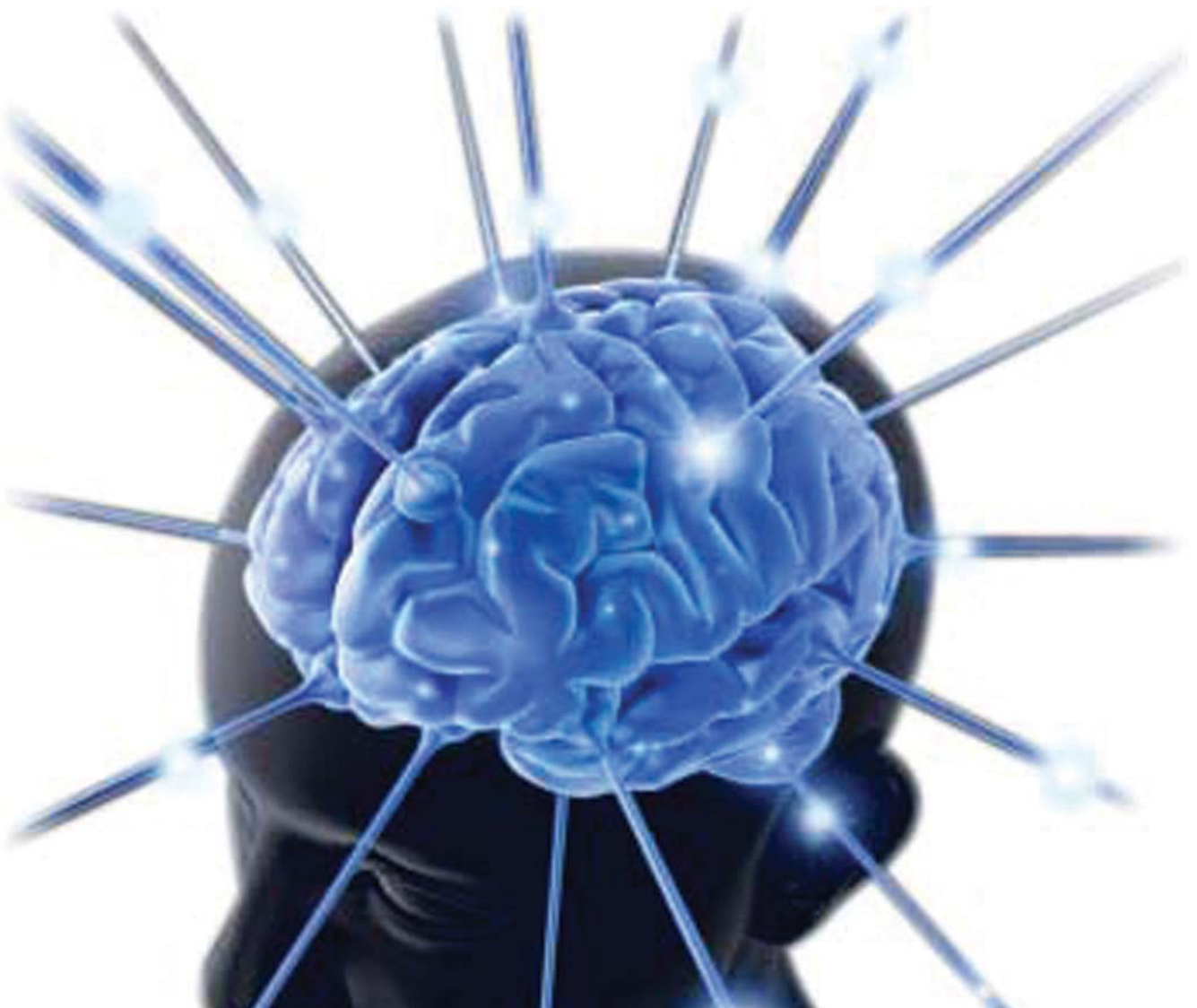


Stroke patient handbook

For patients, their carers,
families and friends



For stroke patients in south west Essex

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About me

Name:

Date of birth:

NHS number:

Hospital:

Consultant's name:

GP's name:

GP practice:

GP contact number:

Next of kin

Name:

Contact number:

What type of stroke did I have?

.....

What side of my brain was affected?

