After a stroke
After a Stroke

This pack aims to answer some of your questions about stroke, and direct you to further help and information.

Contents

- What is a stroke?
- Keeping well
- Taking your medications
- The physical effects of a stroke
- The non physical effects of a stroke
- Practical Information
- References and Further Support

Further questions

If you have any further questions the North Bristol NHS Trust Stroke Nurse Practitioner is available. Please ask on the ward or telephone.

Your GP can also answer your questions and direct you to useful services.

The Stroke Association has an extensive range of leaflets:
Helpline 0303 3033 100
or www.stroke.org.uk

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What should you do?

**DO:**

- See your **GP for a new prescription**. Your GP is responsible for your health care after hospital. Some people may need to come back to the **consultant clinic**. You will be sent a **letter if this is required**.

- Make sure your **blood pressure is controlled** and checked regularly, for example when you see your GP or practice nurse.

- **Take your prescribed medications**. Your medications are to **protect you for the future**, not to treat a stroke that has already happened.

- **Pace yourself**. Listen to your body. You need to practice your activities, but **don’t overdo it**, as **tiredness** effects many people.

- Try to find ways for you to **keep your motivation**.

- Take the advice given to you on **lifestyle changes**:
  - have a **healthy diet**
  - keep your **weight healthy**
  - keep active

**DON’T:**

- **Do not drive for at least a month**, see page 16

- Don’t smoke.
What is a Stroke?

A stroke happens when the blood supply to part of the brain is cut off. When this happens, brain cells become starved of oxygen and cannot send out correct signals to different parts of your body.

This damage causes all the problems of a stroke. It can affect any of your abilities. It depends on where the stroke happens in the brain, and the job that the damaged part of brain normally does.

There are 2 ways a stroke happens:

1. Blockage:

   Called an ischaemic stroke or infarct. Most strokes happen this way. A blood vessel in the brain becomes blocked up. This can be due to the blood vessels becoming damaged or furred up due to problems such as:

   - High blood pressure, high cholesterol, smoking, diabetes, obesity, or heavy alcohol intake.

   Or, medical conditions that cause blood clots, such as:

   - Atrial fibrillation (heart flutter) – clots are formed in the heart and then travel in a blood vessel to the brain, where it causes a blockage.

   - Thickening of the blood - your blood becomes too sticky and makes clots.

2. Bleed:

   Called a haemorrhage, when a blood vessel bursts causing bleeding in the brain.

   - This is usually caused by a weakness in the blood vessel and high blood pressure.

These reasons for a stroke are called ‘risk factors’. The more of these risk factors you have, the higher the risk of a stroke happening.
Investigations

You will have investigations to find possible reasons for your stroke (your risk factors). It is very important to have treatment to reduce as many of your risk factors as possible.

This will help you to keep well and to reduce the chance of a stroke happening again. Your doctor can explain these investigations to you.

You may need:

- CT scan or MRI scan of your brain
- Blood tests (e.g. cholesterol check, test for diabetes)
- Blood pressure checks
- Doppler scans or angiography of the main blood vessels in your neck
- ECG or echo tests to check your heart function

Recovery

Recovery varies for everyone. The brain cells damaged by the stroke cannot repair. Recovery can be achieved by learning to use the other areas of your brain. This is hard work and may take a long time. Rehabilitation cannot be done to you, it relies on practise. Your own determination and motivation are very important. The amount of recovery also depends on how much brain is damaged; a larger stroke is more difficult to recover from than a smaller one.

Finding ways to keep your motivation and to do as much for yourself can be helpful.

Further Events

You must seek urgent medical advice if you have any new symptoms.

A transient ischaemic attack (TIA) or ‘mini stroke’ happens if the blockage is temporary and all of the symptoms completely recover within 24 hours.

It can be a warning sign of a full stroke, so requires urgent medical attention.
Keeping well - Reducing your risk of another stroke

You may have just one or a number of risk factors. The following advice can help to prevent future strokes.

