the Disability Discrimination Act (1995) your employer is required to make reasonable adjustments to your working arrangement or conditions to ensure that you are not treated less favourably than other employees. An occupational health specialist can provide your employer with a report about the type of work you could return to.

The employment advisor at your local Job Centre can give advice about disability, retraining and transferable skills. The Disablement Resettlement officer (also at the Job Centre) can give advice and guidance also.

[www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk)

Tel: 0845 607 3051
STAYING HEALTHY
AND REDUCING THE
RISK OF ANOTHER
STROKE
STAYING HEALTHY AND REDUCING THE RISK OF ANOTHER STROKE

There are things you can do to reduce your risk of having more strokes and help you stay as healthy as possible. Some things you can take care of yourself, others may include medical treatments from your doctor.

Some things can help reduce the risk of further strokes.

- **Reducing High blood pressure** – effective drug treatment can bring blood pressure down.
- **Managing Cholesterol** – can be corrected with diet and tablets.
- **Stopping Smoking** – help is available to make stopping smoking easier.
- **Managing Diabetes** – if you are diabetic, good control of blood sugar is essential.
- Maintaining a healthy weight.
- Not drinking too much alcohol.
- Increasing exercise.
- Irregular heart rhythm such as Atrial Fibrillation.

The following pages are about your own risk factors and the changes you can make to lower your chances of having another stroke.

If you want to talk to your **GP Practice** (GP or Practice Nurse) about your risk factors and what you can do together, it is a good idea to book a double appointment. Take this booklet with you.

My stroke risk factors are:

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33
MANAGING HIGH BLOOD PRESSURE

High blood pressure (hypertension) is the single most important risk factor for stroke.

Good blood pressure control is essential, ideally aiming for ....... or below. (To be filled in by Healthcare Professionals) There is evidence that getting your blood pressure as low as possible leads to a reduction in stroke of as much as 40%.

Just because you are on tablets it doesn’t mean you have good control. You will often take a combination of tablets to control your blood pressure. If you have any questions, please ask your doctor.

Tips for getting control:

- Get your blood pressure checked at your GP’s surgery.
- Keep going back until it is under control and then have it checked at least every 12 months.
- Don’t stop taking your medication. There are lots of drugs so if one doesn’t suit another will.

Useful websites:  www.bhsoc.org  
www.salt.gov.uk

Anti-Platelets and Anti-Coagulants

You will only be advised to take one of these treatments. If you have had an Ischaemic Stroke. They are effective at reducing the risk of another Ischaemic stroke in the future. These are long term treatments.

It is not recommended that you routinely take these medicines after a Haemorrhagic Stroke. If you have another medical condition, for example, angina or have had a heart attack in the past or atrial fibrillation, they may be recommended. Your doctor will discuss with you if you should take one of these treatments, and when to start.

Anti-Platelet Medicines

Platelets are small cell particles in your blood which, when they stick together, from a blood clot.

When you cut yourself you want your blood to clot to stop the bleeding. When there is damage to the wall of an artery, platelets can begin to stick together to form a
blood clot which can then block the artery and cut off the blood supply. If this happens in an artery supplying blood to your brain then it will cause an Ischaemic Stroke. If it happens in an artery to your heart it will cause a heart attack.

The anti-platelet medications used are:

- Aspirin
- Dipyridamole (sometimes called Persantin)
- Clopidogrel (sometimes called Plavix)
- Both Aspirin and Dipyridamole (sometimes combined in one tablet and called Asasantin)

The most common side effects of these medications are indigestion and bleeding, for example from your stomach. There may be reasons why these treatments area not safe for you to take, for example if you have recently had bleeding from your stomach.

Dipyridamole can also cause headaches. Sometimes starting on a low dose and gradually increasing the dose can stop this from happening.

**Anti-Coagulants**

These medications act by interfering with the chemical reactions which make your blood clot. These are often thought of as ‘blood thinning’ tablets.

Warfarin is the most commonly prescribed anticoagulant. When you take this treatment you will need regular blood tests to make sure your blood clots less easily, but not too much, otherwise the risk of a bleed is very great. The measure of how easily your blood clots is called the INR (International Normalised Ratio). The dose of warfarin you take can vary from day to day and may change after you have had a blood test, depending on the result. There are many medications which can affect how warfarin works in you.

Warfarin is recommended if you have had an Ischaemic stroke and have an irregularity of the heart called atrial fibrillation.

Dagibatran is a new type of anti-coagulant. It is a tablet which is taken every day, but it more expensive that other treatments.

One of the side effects of anticoagulants is bleeding. This can be serious so it is important you tell your doctor very quickly if you have any abnormal or unusual bleeding.

**It is unusual that you need to take both aspirin (and Dipyridamole) or Clopidogrel AND Warfarin. If you are prescribed both types of treatment check with your doctor as soon as possible.**
My blood pressure

Blood pressure is measured using two numbers. For example 120 over 80, this is written ‘120/80’.