How has this affected me?

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.....

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Introduction

This handbook is designed to provide you and your family/carers with information regarding your stroke/mini-stroke.

In this handbook we have included information about:

- How and why a stroke occurs
- How the stroke may affect you
- The care you will receive
- Information on how to stay healthy and reduce the risk of a further stroke
- Useful contacts

We also produce a stroke passport, which allows you to record personal details, information about your stroke, the care and treatment you receive (including medication, tests and results), as well as your personal goals and feelings. You can take the [stroke passport](#) with you whenever you have an appointment with a healthcare professional.

The [stroke passport](#) is available from the stroke team at Basildon Hospital and from the stroke hub team at Brentwood Community Hospital. You can also download an A4 version from the Basildon Hospital website at

www.basildonandthurrock.nhs.uk/clinical-services/1217-stroke

Information about stroke

What is a stroke?

A stroke happens when the blood supply to a part of the brain is suddenly reduced. People who have a stroke are affected in different ways. Symptoms depend on the part of the brain that is affected.

Generally, a stroke can result in a reduction or loss of strength and sensation in the face, arm or leg. Some people have problems with communication, vision, balance, co-ordination, memory, concentration and vision. This can make everyday activities such as dressing, washing, and general mobility difficult.

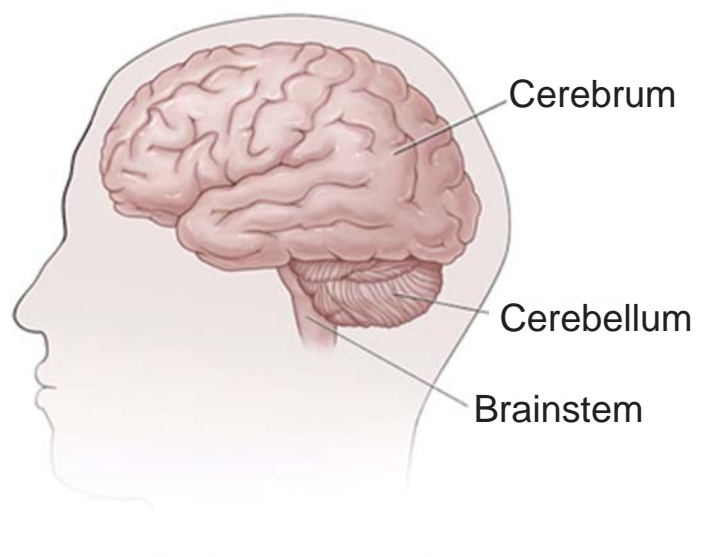
After a stroke many people feel tired. Some people feel agitated, angry and upset. Some people are sad or feel depressed. These are natural responses but sometimes injury to the brain can cause these feelings. You may want to talk about your feelings to a doctor or nurse.

What is a mini-stroke?

You may have diagnosed as having had a 'mini stroke' or Transient Ischaemic Attack (TIA). This means that there was a temporary blockage in the blood supply to your brain, which has now resolved.

Being diagnosed as having a mini-stroke means that you are at increased risk of having a full stroke.

This booklet provides information about how you and your doctor could reduce the possibility of you having a further stroke.



