Patient Information for STROKE

Artwork courtesy of Essex Cardiac & Stroke Network
1. Stroke Team at the Luton & Dunstable Hospital

Dr L Sekaran, Consultant Stroke Physician
Dr D Phiri, Consultant Stroke Physician
Dr S Sethuraman, Staff Physician, Stroke Medicine
Dr N Mohammed, Staff Physician, Stroke Medicine
Sister Yvonne Weldon, Ward Manager
Susan Cassels, Tracey Darroch, Mythreyi Mahadevan (Stroke Coordinators)
Pauline Flemons – Secretary to Dr Sekaran – 01582 497140
Christine Llewellyn – Secretary to Dr Phiri – 01582 498130
2. Ward 17 – Stroke Unit

**Visiting Times – 3pm to 8pm** (Acute Bays C/D – only 2 visitors)  
(Bays A,B,E,F and Side Rooms Maximum 3 visitors)

**Meal Times**  
- Breakfast 08:00 – 09:00  
- Lunch 13:00 – 14:00  
- Supper 17:30 – 18:00

**Bays C & D** – The Acute Care Bays – patients are admitted into these bays for close observations, usually for the first 48 hours of stay.

**Bays A, B, E & F** – Patients are moved into these bays once they are stabilised for continued acute rehabilitation.

**Side Rooms** – These rooms are used for patient’s who need barrier nursing due to infection. They can also be used for non infectious patients if beds are not available in the bays.

**Phone Numbers**

**Ward 17** - Direct line 01582 497136  
- 0845 127 0127 extension 2471

**Stroke Coordinators** - 01582 718218

**Ward Rounds**

Consultant led ward rounds take place on Monday and Thursday. Registrar led ward rounds take place on Tuesday, Wednesday, and Friday.

If any concerns arise with a patient over the weekend the on call doctor will review.

**Recognising Staff members**

**Matron** – Burgundy dress with grey piping or Burgundy tunic and grey trousers.

**Sister/Charge Nurse** – Navy Dress or navy tunic and trousers.  
Ward Manager also has red belt or epaulettes.

**Staff Nurse** – Female – Blue/white stripe tunic and navy trousers.  
- Male – White tunic, navy trousers with navy/white stripe epaulettes.

**Health Care Assistants** – Female – Mauve/white stripe tunic and navy trousers.  
- Male – White tunic, navy trousers and mauve/white stripe epaulettes.

**Physio and Occupational Therapist**  
- Green polo shirt with hospital stroke logo and navy trousers

**Ward Hostess** – Purple tunic and navy trousers.

**Domestic** – Female – light blue tunic and navy trousers.  
- Male – Light blue shirt and navy trousers
Stroke Co-ordinators

We are here to give you support and advice during your hospital stay and when you have been discharged.

Please feel free to contact us on 01582 718218 if you have any questions regarding stroke.

3. What is a stroke?

A stroke is a brain attack. It occurs when the blood to the brain is cut off. Without this blood supply the brain cells are damaged or destroyed as they are deprived of oxygen and essential nutrients required for healthy cells.

There are two causes of stroke:

- A blockage (ischaemic stroke) – this occurs in about 80% of strokes. The blockage is caused by a thrombosis (a blood clot actually formed in a main artery in the brain) or by an embolism (a blood clot or fatty deposit that travels from another area of the body to the brain).

- A bleed (haemorrhagic stroke) – this occurs in about 20% of strokes and happens because a blood vessel bursts in the brain.

4. What are the effects of stroke?

The effects of stroke depend on the area of brain affected and the severity of the damage. Common effects of stroke are: weakness and / or changes in sensation down one side of the face and body, difficulties with swallowing and / or speech, eye problems, and difficulties with understanding. The stroke may lead to some permanent damage. In the 6 months after a stroke about half of all patients will still have some disability.
5. Investigations

While you are in hospital you will possibly have several tests carried out:

1. **CT scan or MRI scan** – to determine the type of stroke (ischaemic or haemorrhagic).

2. **Carotid Doppler ultrasound scan** – this is to check the blood flow in the main blood vessels flowing to the brain to see if there is any narrowing of the blood vessels (a risk factor for stroke).

3. **Blood tests** to determine risk factors for stroke such as:
   - Fasting lipids – for cholesterol levels.
   - Fasting glucose – for diabetes.
   - Blood clotting times.

4. **ECG (electrocardiogram) and 24hr ECG recording** – to detect any abnormal heart rhythms e.g.: AF (Atrial Fibrillation) which is a risk factor for stroke.