### High Blood Pressure

**Your blood pressure should ideally be less than 135/90.**

High blood pressure damages blood vessel walls, which leads to furring up.

Eating too much salt can raise blood pressure.

**What can you do?**

- Know your blood pressure.
- Take your prescribed medications.
- Eat less than 6g/day of salt (1 level teaspoon) per day. (See healthy eating sheet).
- Keep active
- Try to find ways to relax and reduce stress.

### High Cholesterol

**Your cholesterol level should ideally be less than 4mmol/l.**

Fatty deposits in the blood cause blocked blood vessels.

**What can you do?**

- You will be prescribed a statin medication to lower your cholesterol.
- Reduce fatty meat and dairy products, which are high in saturated fats.
- Foods high in fibre help control blood cholesterol levels.

### Smoking

Doubles your risk of a stroke because it causes the arteries to fur up and makes the blood more likely to clot.

**What can you do?**

- Giving up smoking reduces your risk of having another stroke.
- The NHS Stop Smoking Service can offer free help: 0117 984 1650 or www.bristolstopsmoking.nhs.uk.

### Diabetes

The blood vessel walls become damaged and are more likely to fur up. A normal blood sugar value is 4 – 7 mmol/l.

**What can you do?**

- Your blood will be tested. It is important to keep diabetes well controlled through diet and/or medications.
- See a diabetic nurse at your local surgery.
Being Overweight

This is associated with high blood pressure, diabetes and inactivity.

What can you do?

- Eat a well balanced diet.
- Aim for at least five portions of fruit and vegetables each day.
- Reduce fatty foods.
- Increase physical activity.

Heavy alcohol intake

Drinking too much alcohol raises blood pressure.

Binge drinking (drinking more than six units in six hours) is particularly unhealthy.

What can you do?

- Limit your alcohol to within recommended units:
  - 21 units per week for men, 14 units per week for women.
  - 1 unit = ½ pint beer/cider/lager or a 125ml glass wine or 25ml spirits
- Have 2 alcohol free days per week.

Sexual difficulties after a stroke

You may be worried about causing another stroke during sex due to raising your blood pressure. This is unlikely, (if you can climb the stairs comfortably your blood pressure will not be at risk during sex). If concerned ask your GP.

Sexual performance can be affected by: side effects of medications, depression, loss of self confidence as well as the direct effects of a stroke such as limb weakness.

- Your GP might be able to alter your medications.
- Counselling might help you cope with the effects of your stroke on relationships.
Taking your medications

It is important to keep taking your prescribed medications to help reduce your chances of having another stroke. You will need to see your GP for repeat prescriptions or if you have any concerns after you leave hospital.

If you have difficulty taking your medications see your GP or pharmacist.

Common medications (You may be on other similar ones): 

