STROKE: WHAT YOU NEED TO KNOW

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UPSTATE COMPREHENSIVE STROKE CENTER

INTRODUCTION

Having a stroke can be an overwhelming experience with information coming from so many different places. This booklet is meant to be an easy-to-read helpful tool for you and your family both in the hospital and after you leave. Please check with your nurse or care team if you have any questions.

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STROKE SYMPTOMS: KNOW WHAT TO WATCH FOR.... BE FAST



BALANCE:

Does the person have sudden loss of balance or coordination?



EYES/VISION:

Does the person have double vision or are they unable to see out of one eye?



Is one side of the face drooping? Ask the person to smile.



911

A

ARM WEAKNESS:

Does the arm drift down? Have the person raise both arms. The person's legs could also be weak.

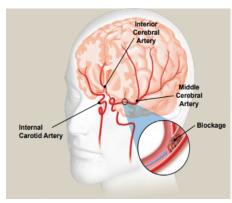
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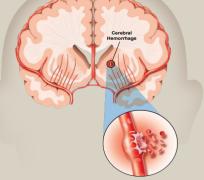
SPEECH: Is he or she slurring their speech or having difficulty getting words out?

TIME TO CALL 9-1-1. During a stroke, time is critical. Every minute that passes, more brain cells die. Treatments can be more effective if given in time.

The sudden onset of any of these symptoms or the worst headache of your life, could be a stroke.

TYPES OF STROKE





Ischemic (blockage)

Hemorrhagic (bleeding)

I WAS TREATED FOR:

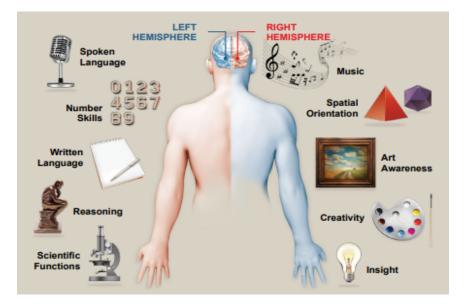
ISCHEMIC STROKE an artery in or leading to the brain is blocked either by a clot or plaques; suddenly causing a decrease or no blood flow to that area. Without blood flow which carries oxygen, brain cells in that area begin to die.

HEMORRHAGIC STROKE an artery in the brain has burst and spills blood into or around the brain. Two types are called Intracerebral Hemorrhage or Subarachnoid Hemorrhage depending on the location in the brain. These strokes are typically caused by high blood pressure or a weakening or bulging in the artery wall (aneurysm) which can burst suddenly. These aneurysms can be treated by coiling or clipping procedures.

TRANSIENT ISCHEMIC ATTACK a temporary blockage or interruption of blood flow in an artery of the brain that produces temporary symptoms that do not last. These have been called "mini" or "warning" strokes. Even though they are temporary, symptoms should not be ignored.

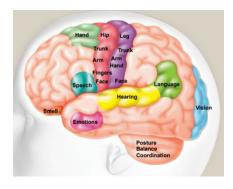
HOW A STROKE AFFECTS YOU

Where your stroke happens in your brain can determine the effects you may experience after your stroke



The left side of your brain controls the right side of your body. The left brain is responsible for things like moving the right arm and leg, number skills, spoken language, reasoning and scientific functions.

The right side of your brain controls the left side of your body. The right



brain allows you to move the left arm and leg, do creative things, appreciate music or art or find where you need to go.

TESTS, TREATMENTS, AND PROCEDURES THAT I RECEIVED:

CT ANGIOGRAM (CTA) An imaging test of your arteries in the brain to look for blockages and areas of decreased blood flow.

MRI-BRAIN An imaging test of all areas of the brain including the deep structures of the brain and base of spinal cord to detect strokes of different types or confirm if you have had a stroke.

ECHOCARDIOGRAM An ultrasound test to look at the heart's structure and how effectively the heart is pumping blood. The test is good if doctor's suspect your heart may be a possible cause of the stroke.

TPA (ALTEPLASE) OR CLOT BUSTER The clot busting medication given through IV within the first 3-4.5 hours of the onset of a stroke.

THROMBECTOMY (CLOT RETRIEVAL) Removal of a clot from your artery in the brain using a device, introduced through an artery in the wrist or groin.

COILING Specialized coils are introduced into an aneurysm, or an outpouching, weakened area in the wall of an artery. These coils are introduced through an artery in the wrist or groin and used to stop blood from flowing into the weak area of the vessel.

CLIPPING A small clip is used to clamp the neck of the aneurysm stopping blood from flowing in to the weakened area of the vessel wall.

CRANIECTOMY Part of the skull is removed to access the vessels that are bleeding or to relieve pressure on the brain caused by swelling or bleeding in the brain.

EVD-EXTERNAL VENTRICULAR DRAIN a catheter placed into the ventricles of the brain to drain blood and fluid out which is causing increased pressure.

LOOP RECORDER A small device inserted under the skin on the chest to monitor for irregular heart rhythms.

