Stroke information pack

Information for patients, families and carers
Stroke Services
Contents

Part 1 - The effects of a stroke 6

- Introduction
- What is a stroke?
- What causes or increases the risk of a stroke?
- What are the symptoms of a stroke?
- Recognising the signs of a stroke

Part 2 - The stroke care pathway 12

- Initial assessment
- Neuro Assessment Unit
- Hyper Acute Stroke Unit (HASU)
- Acute Stroke Unit (ASU)
- Stroke rehabilitation
- Stroke Pathway Assessment and Rehabilitation Centre (SPARC)
- Community Stroke Service
- Assessment and Rehabilitation Centre (ARC)
- 6 week follow-up
- Medications
Part 3 - Different roles in the stroke team

- Hospitals doctors and GPs
- Stroke nurse practitioners
- Stroke nurses
- Speech and language therapists
- Physiotherapists
- Occupational therapists
- Dietitian
- Orthoptist
- Psychologist
- Pharmacy team
- Stroke Pathway Coordinator
- Transfer of Care Nurses

Part 4 - How the brain is affected

- The left hemisphere (side)
- The right hemisphere (side)
- Lobes, brain stem and cerebellum

Part 5 - Life after a stroke

- Possible complications and side effects
- Will another stroke occur?
Part 6 - Reducing the risk of a further stroke

- Hypertension
- Smoking and recreational drugs
- Your diet - saturated fat
- Your diet - excess salt
- Weight and exercise
- Alcohol
- The oral contraceptive pill
- Other medical factors
- Family history
- Ethnic background
- Stress
- Stroke in younger adults

Part 7 - Supporting information

- Useful contact details
- Glossary of terms
- Language support and interpreting
Foreword

We understand that having a stroke can be a frightening experience. The stroke team are here to provide you and your family with the best quality specialist support. We want to ensure that you receive care at the right time in the right place, be that in hospital or in our specialist community stroke services.

We recognise that having a stroke does not just affect you, but impacts on the whole of your family, as well as friends and carers.

During your recovery you will be given lots of information and advice at different stages. We understand that at a time of stress and worry it's difficult to take everything in at once.

It is hoped that this booklet, together with the discussions, information, and advice from the stroke team, will help you to understand how and why your stroke has affected you in the way it has. We have tried to provide you and your family with information and advice on what to expect next, and useful contacts. You may find it helpful to refer to it at different points during your recovery.

If you need any additional information please do not hesitate to ask a member of the stroke team.

Amanda Jones
Clinical Lead for Stroke
Part 1 - The effects of a stroke

Introduction

This booklet is for all stroke patients, carers, families and friends.

It has been developed to help you understand what a stroke is as well as the services available.

It will not provide all of the answers, but hopefully together with the stroke team will point you in the right direction and help you understand how and why your stroke has affected you the way it has.

It is important to realise that a stroke is very individual and affects people in different ways. Recovery varies greatly from person to person so it is important not to compare yourself to other stroke patients.

What is a stroke?

A stroke occurs when there is a sudden interruption to the flow of blood to a part of the brain. This is often due to a blockage, usually a clot in a blood vessel which stops blood getting to part of the brain. Blood clots are the cause of stroke in approximately 85% of all stroke patients, clots damage the brain causing an ischaemic stroke (cerebral infarction).

A stroke can also be caused by a bleed in the brain (cerebral haemorrhage), it is usually caused by a burst blood vessel and affects about 15% of all stroke patients.

A scan of the brain will determine which type of stroke you have had.

If you suspect you have had a stroke dial 999 or go to your A&E department immediately for an assessment. The sooner you are assessed, the sooner treatment can be started.
What causes or increases the risk of a stroke?

A stroke can happen to anyone at any age, even children. Although it is difficult to pinpoint one single cause of stroke, there are certain factors which can increase the risk. These include:

- Hypertension (high blood pressure)
- Smoking cigarettes, pipes, cigars and recreational drugs
- Eating a diet high in saturated fat
- Using excess salt in food
- Being overweight and not taking regular exercise
- Excess alcohol
- The oral contraceptive pill
- Medical factors including
  - Diabetes
  - Heart disease
  - Atrial fibrillation (irregular heart beat)
  - Hole in the heart
  - Clotting and blood disorders
  - Trauma to a blood vessel
  - Abnormality in the blood vessel
- Family history
- Ethnic background (Asian, African or African Caribbean)
- Stress

In addition to the causes described above there are additional conditions in younger people which can lead to a stroke.

The stroke team will discuss possible causes with you and explain what investigations you may need. More explanation is given about specific investigations later in this booklet.
Although there are some factors which we cannot do much about there are steps you can take which will reduce the risk of having another stroke in the future. These include:

- Taking regular exercise
- Having your blood pressure checked
- Stopping smoking and reducing alcohol intake
- Keeping your weight at a healthy level
- Eating a healthy diet low in salt and saturated fat

More details about what you can do to reduce your risk of a further stroke are given later in this booklet.
What are the symptoms of a stroke

It is important to recognise that no two people are affected in the same way. The effects of a stroke will depend on a number of things including the size of the blockage or bleed, the extent of damage to the brain, which part of the brain has been involved and how quickly a patient gets to hospital.