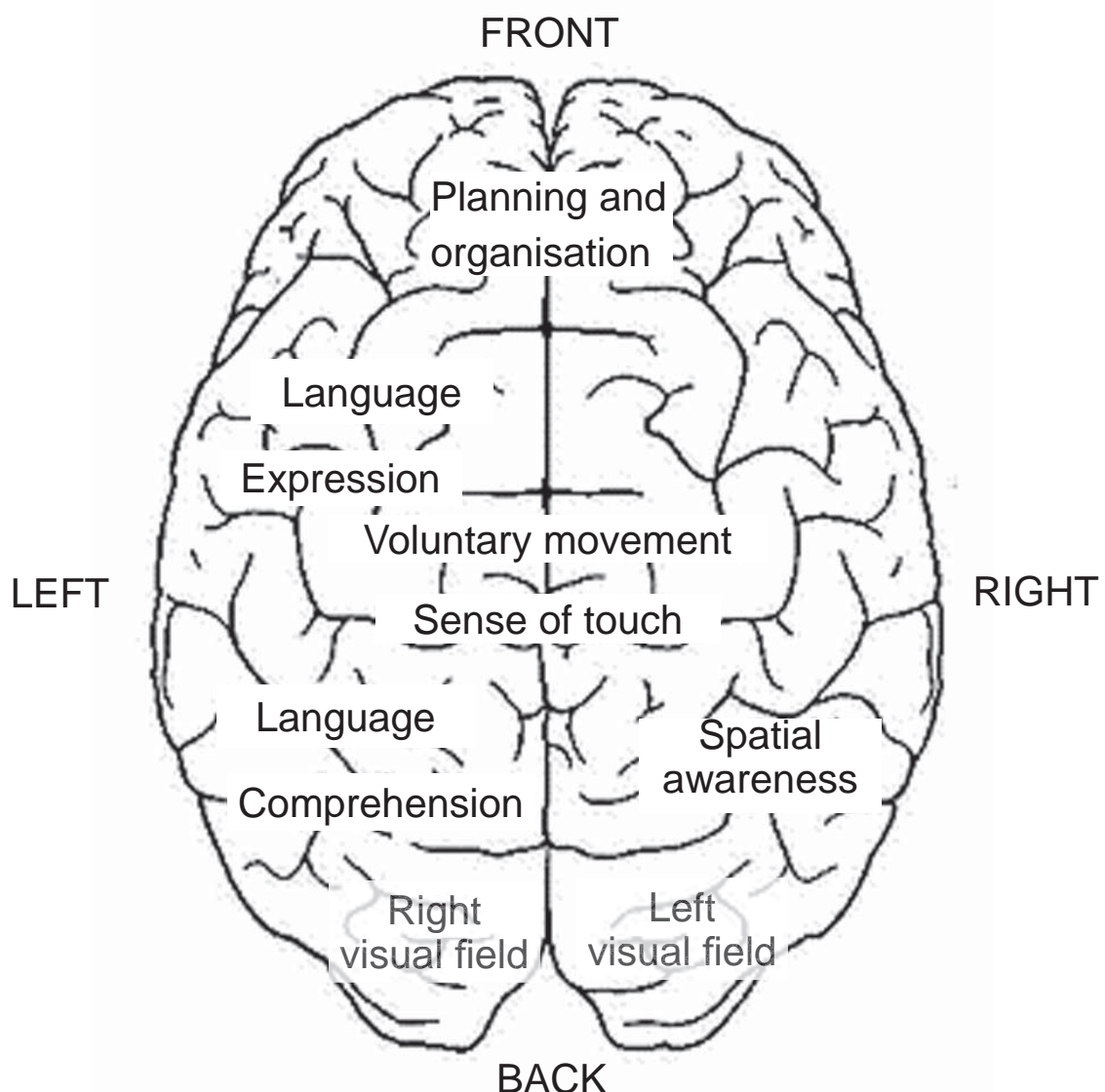
How will a stroke affect me?

No two people are affected in the same way so we assess and treat everyone according to how their stroke has affected them. Not all symptoms will be obvious immediately. The recovery people make also varies.

Different areas of the brain are responsible for different functions. Your symptoms will depend on the part of your brain that has been affected.

If the left side of your brain is affected, you may have difficulty on the right side of your body (and vice versa).

When language is affected, the damage is usually on the left. You can ask the consultant to colour the picture below to show which part of your brain was affected by the stroke.



What type of stroke did I have?

Here are some questions you may want to ask your doctor/nurse.

You can record the answers here:

What type of stroke did I have?

- **Blockage:** A blood clot can block a blood vessel in the brain. This is called a thrombus or an embolus.
- **Leak:** Blood vessels can become thin or weak and begin leaking. This is called a haemorrhage.

What part of my brain has been affected?

.....

What does this mean?

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Why did I have a stroke?

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What happens after I have had a stroke?