5. **Blood pressure** – this will be monitored regularly during your stay to detect consistent high blood pressure (a common risk factor for stroke).

6. Treatment

If your doctor confirms that you have had a stroke, your treatment will be aimed at trying to prevent another stroke.

In addition to the Lifestyle changes listed in this leaflet, you will have been commenced on some medicines to help reduce the chances of you having another Stroke. You will need to keep taking your medicines, so please arrange a repeat prescription from your GP. The treatments that you have been given are to help stabilise your condition and prevent you having complications. It is important that you take the medication as prescribed by your doctor or directed by your pharmacist.

6.1 Thrombolysis

When you were admitted to hospital you may have been offered Thrombolysis a ‘clot dissolving’ treatment. Having this treatment can help restore blood flow to the affected area of the brain, so reducing the amount of brain damage that occurs. However the treatment may not cause the blood clot to completely dissolve as they can vary in size and make-up. Overall though, more patients improve quicker following Thrombolysis treatment. Thrombolysis is offered to patients who arrive within 4.5 hours of stroke symptom onset. The treatment is not given after this time as, to date; it is not shown to reduce the damage already caused to the brain tissue.
Thrombolysis not only helps to dissolve the clot, but will also thin the blood and therefore there is a 5 - 8% risk of haemorrhage following treatment. For this reason you will not be eligible for Thrombolysis if:

- You have recently had surgery.
- You fell prior to / as a result of your stroke and sustained a bone fracture.
- You are already on anticoagulants and your INR is not within the normal range.

Any of the above reasons puts you at even greater risk of a haemorrhage following Thrombolysis.

6.2 Anti-platelet medication

After a stroke many people are prescribed drugs to reduce the risk of clots forming in their blood and blocking their carotid arteries, or other blood vessels in their brain.

Aspirin is the drug most commonly used to stop the platelets – the basic building blocks of blood clots – from sticking together. It is relatively safe but should only be taken on the advice of a doctor. Recent studies have shown that a combination of two drugs – aspirin and modified - release dipyridamole – may be more effective. This works in a slightly different way to aspirin on its own but the effects are the same.

In the last few years, another anti-clotting drug called clopidogrel has come on to the market. It is often prescribed for people who cannot take aspirin because of aspirins possible side effects. It may also be given to people who have had a stroke despite already taking aspirin or to those who have arterial disease affecting other parts of their body.

People who have had a stroke due to a blood clot arising from their heart (often due to atrial fibrillation, an irregular heart rhythm) are likely to be prescribed a drug called warfarin to prevent further clots. Those taking it are monitored carefully to ensure the dose is correct and the blood is not becoming too thin.

6.3 High blood pressure medication

If a series of readings show that your blood pressure is raised, you will be prescribed drugs to bring it down. There are many different medications available and it may take a while to find the right drug in the right dose to suit you. If you have any problems, please discuss them with your doctor.

6.4 High cholesterol medication

If your cholesterol level is raised, you will be given advice about how to reduce the amount of fat in your diet. In addition, you may be prescribed a drug to lower your cholesterol level. The most commonly prescribed drugs are called statins and as with drugs for high blood pressure, there are several available.
6.5 When surgery is needed

If your carotid arteries (the arteries in your neck) have become partially blocked, resulting in poor blood flow, you may be advised to have an operation called carotid endarterectomy. Fatty material may have built up in the wall of one or both arteries, and blood cells and other debris may become stuck to the surface. This makes the artery much narrower and the debris may break off and be carried by the blood to block an artery in the brain.

Carotid endarterectomy involves removing part of the lining on the damaged artery and any blockage, so that the blood flow is improved and the risk of debris breaking off is reduced. It is useful for people who have severe, but not total, blockage. Sometimes both carotid arteries need surgery, but they are usually done one at a time in separate operations.

The results are usually very good; however, carotid endarterectomy carries with it a small risk of stroke. If your doctor recommends this treatment he will discuss this in much more detail with you.

7. Therapists involved in stroke recovery

**Physiotherapist** – Will assess and help you to improve your mobility and balance. They may give you exercises that you can carry out between their visits to aid in your recovery. They will provide aids necessary to help you mobilise as independently as possible.

**Occupational therapist** – Will assess your abilities to carry out activities of daily living such as washing, dressing and functioning in the kitchen. They will assist you in learning alternative ways to carry out your daily activities to increase your independence. If necessary they will also be involved in assessing your home situation and arranging any equipment necessary to aid in your independence once at home.

