

**When a stroke happens**

**Stroke**  
association



# **When a stroke happens**

**What to expect during the first  
hours, days and weeks after a stroke**

# We're for life after stroke

## Need to talk?

Call our confidential Stroke Helpline on **0303 3033 100**.

You may also find our other leaflets helpful.

- We are the Stroke Association
- What is a stroke?
- How to prevent a stroke
- Life after stroke
- The road to recovery

We also have lots more useful information. To order leaflets and factsheets, or to find out more about stroke, please call **0303 3033 100**, email **info@stroke.org.uk** or visit us at **stroke.org.uk**.

**We are a charity. We rely on your support to change lives.**

Produced by the Stroke Association's Information Service. To see which references we have used, visit **stroke.org.uk**.

Please call us on **0115 871 3949** or email **quality@stroke.org.uk** if you are unhappy with us in any way. We will happily discuss any issues and help sort them out.

The Stroke Association is registered as a charity in England and Wales (No 211015) and in Scotland (SC037789). Also registered in Northern Ireland (XT33805), Isle of Man (No 945) and Jersey (NPO 369).

# Introduction

Every year, there are about 152,000 strokes in the UK. That's more than one every five minutes. Most people affected are over 65, but anyone can have a stroke, including children and babies.

A stroke is sudden and can be life-changing for you and your family. It usually involves staying in hospital, having tests and being on medication to help prevent further strokes. This leaflet explains what you can expect to happen when you have had a stroke, from emergency care to beginning your rehabilitation and recovery.

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**"I was at home with my wife when I started to feel very ill and couldn't move my arm. She realised I was having a stroke as the FAST test helped her identify it. She called 999 and I was rushed to hospital."**

Darren, stroke survivor



## What is a stroke?

**A stroke is a serious medical emergency that needs urgent treatment. Don't delay getting to hospital – the sooner you are diagnosed and treated, the better.**

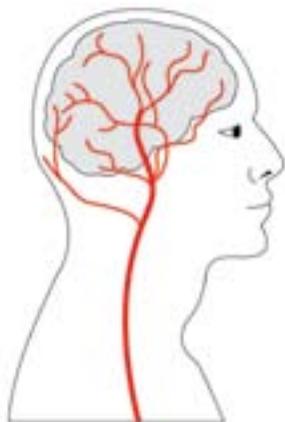
A stroke is a brain attack. It happens when the blood supply to part of your brain is suddenly cut off or reduced.

Blood carries essential nutrients and oxygen to your brain. Without blood, your brain cells can die or become damaged.

About 85% of strokes are caused by a blockage (ischaemic stroke) and about 15% are caused by a bleed (haemorrhage) in or around the brain.

Our brains control everything we do, think and feel – things we can take for granted like being able to move, speak, understand, remember, see and deal with our feelings. If the part of your brain that controls any of these activities is damaged, your ability to do them is also affected.

A transient ischaemic attack (TIA), sometimes called a mini-stroke, is similar to a stroke, but the symptoms do not last very long. You should treat a TIA as an emergency as it could mean you are at risk of having a major stroke. See our factsheet 'Transient ischaemic attack (TIA)' for more information.



## Symptoms and recovery

### Signs of a stroke

A stroke has an immediate effect on how both the body and mind work. Typical symptoms include:

- numbness, weakness or paralysis on one side of your body
- slurred speech, or difficulty finding words or understanding speech
- sudden blurred vision or loss of sight
- confusion or unsteadiness, or
- a sudden, severe headache.

### Recovery

Some people who have a stroke will make a good recovery quite quickly. But unfortunately, not everyone gets better. Complications such as a chest infection can make it harder to start recovering. If a stroke is very severe, you may be left with long-term disabilities.

Around 20% of people die from a stroke if parts of the brain that control vital functions, such as breathing, stop working.

For advice about coping with loss, please see our factsheet 'Bereavement and stroke'.