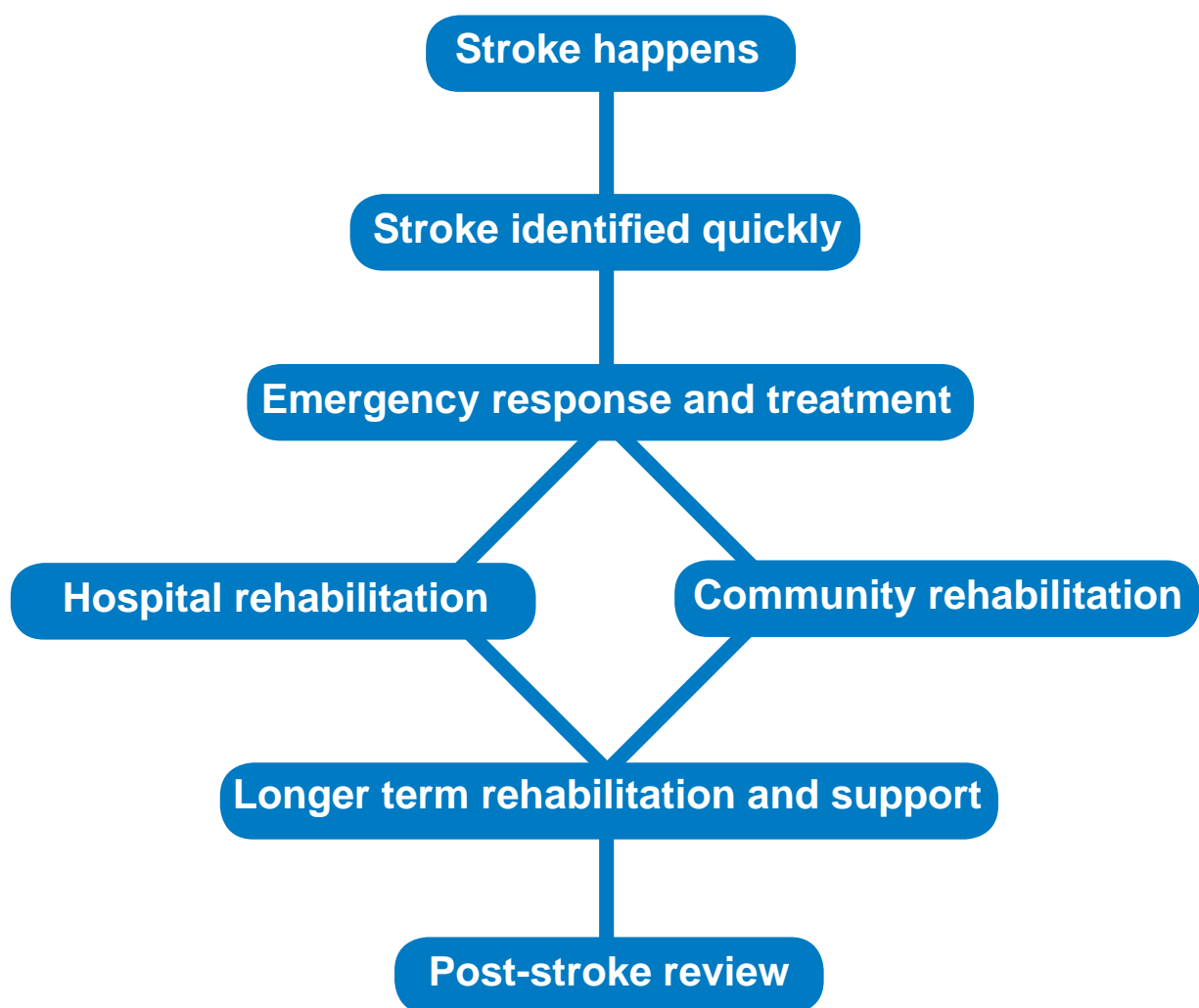
You will have a health assessment from a team of stroke specialists. Working together, you will agree certain things that you want to achieve – these are called goals.

If you would like more information about stroke or your care, please ask a member of the stroke team who will be happy to help you.

Care pathway for stroke

The care pathway is a plan of care that shows the stages that you may expect in your treatment. Most people go into hospital following a stroke, but some people remain at home and have treatment in the community.

All patients and carers will receive information about stroke. All patients will be given a personal health plan.



Can I drive after a stroke?

If you drive, you need to tell the DVLA if any of the following apply:

- One month after the stroke you are still suffering from weakness of the arms or legs, visual disturbance or problems with co-ordination, memory or understanding.
- You have had a seizure of any kind, other than within the first 24 hours after the stroke.
- You needed brain surgery as part of the treatment for the stroke.
- You have had more than one stroke within the past three months.
- Your doctors have said they are concerned about your ability to drive safely.
- You hold a current Large Goods Vehicle (LGV) or Passenger Carrying Vehicle (PCV) (Group 2) driving licence.