**Speech and Language therapist (SALT)** – Will assess your ability to swallow and indicate the type of diet best suited to your abilities (normal, puree, nil-by-mouth). All qualified nursing staff are able to assess swallow as well so you can be assessed over the weekend when SALT are not available.

They will also help with speech difficulties that are experience following stroke. Exercise sheets will be left so that you and your family can continue speech therapy between SALT visits. There are picture sheets available on the ward to assist with simple requests (I need the toilet, I am hungry, I am thirsty etc.). Please ask the ward staff to provide you with one if required

**Dietician** – If you are able to eat and drink the nursing staff will ask a dietician to assess you if they are concerned about your dietary intake and/or you appear to be consistently losing weight. They will prescribe supplements in drink or diet form which they feel is most appropriate.

If you are unable to eat and drink and are receiving nutrition via naso-gastric tube or P.E.G tube (a feeding tube inserted through the skin directly into the stomach), the
dietician will prescribe the most suitable nutritional feed for you and the regime at which it should be given.

8. What can you do to help yourself?

You can play a big role in reducing your risk of suffering another stroke and improving your general health, by following the advice below.

8.1 Reduce your salt intake

The recommended amount of salt intake per day is 4.1g (less than a teaspoon). Too much salt is bad because it increases your blood pressure and hardens your arteries.

To reduce intake:

1. Take the salt off the table and don’t add any when you are cooking (one teaspoon contains 5g of salt!).
2. Use herbs and spices to flavour your food.
3. Try not to use processed foods such as ready meals as they contain a lot of salt. Try and cut down on salty snacks, takeaways etc.
4. Fresh fruit and vegetables are thought to help reduce blood pressure.
5. If buying tinned fish and vegetables choose those with no salt. You can also reduce the salt content by rinsing them in fresh water.

8.2 Cholesterol

Your body makes some of the cholesterol in your blood, the rest comes from what you eat. Some fats produce good cholesterol, others you should avoid. These are shown below:

- **Good fats**
  - _Monosaturates:_ Olive oil; non-hydrogenated margarine.
  - _Polyunsaturated:_ Sunflower oil, corn oil, soya oil and fish oils.

- **Bad fats**
  - _Saturates:_ Fatty meats; full fat milk; butter; lard etc.
  - _Trans fats:_ Partially hydrogenated vegetable oil.

How to improve

- Choose olive oil or non-hydrogenated margarine instead of butter or lard etc.
- Use olive or sunflower oil for frying instead of butter, lard or dripping
- Have low fat milk products
- Grill or dry roast meats.

### 8.3 Smoking

Smokers are up to 20 times more at risk of having a stroke than non-smokers. Smoking makes the blood more likely to clot and increases the hardening and narrowing of the arteries. There is more help than ever available to help you give up the cigarettes. Some GP’s run their own smoking cessation clinics. You can also contact the NHS Smoking Helpline on 0800 1690169, or the Quit line on 0800 002200.

### 8.4 Alcohol

Small amounts of alcohol have been shown to help reduce the risk of stroke. However, high levels of alcohol intake or binge drinking can increase the blood pressure, therefore increasing the risk of having a stroke. It can also increase the formation of atherosclerosis, which hardens and narrows the arteries making them more likely to block.

The current recommended levels for safe drinking are a maximum of three to four units a day for men and two to three units a day for women.

One unit is equivalent to half a pint of normal strength beer or cider, a pub measure of a spirit or a small glass of wine.

### 8.5 Exercise

Exercise can lower the blood pressure, help with weight loss, reduce blood cholesterol, improve blood glucose for diabetics, help with stress etc. It is one of the easiest ways to dramatically reduce your risk of having a further stroke. This may be easier to achieve than it sounds, current recommendations suggest 30 minutes of moderately intense activity five or more times a week. This means activity that makes you feel warm, but doesn’t make you feel so short of breath you can’t talk! This activity can include housework, walking, swimming, cycling, carrying shopping and gardening.

It may be easier to fit into your busy life than you think, for example, get off the bus one stop earlier or later than usual, use the stairs instead of the lift, walk to the post box instead of driving etc.

### 8.6 Weight loss

Are you the right weight? Being too heavy puts extra pressure on your heart and a strain on your whole body. People who are overweight are putting their body under extra strain. They are more likely to suffer from high blood pressure. If you need to lose weight, set yourself a realistic weight to lose each week (a good target is 2lb per week).
8.7 Diabetes

People with diabetes are at an increased risk of stroke. Uncontrolled or untreated diabetes can damage the blood vessels, causing them to stiffen and narrow due to atherosclerosis. This significantly increases the risk of stroke, especially in those who are also overweight, smoke or aren’t physically active.