MY STROKE RISK FACTORS (CHECK ALL THAT APPLY)

High Blood Pressure (uncontrolled)

High Cholesterol

Obesity

Smoking

Atrial Fibrillation

Diabetes

Alcohol/Drug Use

No regular exercise

Sleep Apnea

Previous Stroke or TIA

Previous Heart Attack

Family history of Stroke or Clotting Disorder

Birth Control or Hormone Replacement

Recent Pregnancy

Migraines

Cancer

Other:



It is important to quit smoking if you are a smoker, and not to start if you are not currently a smoker. If you or your loved one needs information or help to quit smoking please contact:

1-866-NY-QUITS (1-866-697-8487) or visit: NYSmokeFree.com

LOWERING MY STROKE RISK

Blood Pressure (BP) Checks

Keeping your BP in the desired range as directed by your provider is the most important thing you can do. If you are prescribed any BP medications, take as directed. Checking your blood pressure at home using a home monitor is also a good idea.

Use the back of this book to record and report your readings to your provider.

A heart healthy diet is a brain healthy diet!

Try eating more vegetables, fruit and healthy protein and cut back on processed meats, salt, and high fat foods. Read up on the DASH diet for long term results.

Activity

Regular exercise of any kind will help your heart and brain. Even if you have not exercised in years, today is the day you can begin to make healthy changes. Taking a brisk walk for five or ten minutes a few times a day will add up. Consult with your provider for advice and planning.

Sleep Apnea

If you often feel tired throughout the day or are told you snore during sleep, ask your provider for sleep apnea testing. Lack of good sleep can affect the brain and contribute to stroke.

Healthy Life Habits

Smoking greatly increases your risk of heart disease and stroke. Limit alcohol intake and stress levels in your life to help reduce risk.

My goals: _









You may have started new medications while in the hospital. It is important to take these medications as directed by your provider. Please call your provider or pharmacist if you have any questions about your medications. Do not stop taking these without consulting your provider.

Anti-platelet Medications:

These medications help reduce the clumping of the platelets in our blood which can add to a blockage of an artery and then a stroke.

Aspirin and/or Plavix (Clopidigrel) are the most common.

My anti-platelet medications:

Blood Pressure Medications:

Many people need to take medications to control their blood pressure after a stroke. Some people take time to adjust to these medications. For these medications, it is recommended that you at first change positions slowly, stay hydrated by drinking water and take your medication at the same time every day.

My blood pressure medications:

Anticoagulant Medications:

Commonly referred to as "blood thinners" these medications decrease the risk of forming blood clots and are often used for patients after an ischemic stroke. If you experience any bruising, bleeding gums or blood in urine or bowel movements, contact your provider immediately.

My anticoagulant medications:



Cholesterol Medications:

Whether or not you have high cholesterol, this medication may be added to help decrease plaque from sticking or building up in

your arteries.

My cholesterol medications:

STROKE REHABILITATION

The best plan for your recovery may mean a stay at a rehabilitation facility for physical or other therapy before going home. Our Case Manager & Discharge Planning team will help you select the place most suited for your needs.

THINGS TO HELP IN RECOVERY

- Go to therapy sessions with an open mind ready to participate
- Understand that stroke recovery takes time
- If I have difficulty speaking or expressing myself, I will not blame myself and I will try not to get frustrated. I will use gestures and yes/no questions. I will try to take my time and let others know I need more time for responses.
- Remove distrcations or noise in order to focus
- Let my family or caregiver know if I am experiencing depression
- Ask for help or look for other resources (Stroke Support Group)
- Strive for a "Can Do" attitude

RESOURCES

AMERICAN STROKE ASSOCIATION

https://www.strokeassociation.org/

CNY STROKE SUPPORT GROUP

http://www.upstate.edu/stroke/after_stroke/support-group.php

UPSTATE STROKE CENTER WEBPAGE

http://upstate.edu/stroke/

UPSTATE STROKE REHABILITATION

http://www.upstate.edu/pmr/healthcare/programs/stroke.php

UPSTATE NEUROLOGY STROKE CLINIC AT UPSTATE HEALTH CARE CENTER 315-464-4243

FOLLOW UP APPOINTMENTS ARE A VERY IMPORTANT PART OF YOUR RECOVERY PROCESS

Call the provider office if you are unable to keep your appointments.

PRIMARY CARE PROVIDER: he/she will be the "gate keeper" for the other specialty providers and help manage any new medications after your stroke.

MY PRIMARY CARE APPOINTMENT

NEUROLOGIST OR STROKE NURSE PRACTITIONER: they will help monitor the specific issues you may have experienced with your stroke, determine if any additional therapy is needed and coordinate with your primary provider. You may only require 1 or 2 appointments with the neurology provider after being in the hospital.

MY STROKE NEUROLOGY APPOINTMENT

CARDIOLOGIST: they will pay special attention to your heart and how it may have related to your stroke risk. They will monitor how you may be doing on heart related medications and any heart tests.

MY CARDIOLOGIST APPOINTMENT

MY BLOOD PRESSURE:

PHONE CALLS

You will receive follow-up phone calls from Upstate providers to check on your progress. We are here to help. Your after stroke care is very important to us.

THANK YOU FOR CHOOSING UPSTATE FOR YOUR STROKE CARE.

UPSTATE COMPREHENSIVE STROKE CENTER