**Suspect a stroke?  
Act FAST. Call 999.**

### F - Facial weakness

Can the person smile?

### A - Arm weakness

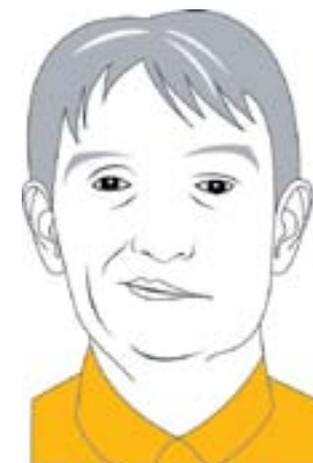
Can the person raise both arms?

### S - Speech problems

Can the person speak clearly?

### T - Time to call 999

if they have any of these signs.



## Going into hospital

**You may need a number of tests to confirm that you have had a stroke. They help to find out what has happened and rule out other conditions. If you are not sure what is happening, always ask.**

When you have had a stroke, you should go to a hospital with a specialist stroke ward for care and assessment. At first, you may go to accident and emergency (A&E) or another assessment ward, but it is likely you will quickly be taken to an acute (or hyper-acute) stroke unit for the best possible treatment.

### Brain scans and tests

At first you will need to have tests to confirm you have had a stroke and to make sure that you receive the right emergency treatment. The quicker your stroke is diagnosed and treated, the better your recovery will be.

If you have had a stroke you should have a brain scan as soon as possible – always within 12 hours of your stroke (or sooner if you could benefit from urgent treatment). You could have one or both of the following scans.



- A CT (computer tomography) scan is a form of X-ray of the brain. The results show which part of the brain has been damaged by the stroke and tell the doctor if it was caused by a blockage or bleeding.
- MRI (magnetic resonance imaging) scans are taken in a large tunnel-shaped scanner that produces more detailed pictures of the blood vessels in the brain.

### Thrombolysis

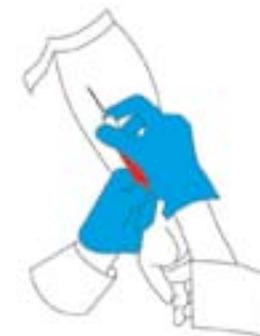
If you have had a stroke caused by a blood clot, you may be given a 'clot-busting' treatment called thrombolysis to improve your chances of recovery. Thrombolysis can only be given within four and a half hours of your stroke symptoms starting, though the sooner it is given the better. This treatment is becoming more widely available in hospitals throughout the UK.

### Blood-thinning medication

Unless your brain scan shows that you have had a bleed, you should be given aspirin (an anti-platelet drug) as soon as possible. Aspirin makes the blood less sticky and stops clots forming, which helps to prevent another stroke. If you cannot take aspirin you should be offered a different type of drug such as clopidogrel.

**"When I was in the ambulance the paramedic asked me to write my name but I couldn't. I was lucky to receive thrombolysis. An hour later I could talk again."**

Pam, stroke survivor



## Further tests

### Other tests

To identify why you had a stroke, and to find out which treatments you need to help prevent a further stroke, doctors may carry out the following tests.



- **High blood pressure** is the most common cause of a stroke. You will have your blood pressure checked and be given medication to reduce it (if needed).
- **An ECG (electrocardiogram)** records the rhythm and electrical activity of your heart. This test can help to diagnose a type of irregular heartbeat called atrial fibrillation (AF). AF increases your risk of having a stroke, but it can be managed with medication.
- **Blood tests** can check if you have high cholesterol levels, blood-clotting problems or high blood sugar levels (diabetes), all of which increase your risk of having a stroke.
- **A carotid doppler** examines the rate the blood flows through the carotid arteries in the front of your neck. A doctor uses this if they think your stroke might have been caused by the narrowing of this artery.



