After a major stroke

Information for patients, relatives and carers

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Introduction

You have been given this leaflet as your relative has had a serious stroke. This leaflet does not replace the discussions you have with the medical, nursing or therapy staff. We know how hard it is to take in all the information you are being given, as stroke often strikes out of the blue.

The information in this leaflet is based on the experience of all the staff (nursing, medical, physiotherapy, occupational therapy, speech therapy, dietician). They have worked on the unit for many years. However, no 2 patients are ever exactly the same.

Some patients have other medical problems that will change how their stroke affects them, for example, patients who are already disabled are likely to have more problems after a stroke.

What is a stroke?

There are 2 causes of a stroke:

1. The blood supply is cut off by a clot blocking one of the blood vessels in the brain. This is called an **ischaemic stroke**. This happens in about 80% of strokes.
2. One of the blood vessels in the brain bursts and bleeds into the surrounding brain tissue. This is called a **haemorrhagic stroke**. This happens in about 20% of strokes.

What is total anterior circulation stroke (TACS)?

The worst, most severe, type of ischaemic stroke (where a blood vessel has got blocked) is called a total anterior circulation stroke. It happens when the blood supply to a large part of the brain is affected. The arteries involved are called the middle cerebral artery and the anterior cerebral artery. They are both parts of the carotid artery. It is the one you can feel pulsing in your neck.

Symptoms had during this type of stroke include all of the following:

- Weakness on 1 side of the body (opposite to the side of the brain affected)
- Not being able to see things fully on one side (visual problems). Think of a clock face. You may not be able to see between 12 and 6, or between 6 and 12. It is not the eyes that are affected but the brain which cannot interpret the information that it gets.
- Problems with
    - finding the words you want to say, or understanding what is being said to you.
    - reading or writing.
    - working out how to do day to day things like cleaning your teeth.
    - telling what things are for, or how they relate to one another.
    - knowing what one side of their body is doing, or sometimes even thinking it belongs to someone else.

What happens in the brain?

The scan opposite shows a TACS caused by blockage to the right middle cerebral artery (the darker area circled in black).

This patient lost use of their left arm and left leg, the ability to swallow, the vision on the left side of their body yet they did not think there was any problem as they were not aware of their left side.

Care at the start for a patient who has had a major stroke

The emergency management of a stroke is a small, but important, part of the overall process of care.

Emergency management of a stroke caused by a blockage (an ischaemic stroke) may involve

- clot busting drugs
- or in a very small group of patients they may try to remove the clot with a special operation. This is only done at Queen's Medical Centre (QMC) in Nottingham.

For a stroke caused by bleeding (a haemorrhagic stroke), drugs to reverse any increased risk of bleeding such as blood thinners (anticoagulants) may be used. Only rarely would surgery be considered.

Supportive management may include oxygen, fluids given by a drip into a vein or under the skin, aspirin-type medications, blood pressure and heart rate control medications; special inflatable stockings to try and reduce the risk of clots in the leg (DVTs). We also look for early signs and treatment of infection.

Patients with this kind of major stroke often struggle with swallowing. They are often 'nil by mouth' for the first 24 to 48 hours to see if the ability to swallow returns.

All artificial feeding has risks and benefits, which the doctors and therapists will discuss with you. The

safest way to feed someone is by mouth if possible.

In this type of serious stroke, the first few days are quite important as brain swelling can get worse. There is no medical treatment for that swelling. This swelling can affect the way the heart and lungs are controlled. This can be fatal.

A third of patients with this type of major stroke will die within the first week. This is due to the amount of brain damage, or other complications.

When the medical team thinks that a patient's chances of survival (prognosis) is very poor, the doctors will talk to you on how best to keep the patients dignity and avoid uncomfortable and aggressive treatment that are not medically suitable. This might include talking to you about issues such as resuscitation, symptom control and end of life care. This is to make sure that your relative gets the best possible care in their final days.

Ongoing care for a patient with a serious stroke

If patients with this type of serious stroke survive this first period their inpatient stay may be affected by other illnesses such as:

infections, clots in the legs and/or lungs, more strokes and heart problems including a heart attack.

Medicine to lower the risk of a further stroke will be started. The complications of the stroke and mobility will be checked and treated where possible, for example, infections, issues with swallowing, problems going to the toilet.

Therapists will try and help patients regain some function. Some people's brains are able to remould and so function improves. Therapists set a goal and if patients meet that goal, they set another one. This is called rehabilitation. The aim is to maximise independence.

However, in some people there is no change and no improvement. They do not have the ability to meet any goals and so do not benefit from rehabilitation.

Medical problems that people had before their stroke will also affect this recovery.

It is very rare to make a full recovery with this kind of stroke.

- People may have some **general improvement** be more alert, show more concentration, more speech.
- They may not have **functional improvement,** for example, the ability to do tasks for themselves, like washing and dressing, transferring bed to chair, using the toilet.

Functional recovery will determine someone's care needs in the future.

The recovery process can be seen like a young baby's milestones. Babies are born with very little control. They then gain head control, learn to roll, then sit up, then stand, then walk, and then climb steps. If they do not reach one of these milestones, they cannot move on to the next stage. This is like the goals therapists set.

As a rule of thumb if a stroke patient cannot sit without help at 30 days after their stroke, they will not be able to walk in the future.

This is the reason that rehabilitation whilst in hospital is usually time limited to 4 to 6 weeks depending on if goals are being met. This rehabilitation is most likely to be given in a community hospital setting.

The table describes where patients with this type of major stroke are likely to be at 30 days after their stroke and 12 months after their stroke.

	Independent	Dependent	Died
30 days after the stroke	5%	55%	40%
12 months after the stroke	5%	35%	60%

Each person is different. When the stroke team are talking about progress with you they are basing their information on evidence from many thousands of patients. They use this information to make the best plans for your relative.

The main points to know are that there is

- a higher risk of death in the coming year.
- that the number of patients who become independent does not go up after 30 days.
- though some patients in the dependent group may become less disabled over the period of weeks and months, they may still need a lot of help.

The team will also talk to you about Adult Social Care and the range of practical and financial support that is available.

We hope that this leaflet helps you to understand the information you are getting from the stroke team. It also lets you think of any questions you would like to ask when you next see them. Our staff our experts in this area and will do their best to support you and your relative in this difficult time.

You can contact the secretaries on 0116 258 5060 if you have questions.

The wards have information leaflets available from the Stroke Association. Please ask for them.

You may also find the following websites helpful:

- The Stroke Association www.stroke.org.uk/
- For younger stroke patients www.differentstrokes.co.uk/
- Useful for local services www.ageuk.org.uk/
- Useful for aids of independence www.redcross.org.uk/

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