<table>
<thead>
<tr>
<th>Type of medication</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood pressure lowering drugs</strong></td>
<td>We aim for a blood pressure of lower than 135/90</td>
</tr>
<tr>
<td>Helps to keep your blood pressure lower</td>
<td>You should get your blood pressure checked when you get a new prescription</td>
</tr>
<tr>
<td>You will usually be on a combination of</td>
<td>ACE inhibitors can cause a dry tickly cough. If you find this troublesome, see</td>
</tr>
<tr>
<td>blood pressure medications to get the best</td>
<td>your GP.</td>
</tr>
<tr>
<td>control possible ACE inhibitors and diuretics</td>
<td></td>
</tr>
<tr>
<td>ACE Inhibitors</td>
<td></td>
</tr>
<tr>
<td>Perindopril, Ramipril</td>
<td></td>
</tr>
<tr>
<td>Diuretics</td>
<td></td>
</tr>
<tr>
<td>Indapamide, Bendroflumethiazide</td>
<td></td>
</tr>
<tr>
<td><strong>Antiplatelet agent</strong></td>
<td><strong>Aspirin - take with/after food</strong> to avoid stomach problems. If you experience severe indigestion seek advice from your GP.</td>
</tr>
<tr>
<td>To prevent blood clots</td>
<td></td>
</tr>
<tr>
<td>Reduces the stickiness of your blood</td>
<td></td>
</tr>
<tr>
<td>Your doctor will decide which of these</td>
<td></td>
</tr>
<tr>
<td>medications is best for you</td>
<td></td>
</tr>
<tr>
<td>e.g. Aspirin</td>
<td></td>
</tr>
<tr>
<td>Clopidogrel</td>
<td></td>
</tr>
<tr>
<td><strong>Statin</strong></td>
<td>We aim for a total cholesterol of less than 4 mmol/l. It is measured by a blood test.</td>
</tr>
<tr>
<td>Helps to reduce your cholesterol</td>
<td>Take your statin at night. (Atorvastatin can be taken in the morning)</td>
</tr>
<tr>
<td>e.g. Simvastatin</td>
<td>Sometimes statins can cause muscle pains - see your GP if this is happening</td>
</tr>
<tr>
<td>Atorvastatin</td>
<td>Avoid grapefruit juice if you are on Simvastatin or Atorvastatin.</td>
</tr>
</tbody>
</table>
Other medications that you *might* need:

<table>
<thead>
<tr>
<th>Type of medication</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anticoagulants</strong></td>
<td>The warfarin dose needs to be monitored regularly by a blood test (the INR), which will be directed by your doctor/GP. Your warfarin pack has more information about managing warfarin and side effects. <strong>Dabigatran/Rioraxoban/Apixaban</strong> do not require regular monitoring.</td>
</tr>
<tr>
<td>Warfarin/Dabigatran/Rioraxoban/Apixaban</td>
<td>To prevent blood clots that can form if you have an irregular heart rhythm called atrial fibrillation or atrial flutter.</td>
</tr>
<tr>
<td><strong>Diabetic Medication</strong></td>
<td>If you are diabetic you should see your <strong>Diabetic Nurse</strong> at your surgery to be monitored.</td>
</tr>
<tr>
<td>e.g. Insulin, Gliclazide or Glipizide or Metformin</td>
<td>To treat diabetes/high sugars.</td>
</tr>
<tr>
<td><strong>Painkillers</strong></td>
<td>Used if you have pain as a side effect of your stroke <strong>Avoid non steroidal anti inflammatories</strong> (eg Brufen, Neurofen, Ibuprofen, Naproxen, Diclofenac) <strong>Avoid using aspirin</strong> as a painkiller.</td>
</tr>
<tr>
<td>Paracetamol or Cocodamol or Tramadol</td>
<td></td>
</tr>
<tr>
<td><strong>Antispasmodics</strong></td>
<td>If spasms are a problem see your GP as you may benefit from antispasmodic medication.</td>
</tr>
<tr>
<td>e.g. Baclofen or Tizanidine</td>
<td>Antispasmodics relieve muscle spasm.</td>
</tr>
</tbody>
</table>
Healthy Eating

This advice helps everyone to prevent strokes, and helps to keep you well after a stroke. It gives practical ideas for healthy eating.

Does it matter what I eat?

Yes! Making simple changes to what you eat can help to reduce your risk of stroke.

Goals for healthy eating

- Eat at least five portions of fruit & vegetables each day.
- Cut down on fatty foods, particularly those high in saturated fat.
- Have at least one serving of oily fish every week.
- If you are overweight, try to lose some weight.
- Cut back on salt.

Eat at least 5 portions of fruit and vegetables each day

Aim to ‘eat a rainbow’. Choose fruit and vegetables that are different colours as each contains different healthpromoting benefits.

Fruit and vegetables contain vitamins and minerals, which may help protect against stroke. They are a good source of dietary fibre. Fibre can help to reduce the amount of cholesterol absorbed from your food into your bloodstream.