If you are not sure whether any of the above apply to you, discuss the matter with your doctor.

Motor disability after a stroke may not prevent you from driving. You may be able to overcome driving difficulties by driving an automatic vehicle or one with a hand-operated accelerator and brake.

If there are any restrictions on the types of vehicle you can drive, these must be shown on your driving licence.

More information can be found at www.gov.uk/DVLA or by calling [0300 790 6802](tel:03007906802).

You should also inform your insurance company that you have had a stroke.

Staying healthy after a stroke and reducing the risk of another stroke

There are things you and your doctor can do to reduce your risk of having another stroke and to help you stay as healthy as possible:

- **Control high blood pressure** – your doctor can prescribe medicine to bring your blood pressure down
- **Control your cholesterol** – this can be controlled by a good diet and medication prescribed by your doctor
- **Stop smoking** – help is available from the NHS to help you to stop smoking
- **Control your diabetes** – if you have diabetes, good control of blood sugar is essential, your doctor can advise you on this
- Manage your weight so that you are not overweight
- Reduce the amount of alcohol you drink
- Take more exercise

The following pages are about the changes you can make to lower your chances of having another stroke.

If you want to talk to your GP about your risk factors and what you can do together, it is a good idea to book a double appointment.

Managing high blood pressure

High blood pressure (hypertension) is the single most important risk factor for stroke.

Good blood pressure control is essential, ideally aiming for **140/85** or below. There is evidence that getting your blood pressure as low as possible leads to a reduction in the risk of stroke by as much as 40%.

You will often take a combination of tablets to control your blood pressure. If you have any questions, please ask your doctor.

Tips for getting control:

- Get your blood pressure checked regularly and keep going back to your GP until it is under control.
- Don't stop taking your medication without first consulting your doctor. There are lots of different types of medication available, so if one doesn't suit you, another will.

Managing high cholesterol

Cholesterol is a type of fat made by the body. It is essential for good health and is found in every cell in the body.

Too much can lead to the narrowing of blood vessels and an increased risk of stroke and heart disease.

A good cholesterol level is **below 3.5**. Recent evidence suggests that lowering cholesterol reduces the risk of further stroke by 27%. Lowering cholesterol can be achieved by a combination of eating a low fat diet, drinking less alcohol and taking regular exercise.

Medication is usually a tablet called 'statin', for example pravastatin, simvastatin. These work by blocking an enzyme which is needed to produce cholesterol, lowering the amount of cholesterol in the blood stream.

Cholesterol levels can be monitored by a simple blood test.

Lifestyle changes

Smoking

Smokers increase their risk of having a stroke and many other smoking related diseases such as coronary heart disease and chronic lung disease.

It doesn't matter how old you are or how long you have been smoking, if you stop you can significantly reduce your risk of stroke.

Nicotine in tobacco is very addictive and you may want help to support you to stop. You can get support from:

- South West Essex Community Services – Stop Smoking
Helpline: 0800 077 8000
Website: www.lovevitality.org
- NHS Smoke Free
Helpline: 0800 022 4332
Website: www.nhs.uk/smokefree

Managing diabetes

You may have developed diabetes as a result of your stroke or you may have had diabetes for many years. If this is a new diagnosis, you should have been seen by the diabetic specialist nurse who can give you help and advice on diet, monitoring your diabetes and treatment.

Diabetes can be treated with diet alone, with tablets called 'oral hypoglycaemics' for example metformin, or daily injections of insulin. Good blood sugar control is essential following a stroke to reduce your risk of further strokes. You can also reduce your risk of heart disease and other complications of diabetes by keeping your blood sugar at the normal level, which is between **4-7 mmol/l** and **HbA1c of around 50**.

Diabetes.org.uk (0345 123 2399) has a wealth of information on their website regarding type 1 and type 2 diabetes including the contact details for support groups in Brentwood, Basildon and Thurrock. Every person with diabetes is entitled to a free education programme which will be organised by your GP on request.

Healthy eating and weight control

To help control cholesterol, blood pressure and weight, follow a healthy eating plan.