Measures can be recorded in your clinic, GP surgery or at home with a home blood pressure monitor.

MANAGING HIGH CHOLESTEROL

Cholesterol is a type of fat (lipid) made by the body. It is essential for good health but too much cholesterol can lead to narrowing of blood vessels and an increased risk of stroke and heart disease.

Your target cholesterol is below ........ (To be filled in by / Practice Nurse) Lowering cholesterol can be achieved by a combination of:

- eating a low fat diet
- drink less alcohol
- taking exercise.

In addition to this, you may be prescribed a tablet called a ‘statin’. These work by blocking an enzyme which is needed to produce cholesterol, lowering the amount of cholesterol in the blood stream.

Cholesterol levels are monitored by a simple blood test which is usually taken after a period of fasting.
SMOKING

Smokers increase their risk of another stroke and many other smoking related diseases such as coronary heart disease (heart attacks) and chronic lung disease.

Stop smoking and you can significantly reduce your risk of stroke. It doesn’t matter how old you are or how long you have been smoking. Nicotine in tobacco is very addictive and you may want help to support you to stop.

You can get help from:

- www.readytostopsmoking.co.uk
- Your GP
- National Stop Smoking Helpline: 0800 022 4322
- www.giveupsmoking.co.uk
- Local Stop Smoking Team: 0500 7867 669

MANAGING DIABETES

You may have developed diabetes as a result of your stroke or you may have been diabetic for many years. If this is a new diagnosis, you should have been seen by the Diabetic Specialist Nurse to give you help and advice on diet, monitoring your diabetes and treatment.

Diabetes can be treated with diet alone, tablets called ‘oral hypoglycaemics’ for example metformin, gliclazide, or daily injections of insulin. Good blood sugar control is essential following a stroke to reduce your risk of further strokes. You can also reduce your risk of heart disease and other complications of diabetes by keeping your blood sugar at the normal level which is between 4-7 mmol/1.

Your control can be monitored every few months by taking a blood sample and checking your HbA1C.

This blood test gives your doctor a good guide to your average blood sugar over the past few months.

Discuss your blood sugar target with your diabetic nurse.
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MANAGING AN IRREGULAR HEART RATE

(ATRIAL FIBRILLATION)

There are 2 main aims of treat AF:

- Reducing your risk of developing a blood clot and therefore a further stroke.
- Treating your heart rhythm.

To reduce the risk of further stroke your doctor will assess your risk factors and decide whether to start you on a blood thinning medication such as warfarin.

What is ‘Atrial Fibrillation’?

Atrial Fibrillation (also referred to as AF) is an abnormality in the rhythm of the heart (arrhythmia). It involves the upper chambers of the heart, the atria, beating irregularly. As the atria control the normal (sinus) rhythm of the heart this means that your pulse becomes irregular.

Atrial Fibrillation is the most common form of arrhythmia, affecting 4 out of every 100 people over the age of 65. A patient may not feel any symptoms when the heart rate changes from normal sinus rhythm to Atrial Fibrillation, and so it is often only detected by your doctor when you attend for other reasons. However, some patients may present with palpitations (being able to feel the increased heart rate), shortness of breath or chest pains.

For some patients, when they have developed Atrial Fibrillation, they may spontaneously return to normal (sinus) rhythm after a short period of time. However, others may find they alternate between these two rhythms. This is called Paroxysmal Atrial Fibrillation.

What causes Atrial Fibrillation?

There are many different causes of Atrial Fibrillation. These include lung disease such as chronic bronchitis and pneumonia, disease of the heart valves, high blood pressure, heart failure, an over active thyroid gland or too much alcohol. However these are not the only causes, and for some there may appear to be no obvious reason.

Atrial Fibrillation can significantly increase the risk of further stroke, the irregular heart rhythm causes the blood to pool and this may cause a blood clot to form which can then be carried to the small blood vessels in the brain where it blocks the blood flow and causes a stroke.

How is Atrial Fibrillation treated?

Blood clot formation can be reduced by taking WARFARIN or a new anticoagulant drug.
- **Warfarin** – This type of drug is known as an anticoagulant. If your stroke has been caused by a blood clot originating from the heart, taking Warfarin can reduce your risk of further stroke.

Warfarin treatment needs careful monitoring with regular blood tests to check how thin your blood is.

The blood test is called an INR (International Normalised Ratio) which is just a measure of how long it takes the blood to clot. The target range for most people with Atrial Fibrillation is 2-3. Treatment with Warfarin is often lifelong.

There is a new group of oral anticoagulant drugs available. These drugs may be prescribed for patients whose INR cannot be maintained in target range (as described above).

There are various ways to treat Atrial Fibrillation and these can be summarised into two groups.