Fruit and vegetables are also low in fat and calories, making them a helpful choice if you are trying to lose weight or to keep to a healthy weight.

What is a portion?

- 3 heaped tablespoons of vegetables or beans
- 1 dessert bowl of salad
- 1 mediumsized fresh fruit e.g. an apple, orange, pear, peach
- 2 small fruits e.g. plums, kiwi fruit, satsumas and figs
- 3 heaped tablespoons of fruit salad (fresh/tinned in juice)
- 1 heaped tablespoon of dried fruit
- 1 small glass (150ml) of unsweetened fruit juice

Potatoes are a starchy food (like bread, rice or pasta) & don’t count towards your five a day.

Have at least one serving of oily fish every week

Oily fish contain omega 3 oils, which may help protect against stroke. They help your heart to beat more regularly and can help prevent blood clots.

What are the oily fish? This includes fresh or tinned mackerel, sardines, pilchards, kippers, whitebait, salmon, trout and herring (but not tinned tuna). One serving is 100g/4oz once cooked; i.e. an average fillet or small tin of fish.
Cut down on fatty foods saturated (animal) fat

- Replace full fat with **lower fat alternatives** of milk or cheese.
- **Readymeals may be high in fat** or oil. Try to eat **freshly**.
- **Eat fewer** pies, pasties, burgers or sausages.
- **Cut back** on crisps, biscuits, cake and chocolate. Try fruit instead.
- Choose **vegetable or tomatobased sauces** rather than those made with butter or cream.

Eat more wholegrain cereals

Eating at least 75g/3oz of **wholegrain cereals each day can reduce the risk of stroke**. They contain **vitamins and minerals** and are also a source of **fibre**.

Examples include, wholegrain pasta and bread, brown rice, oatcakes and high fibre breakfast cereals e.g. bran flakes, muesli or porridge.

Cut back on salt

**Too much salt** in your diet may lead to a **rise in blood pressure** and can increase your risk of stroke. The recommended amount is **less than 6g salt/day (1 teaspoon)**. Reducing your salt intake may help reduce blood pressure.

- **Use less salt in cooking** or **avoid adding salt** at the table.
- **Use herbs**, spices, pepper, chilli or garlic to add flavour.
- **Cut back on salty foods** such as cheese, processed/canned meats, readymade meals and **salty snacks** e.g. crisps and salted nuts.

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**Food Standards Agency:**
www.eatwell.gov.uk www.salt.gov.uk

**British Dietetic Association:**
0121 200 8080 www.bdaweightwise.com
The physical effects of a stroke

Your hospital stroke team will arrange services for your discharge from hospital. If your needs change in the future you may need to ask your GP to refer you on for further help;

Balance and mobility

You may need to see a physiotherapist if;

You find your physical ability improves over time and you need advice to progress your mobility. Alternatively, you might not be reaching your expected rehabilitation goals, your mobility might become more difficult, or you may be at risk of falls. Your walking aid may no longer suit your needs, or orthotics (splints) may need to be adjusted.

Activities of daily living

An occupational therapist (OT) may be able to help improve your independence with activities in the kitchen or bathroom, or tasks such as feeding. If you feel that things have become more difficult at home, an OT may be able to advise on appropriate equipment such as bathing aids, seating or wheelchairs.

An OT can also help with return to leisure and work activities. (See cognition and perception).

Communication

Stroke can cause difficulty with talking, understanding speech, reading or writing. You and your family may need advice and support from a Speech and Language Therapist to help with your communication. They may suggest you attend a communication group where you can practice alongside other people with similar difficulties.
Eating and Drinking

A stroke can affect your ability to swallow. A Speech and Language Therapist can assess your swallowing and give advice to ensure you can feed safely. You may need to eat a modified diet (such as pureed foods) or you may need to have a tube.