## Swallowing

If you cannot swallow properly after your stroke, there is a risk that food and drink may get into your lungs (aspiration), which can lead

## Swallowing

to serious chest infections and pneumonia. If you have difficulty swallowing, you may be given pureed food or thickened drinks. You can also have fluids through a drip to stop you getting dehydrated, and receive your medication in a safe way.

You may also have a test called a videofluoroscopy. This is a type of video X-ray that helps to find out exactly what is causing your swallowing problems.

### Tube feeding

Your overall recovery will be better if you can start to eat and drink again. If this is not possible, you can be given food and drink through a tube. There are two types of tube:

- a nasogastric (NG) tube, which goes up your nose and down your throat into your stomach, and
- a gastrostomy tube (PEG), which goes straight into your stomach.

If you have a tube fitted, this can be removed in the future if you can swallow safely again. To help your mouth feel fresh, you (or a family member) can regularly brush your teeth and keep your mouth moist with a wet swab.

For more information see our factsheet 'Swallowing problems after stroke'.

**A swallow test is essential for anybody who has had a stroke. A speech and language therapist or another trained professional will carry out your swallow test.**



## Rehabilitation

Early rehabilitation can help you to be more independent as you relearn the skills you have lost, learn new skills and find ways to manage any long-term disabilities you may have. To start your rehabilitation while in hospital, you may stay on the stroke ward or move to a specialist rehabilitation ward.



Don't be afraid to ask what your rehabilitation is likely to include. If you know what is happening to you and what is expected of you, you will start to feel more confident and in control of your progress. In the first few days it is normal to feel very tired, anxious, emotional or depressed, and to lose your appetite. With help and reassurance from the stroke team, you'll usually notice improvements in the first few weeks after your stroke.

## Meet the stroke team

### Doctors

The consultant is responsible for your care while you are in hospital, but you may see registrars and junior doctors more often. Your consultant will usually be a stroke physician, or they may be a general physician, neurologist or geriatrician.



## Meet the stroke team

### Nurses, clinical nurse specialists and healthcare assistants

These are your main carers in hospital. You may have a main named nurse or team (led by a ward manager) and they will:

- provide day-to-day care, making sure you are safe and comfortable
- help you get out of bed and move around, sometimes by using a hoist, and
- help you with eating and drinking.

Good nursing care at this early stage helps avoid complications after your stroke. For example, if you have paralysis in your arm or leg, a nurse can make sure you are positioned and supported correctly to prevent further damage or pain. If you cannot move about in bed yourself, you may need a special mattress or to be moved regularly to avoid pressure sores and blood clots forming.

Some people have difficulty controlling their bladder soon after a stroke. Your medical team can assess the reason for this and work out a plan to help you manage.

**Your stroke team includes doctors, nurses, therapists and other specialists who will assess you and work out a rehabilitation programme tailored to your needs.**



## Meet the stroke team

"On the left side of my face and leg, I can't feel very much. I can walk though and I feel I'm extremely lucky."

Maggie, stroke survivor



### Physiotherapist

If you have balance problems, paralysis or muscle weakness, a physiotherapist can:

- help you to sit, stand or lie down, and
- develop exercises to help you move more easily and stop any weak limbs becoming stiff and painful (spasticity).

### Speech and language therapist

If you have difficulty with swallowing or communicating, a speech and language therapist can:

- help with swallowing problems
- suggest ways to help you communicate using exercises, speech, reading and writing, and
- explain to family and friends how they can help you to communicate.

### Dietitian

A dietitian can recommend a healthy and nutritious diet if you have swallowing problems, are being fed using a tube, are underweight, have lost your appetite or have diabetes.



### Occupational therapist

If you are confused, lack some co-ordination, are not able to concentrate or cannot see properly, an occupational therapist can:

- teach you how to get dressed, use the toilet and wash yourself, and
- give you advice on equipment, including a wheelchair or adaptations. They may visit your home before you leave hospital.