- Eat regular meals
- Limit fatty foods (biscuits, cakes, pastries, red meat, hard cheese, butter and foods containing coconut or palm oil all tend to be high in saturated fats)
- Eat more fruit and vegetables (5 portions per day)
- Cut down on sugar and sugary foods and drinks
- Use less salt and avoid salty food

Talk to your GP or practice nurse about a healthy diet or referral to a dietician.

Exercise

Discuss an exercise plan with your physiotherapist or talk to your GP about exercise programmes.

Alcohol

Do not drink more than the recommended daily amount of alcohol.

- Men: 3-4 units per day
- Women: 2-3 units per day

1 unit = half pint of beer / 1 small glass of wine / 1 shot of spirit

Managing an irregular heart rate (atrial fibrillation)

Atrial fibrillation is a fairly common condition where the heart beats irregularly. This can significantly increase the risk of stroke if left untreated.

Due to the irregularity of the heart beat, blood is not pumped through the heart as effectively and blood clots can form within the circulation. If clots travel to the brain and block an artery, this causes a stroke.

The irregular heart beat can be controlled by different tablets. Blood clot formation can be reduced by taking warfarin or anticoagulant (blood thinning) agents.

Warfarin is a type of drug known as an anticoagulant. If your stroke has been caused by a blood clot originating from the heart, taking warfarin can reduce your risk of further stroke by 70%.

Warfarin treatment needs careful monitoring with regular blood tests to check how thin your blood is. This blood test is called an INR. **The target range for most people is 2-3.** Treatment with warfarin is often lifelong, unless you develop complications such as bleeding. If you wish to consider the newer blood thinning agents, please consult with your doctor.

Useful contacts

- Basildon and Thurrock University Hospitals NHS Foundation Trust
Tel: 01268 524900
www.basildonandthurrock.nhs.uk
- North East London NHS Foundation Trust (Stroke Hub Team)
Tel: 01277 695 133
www.nelft.nhs.uk
- NHS Choices
Tel: 111
www.nhs.uk
- Essex Social Services
0845 603 7630
www.essex.gov.uk/Health-Social-Care
- Thurrock Social Services
Tel: 01375 652 868
www.thurrock.gov.uk/adult-care-and-health
- Broomfield Hospital
Tel: 01245 362000
www.meht.nhs.uk
- Queen's Hospital
Tel: 0845 130 4204
www.bhrhospitals.nhs.uk
- Southend Hospital
Tel: 01702 435555
www.southend.nhs.uk
- Stroke Association
Tel: 0303 303 3100
www.stroke.org.uk
- Disability Information Advice Line (DIAL)
Dial Basildon & South Essex
75 Southernhay, Basildon, SS14 1EU
Tel: 01268 285676
www.dialbasildon.co.uk

The Stroke HUB Team

The Stroke HUB Community Services Team provides specialist assessment and therapy to patients for the first year following a stroke. This will include a specialist review at six weeks, six months and one year.

The team offers a first point of contact for advice, support and information for clients following discharge from hospital, carers and relatives.

You can contact the stroke HUB team with any concerns or questions, Monday – Friday, 9am – 5pm.

Tel: [01277 695133](tel:01277695133)

Email: colm.murray@nelft.nhs.uk

Basildon Hospital Stroke User Group

We are always looking for ways to improve our hospital stroke services. Could you help?

Our stroke user group brings together stroke patients, their families and carers, with hospital stroke staff to:

- Share ideas with a view to improving services based on first-hand experiences.
- Meet others who have had the same experiences as you.
- Find out more about developments in local stroke services.

Our meetings are held at Basildon Hospital

If you would be interested in joining us or to find out more, please contact Beth Smyth, lead nurse for stroke on [01268 524900](tel:01268524900) ext 4972 or email beth.smyth@btuh.nhs.uk

Acknowledgements

The stroke patient handbook has been developed by:

- Basildon and Thurrock University Hospitals NHS Foundation Trust
- Basildon and Brentwood Clinical Commissioning Group
- Thurrock Clinical Commissioning Group
- North East London NHS Foundation Trust
- Essex County Council
- Thurrock Council

In conjunction with:

- Stroke patients and their relatives
- Health and social care professionals
- The voluntary sector