If you need tube feeding, a dietitian will make sure it meets your nutritional and lifestyle needs. A dietitian can also advise you about changes you can make to your diet to ensure it is well balanced, which can improve your overall health.

Visual disturbance

Stroke can affect vision. Visual testing by your local optician can help to identify your problems and provide further advice. (See perception section).

Continence

Loss of bladder control is common after a stroke. It can be caused by damage to the part of your brain which controls bladder function. Other things can contribute to incontinence, such as: reduced mobility or manual dexterity, problems with communication or cognition, constipation or your medications.

Many people will regain control within the first few months. If you have problems with continence on discharge from hospital, the ward nurse will make a referral to the District Nurses to assist with aids such as pads. Your GP can refer you to a continence clinic or advisor for specialist advice.
The non-physical effects of Stroke

A stroke can cause problems with how you feel and think (things that are not physical), as a stroke can cause damage to the parts of the brain that control these processes. Some common problems are:

**Depression**

Depression affects a **half of stroke sufferers** within the first year. It may be due to **damage in the brain**, a physical cause or the **emotional impact of a stroke**. Change in mood can be related to **lost confidence** as you and your family adjusts to your new situation.

- See your doctor if you think you may be depressed.
- Antidepressants may help.
- Counseling can help by talking about the way you are feeling.
- Maintain contact with friends that you had before your stroke.
- Try to find new interests or adapt old hobbies to accommodate your difficulties.
- Join self-help groups, such as stroke clubs.

**Tiredness**

People **often feel tired** for a long time after a stroke.

- See your GP as there could be an **underlying medical problem**.
- Listen to your body and pace yourself.
- Prioritise what is important to do.
- Try to find a **regular sleeping pattern**.
- Support can help – try attending stroke clubs or having counselling.

**Loss of attention and concentration**

This is very **common**. You may find that you become easily distracted, irritable, have poor memory, behave impulsively and have **difficulties planning ahead** or doing more than one thing at a time.

- Ask anyone who is talking with you to be clear and keep it short.
- Repeat what they have told you in your own words.
- Pace yourself. Attention problems can be made worse by stress or tiredness so don’t try to do too much at one time.
Cognition

The mental processes involved in communicating, knowing, learning, understanding, remembering, awareness, judgment and attitudes can be affected by a stroke.

- Ask your GP for a referral to an Occupational Therapist who may be able to help with coping strategies or practical solutions.

Perception

You may have problems with making sense of what you see, hear or touch as a result of damage to your brain. It usually happens with a stroke causing left sided weakness.

Neglect is a failure to pay attention to your left side or space around you.

- Ask your GP for a referral to an occupational therapist.
- Ensure there is enough light in the room.
- Allow yourself extra time to do difficult tasks.
- Remind yourself to check to the left or have an alarm signal to remind you.

Short-term memory loss

You may find it difficult to remember how to do everyday tasks or forget things that you have just been told.

- Try to keep to a daily routine.
- Try not to tackle too many things at once.
- Give yourself time to think about things.
- Leave messages for yourself in appropriate places to remind you to do things.
- Use prompts to jog your memory note books, diaries, tape recorders and wall calendars can all be useful.

Uncontrolled emotions or personality changes

Your personality can be exaggerated after a stroke. A stroke can also result in loss of inhibition or you may become aggressive or confrontational. You may not be aware of these changes; it is often family/friends who notice.

Exaggerated swings of emotion can result in outbursts of tears, anger, and laughter, which may be unrelated to your true feeling.

This is not easy to control and it can be distressing. If it is causing serious problems, discuss it with your GP. Over time you may gain more control of your emotions.
Practical Information

Driving

You must **not drive for at least one month** after any stroke.

You should **notify DVLA and your insurance company if your symptoms persist** for more than a month. The DVLA will then send you further information and advice.