This can be reduced by:

- Controlling your blood sugar, eating a healthy diet with lots of fresh fruit, vegetables and wholegrain
- Keeping your blood pressure under control and having it checked regularly
- Reducing your cholesterol levels
- Controlling your weight
- Not smoking
- Exercising

8.8 Sex

Some people worry that if they have sex it might bring on another attack. While it’s true that sexual excitement does cause blood pressure to rise, it does not raise blood pressure to levels that can cause a TIA or stroke.

Please be aware that some medications for high blood pressure are known to have effects that may affect your sex life, including impotence, lack of desire and difficulty becoming aroused. Please speak to your GP if you are experiencing any of these difficulties, as he may be able to prescribe a different drug, which doesn’t have these side effects, or he could refer you for further help.

Do not stop taking medication without consulting your doctor, as it could be dangerous to do so.

8.9 Flying

You are advised not to fly for at least one month after your stroke. After this you are advised to travel with someone who knows your medical history and what medication you are on incase you are unwell.

8.10 Driving

A Stroke may cause damage to part of your brain and affect your ability to move, see, remember, or concentrate. This may make it difficult or unsafe to drive, at least temporarily. For safety reasons the DVLA has strict guidelines about who may and may not drive.
Because of the potential effects of a Stroke you are not allowed to drive for at least one month after your stroke.

If after that time your doctor agrees that you are fit to drive you may resume doing so.

However if your doctor feels you are not fit to drive, you must then inform the DVLA and your insurance company about your situation. You will not be allowed to drive until the DVLA has further assessed you.

For further information and advice contact:
DVLA Drivers’ Medical Unit
Longview Road
Swansea SA99 1TU
Tel: 0870 600 030

9. Discharge from Hospital

Your plans for discharge will commence from the day of admission. These plans, however, may change during your stay as your abilities change.

The staff will talk about your Estimated Date of Discharge (EDD). This date is set by the stroke team and represents the date they believe you could be ready for discharge from hospital. Your EDD is not necessarily your actual date of discharge and can change if your condition dictates that you are not medically fit for discharge on that date.

There are 4 possible plans for discharge:-

1. You go to your own home independent in all activities.

2. You go home with either or both community rehab and a package of care to continue improving your independence.

3. You go onto a rehab bed in the community, where you can stay for up to 6 weeks for further physiotherapy to make you more independent before going home.

4. You go to permanent placement in a residential or nursing home.

When you are discharged you will be given a supply of medication to take home with you.

- 2 weeks supply if going to your own home.
- 4 weeks supply if going to a rehab bed.

Your GP will be sent a letter explaining the reason for your hospital stay and listing the medication you have been sent home with. You will also be given a copy of the GP letter for your personal record.
10. Please use this space to note any questions you may want to ask a member of the stroke team when they do their rounds.
For further information contact:

**Stroke Coordinators** 01582 718218

**The Stroke Association** Tel 0845 3033100, website: [www.stroke.org.uk](http://www.stroke.org.uk).

**British Brain and Spine Foundation**: Tel 0808 808 1000
Website: [www.brainandspine.org.uk](http://www.brainandspine.org.uk)

**Luton and Dunstable Hospital web site**: [www.ldh.nhs.uk](http://www.ldh.nhs.uk)
Go to the “your health section”, Stroke.

**Stop Smoking**
You can contact your GP or
Bedfordshire and Luton Smoking Cessation Service: 01582 757635
Luton NHS Smoking help line: 0800 013 0845

**Reducing Alcohol intake**
James Kingham Project [ww.alcohol-services.co.uk](http://www.alcohol-services.co.uk)
Luton: 01582 723434
Bedford: 01234 344133

**Relationships**
Relate [www.relatebedfordshireandluton.org.uk](http://www.relatebedfordshireandluton.org.uk)
01234 356350

**Careline**
South beds Careline
South Beds District Council 01582 603893

**Family Support and Advice**
Luton Stroke Association, Stroke Support Services
Rebecca Chatterton 01582 528886

**Equipment and advice**
Disability Resource Centre [www.drcbeds.co.uk](http://www.drcbeds.co.uk)
01582 470900

**Social Services**
Dunstable 01582 665861
Luton 01582 547659
Leighton Buzzard 01525 381775

**Help and Support**
Headway Luton 01582 876729