1. Some patients will require rate controlling therapy. This is using medical treatments to slow the speed of the pulse. For this the doctor may prescribe a betablocker (such as Bisoprolol), or a calcium channel blocker (such as Diltiazem) or Digoxin.

2. Some patients will require rhythm control and attempts may be made to return the heart to sinus rhythm. This technique is called Cardioversion and may be acheived using medicine therapy such as Amiodarone, Flecaïnide or Betablockers. Alternatively this may be attempted using an electrical current under general anaesthetic.

Further information contact Atrial Fibrillation Association.

*This information has been taken from the British Heart Foundation literature.*

Depending on what type of stroke you have had, medications including Aspirin or Warfarin may not be suitable even if you have an irregular heart beat and no medication should be taken without the agreement of your doctor.
EATING WELL AND MANAGING YOUR WEIGHT

Healthy eating can reduce your risk of having a stroke or a Transient Ischaemic Attack (TIA). By making a few small changes to your diet you can reduce your risk.

Tips for eating well:

- Eat 5 portions of fruit and vegetables per day – aim for a rainbow of colours. A portion is:
  - One large fruit such as an apple, pear, banana, orange, or a large slice of melon or pineapple.
  - Two smaller fruits such as plums, kiwis, satsumas, clementines.
  - One cup (or a handful) of small fruits such as grapes, strawberries, raspberries, cherries, etc.
  - Two large tablespoons of fruit salad, stewed or canned fruit in natural juices.
  - One tablespoon of dried fruit.
  - One glass of fresh fruit juice (150 ml).
  - About three heaped tablespoons of any vegetable or a desert bowl of salad.

- Cut down on saturated fat and sugars. You should not have much saturated fat such as butter, lard, dripping, full fat dairy products, cakes and pastries. Unsaturated fats are better, such as sunflower oil, olive oil, and low-fat spreads. Read the labels on food and avoid foods with a lot of ‘red.’

- Eat more fish, including one portion of oily fish per week such as salmon, mackerel, trout, fresh tuna, herring, sardines and pilchards.

- Try to eat less salt – no more than 6g (a teaspoon) a day for adults. Don’t add salt to your food and avoid processed foods which contain a lot of salt, especially if you have high blood pressure.

- Drink plenty of fluids. A healthy diet also contains about two litres (3.5 pints or 6–8 glasses) of fluids a day. Everything counts – water, milk and hot drinks – but not alcohol.

If you are on a modified consistency diet, as recommended by a Speech and language therapist, your dietician will be able to give you further individual advice regarding your diet.

Stay a healthy weight:

Being overweight is a risk factor for high blood pressure, heart disease and diabetes, all of which increase your risk of having a stroke.

You may be eating very healthy foods but you still need to keep an eye on your portion sizes because if they are too large, you will still gain weight. Deliberately try to take smaller portions when you have a meal. Do not feel that you have to empty
your plate. Perhaps change the plates that you have in your cupboard (which may be large) to more medium-sized plates. In this way you will naturally serve up smaller portions. Fill up on fruit and vegetables. Ask for a smaller portion when eating out or ordering a takeaway.

Avoid crash or fad diets. Aim to lose weight slowly – it is the best way to lose weight and keep it off. Your doctor may be able to refer you to a dietitian, who will look at your diet and discuss specific changes and goals.

Are you the right weight for your height?
ALCOHOL

RESEARCH HAS SHOWN THAT HEAVY DRINKING INCREASES THE RISK OF STROKE.

Regular, heavy drinking can raise blood pressure to consistently high levels and this increases the risk of stroke.

Drinking more than 6 units of alcohol in one session, ‘binge drinking’ greatly increases the risk of a stroke because it dramatically increases blood pressure.

Don’t drink more than the recommended daily consumption of alcohol.

Men = 3-4 units per day    Women = 2-3 units per day

1 unit = approximately:

- Half a pint of ordinary strength lager, beer or cider
- A pub measure of spirit
- A small glass of wine (125ml)
- One bottle of ‘alcopop’ is between 1.5 and 2.7 units depending on the bottle size and alcohol strength.

For further information see:  www.units.nhs.uk/howmany.html
LETTERS AND APPOINTMENTS
On discharge from the hospital you will be given a green folder which will provide you with information about the Community Stroke Team.

The Community Stroke team will agree your visits with you and record this in your green folder. They will also agree the goals that you want to work on with you and document these in your green folder.

A copy of the hospital discharge letter will also be given to you.

**APPOINTMENTS LIST**

The following appointments have been made for you once you leave hospital.

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|      |      | 6 week follow up appointment  
Tel: 01942 822596 |
|      |      | 6 month follow up appointment  
Tel: 01942 778507  
You will be contacted at 6 months by the Community Stroke Team to arrange this appointment. |