DVLA telephone 0300 790 6806  [www.dvla.gov.uk](http://www.dvla.gov.uk)  
(Monday to Friday 8.00am 5.30pm, Sat 8.00am 1.00pm).

[www.direct.gov.uk/en/Motoring/DriverLicensing/MedicalRulesForDrivers](http://www.direct.gov.uk/en/Motoring/DriverLicensing/MedicalRulesForDrivers)

If you **feel ready to start driving again**, you can **apply to the DVLA with a D1 form from the Post Office**.  **Your doctor can advise** when you are well enough. There are **additional restrictions** if you have an **HGV licence**.

In some cases it is not safe to drive again (e.g. if you have visual loss, problems with concentration, spasms, seizures, slow emergency reactions).

You may be asked to have a **special assessment** at Living (formerly Disabled Living Centre) in Fishponds (0117 965 9353). They can help with **adaptations** that can help with some disabilities. This centre can also advise if you need help as a **passenger**.

Flying

There are **no absolute rules for flying** after a stroke but **most airlines will not accept passengers within 1 month** of having their stroke. Ask your doctor for advice.

You will need to **follow the usual advice** for air passengers such as **moving your legs and drinking fluids**. Consider the **practicalities of a long journey** for you, and **inform your insurance company**.

Insurance

You will need to **inform your car and travel insurance** after a stroke. It may be beneficial to **shop around** for a new provider.

The British Insurance Brokers Association can give **independent advice**:

18 Bevis Marks, London EC3A 7JB Telephone: 0870 9501790,  
[www.biba.org.uk](http://www.biba.org.uk)
Benefits

You or your relative may be entitled to more benefits than you are currently receiving. You can find out about benefits from:

- The Carers Support Centre: 0117 965 2200
- Citizens advice Bureau: Bristol - 0844 499 4718
  South Gloucestershire - 0844 8269688
- Age Concern: Free phone 0800 00 99 66
- Department of Work & Pensions Benefits Agency enquiry line
  Free phone: 0800 88 22 00
- Bristol City Council: 0117 3772877 Advice on benefit claims, filling out forms, casework for people who get services from social care. Signposting to other agencies and advice centres.

Useful Services

Your doctor's surgery, Disabled Living Centre or library will have information about useful services available locally, such as:

- Internet and telephone shopping services from supermarkets/local shops
- Disabled living equipment companies
- Mobility schemes such as Dial-a-Ride taxis
- Wheelchair loan services, (Red Cross)
  0117 3012606 www.redcross.org.uk
- Wellaware www.wellaware.org.uk or (freephone) 0808 808 5252

A comprehensive database of health, wellbeing and community resources (local authority and NHS).
Use this space for your own notes
Further Support and Information

**Bristol Area Stroke Foundation:**
0117 964 7657 [www.strokebristol.org.uk](http://www.strokebristol.org.uk)
Counselling, carer support, groups, activities, socialisation, younger stroke network.

**The Stroke Association:**
0303 3033 100 [www.stroke.org.uk](http://www.stroke.org.uk)
Extensive information factsheets about all aspects of stroke.

**Carers Support Centre (Princess Royal Trust for Carers)**
0117 965 2200
Advice and support for carers and families.

**Different Strokes:**
01454 881042 (Local Secretary)
For people of working age – exercise group and peer support.

**Connect:**
Tel: 020 7367 0840 [www.ukconnect.org](http://www.ukconnect.org)
Helping people with aphasia to find opportunity and fulfilment.

**Speakability:**
Tel: 080 8808 9572 [www.speakability.org.uk](http://www.speakability.org.uk)
Supporting and empowering people with aphasia (communication disability) and their carers.

**Care Direct:**
Bristol – 0117 9222 700
South Gloucestershire – 0117 9222 700
Advice regarding social services.

**Age Concern:** Freephone 0800 009966
Information phone line.

References

National Clinical Guidelines for Stroke
published by the Royal College of Physicians 2008 [www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)

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