### Ophthalmologist

It is common to have problems with your vision after a stroke. An ophthalmologist or orthoptist can assess your vision and recommend special glasses or other visual aids.

### Clinical psychologist

A clinical psychologist can help you deal with emotional problems after a stroke. These may include anxiety, depression and mood swings. They can also help if you have problems concentrating, planning or remembering things.

### Pharmacist

The pharmacist makes sure your medication is correct and in a safe form for you to take. They can also give you information about your medication.

"I was really scared when I had a stroke at the age of 23. I wish I had taken counselling as I still have panic attacks and headaches."

Claire, stroke survivor



## Leaving hospital

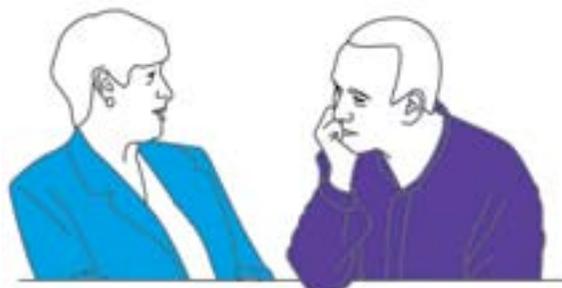
- **England** – for details of the Patient Advice and Liaison Service (PALS), call NHS Direct on **0845 4647** or visit **www.pals.nhs.uk**.
- **Northern Ireland** – for details of the Patient and Client Council (PCC), call **0800 917 0222** or visit **www.patientclientcouncil.hscni.net**.
- **Scotland** – call the NHS Inform Helpline on **0800 22 44 88** or visit **www.cas.org.uk/patientadvice**.
- **Wales** – for details of Independent Community Health Councils (CHCs), call **0845 644 7814** or visit **www.communityhealthcouncils.org.uk**.

Everyone's stroke is different and your stay in hospital could be for a few days or a few months, depending on how serious your stroke is and how well you respond to treatment and rehabilitation.

A significant amount of recovery usually happens within the first few weeks, but you are likely to notice improvements continuing for many months and even years later. Your recovery will be a gradual process and you will usually continue your rehabilitation after leaving hospital. To find out more about rehabilitation, see our leaflet 'The road to recovery'.

### Useful contacts

You may need help finding out what is happening in hospital, or perhaps you are not happy with the care you or your loved one has received. The organisations on the left can help you deal with your situation or make a formal complaint.



## Discharge plan

Once you are well enough to leave hospital, the stroke team will produce a discharge plan to make sure all the support you need from health and social services is in place before you go home. This could include referrals to community rehabilitation or a warfarin clinic (if you are on warfarin).

A hospital social worker may also be involved in arranging any practical help at home. This could include carers coming in to help you and recommending suitable adaptations for your home, but services vary across the UK.

If there isn't a hospital social worker, you or your family can contact your local social services and ask them to visit you to assess your needs and the needs of your carer (if you have one). For more information about being a carer, see our factsheet 'Stroke: a carer's guide'.

### Once you're home, help is available

- Call our Stroke Helpline to find out what support is available in your area, such as stroke clubs or carers' centres.
- Ask social services about what practical support you're entitled to.
- Ask your therapist what exercises you can do at home to help improve your recovery.

**"Being a carer for a stroke survivor can be incredibly hard. I felt very isolated and afraid when he was discharged from hospital as I didn't know what to expect."**

Christine, carer



## We are the Stroke Association

We believe in life after stroke. That's why we support stroke survivors to make the best recovery they can. It's why we campaign for better stroke care. And it's why we fund research into finding new treatments and ways of preventing stroke.

**We're here for you. If you'd like to know more please get in touch.**

**Stroke Helpline:** 0303 3033 100

**Website:** [stroke.org.uk](http://stroke.org.uk)

**Email:** [info@stroke.org.uk](mailto:info@stroke.org.uk)

**Textphone:** 18001 0303 3033 100

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