Some of the main effects of a stroke:

- Weakness or changes of sensation in the face, arm, hand and leg leading to difficulty moving and walking.
- Difficulties with communication including speech problems, or problems with expressing speech and understanding conversation.
- Problems with swallowing food and drink.
- Problems with vision.
- Difficulties with balance and co-ordination.
- Inability to think things through clearly, memory and concentration problems.
- Changes in bladder and bowel function.
- Emotional changes.
- Loss of libido.
- Extreme fatigue which can last for weeks and sometimes months.
- Pain which can include headaches or pain in joints and shoulders. Some people have pain due to damage to certain parts of the brain called post stroke central pain, this can be treated with medication.

Stroke patients can experience any of these effects with varying degrees of severity. The effects of a stroke can make everyday activities difficult, this can include talking, eating, getting washed and dressed, cooking, walking, driving, working and carrying out leisure activities. The stroke team are here to provide the specialist care you need.
Recognising the signs of a stroke

A stroke is a medical emergency. If you suspect a stroke act FAST, call 999 immediately.

FAST stands for: Act FAST

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<tr>
<td><strong>FACE</strong></td>
<td><strong>Face weakness</strong>&lt;br&gt;&lt;em&gt;Sudden&lt;/em&gt; weakness or numbness of the face. Ask the person to smile.&lt;br&gt;Does one side of the face droop?</td>
</tr>
<tr>
<td><strong>ARMS</strong></td>
<td><strong>Arm weakness</strong>&lt;br&gt;&lt;em&gt;Sudden&lt;/em&gt; weakness or numbness of the arm or leg on one side of the body.&lt;br&gt;Ask the person to raise both arms. Does one arm drift downwards?</td>
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<tr>
<td><strong>SPEECH</strong></td>
<td><strong>Speech problems</strong>&lt;br&gt;&lt;em&gt;Sudden&lt;/em&gt; difficulty speaking or understanding speech.&lt;br&gt;Ask the person to repeat a simple sentence. Are the words slurred?&lt;br&gt;Can he/she repeat the sentence correctly?</td>
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<tr>
<td><strong>TIME</strong></td>
<td><strong>Time to call 999</strong>&lt;br&gt;If the person shows any of these symptoms, time is important.&lt;br&gt;Call 999 or get to the hospital fast. Brain cells are dying.</td>
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Other signs to look out for are:

- Sudden loss / blurring of vision
- Sudden confusion
- Sudden or severe headaches
- Sudden dizziness

It is important to get to hospital immediately as soon as the symptoms begin. There are treatments which can be given that can reduce the extent of brain damage if a stroke is caught early enough. The maximum time frame for giving these treatments is 4½ hours but the earlier they are given the better the outcome.

- Do not delay in dialling 999, every minute a stroke happens nearly 2 million brain cells are destroyed, delaying a call to get into hospital could make the difference between being able to talk or walk or not.
- Always try to take note of the time, this is very important.
- A relative or friend should try to accompany you to hospital if possible.
- Remember to take your medications with you.
Part 2 - The stroke care pathway

Initial assessment

The Sheffield Stroke Service is based at the Royal Hallamshire Hospital. When you call 999 the ambulance service will arrive quickly and assess your condition, in the majority of cases you will be taken directly to the Royal Hallamshire Hospital.

Sometimes it is necessary to take you to the Accident and Emergency Department at the Northern General Hospital, this will depend on your overall condition and where there may be uncertainty in diagnosis. There are some conditions where symptoms may mirror those of a stroke but could be caused by an infection, diabetes, or you may be extremely unwell due to breathing difficulties.

The ambulance staff are competent in assessing stroke patients and will contact the stroke team for advice to ensure that you are taken to the most appropriate hospital.

Patients who have a stroke need specialist care within a tight timescale. In Sheffield we have a 'stroke care pathway' which allows you to be seen quickly by the right team to ensure you have the best outcome from your stroke.

The main steps in this pathway are described in more detail on the following pages.
Stroke
Dial 999 immediately

Directly to:
- Neuro Assessment Unit (L1 ward)
- X-ray (brain scan)
- or to A&E

Transfer to Hyper Acute Stroke Unit (HASU)

HASU

Acute Stoke Unit (ASU), Q2 ward

ASU

Community Stroke Team (Specialist rehabilitation at home)

SPARC

Stroke Pathway Assessment Rehabilitation Centre (Inpatient)

Home

Hospital based Stroke Review Specialist Clinic (Outpatient)

6 week

6 months

Telephone or home review

Ongoing

ARC - continuing less intensive rehabilitation

1 year

Annual review by GP

Other support:
- Stroke Association Support Services
- Psychology Clinics
- Aphasia Centre and
- Conversation Partners
- Support Groups (carers and patient)
Neuro Assessment Unit

You will be transferred directly from the ambulance to either the **Neuro Assessment Unit on Ward L1**, or the **X-Ray Department on C Floor** (if your stroke has occurred within the last 4 hours) to have a brain scan as soon as possible.

You will be assessed by a Stroke Nurse Practitioner and will undergo a physical examination and investigations including a brain scan. The results will help to decide if you are suitable for a treatment called thrombolysis, or a mechanical thrombectomy.

- **Thrombolysis** is a clot busting drug which is given via an intravenous infusion in your arm and can help reduce brain damage, it needs to be given within 4½ hours of the onset of the stroke.

- **Mechanical thrombectomy** is a procedure to remove the clot. The procedure involves inserting a thin tube through your groin up to your brain to where the clot is located, a stent is then used to remove the clot. This highly specialist procedure is conducted by a specialist neuro radiologist and is only carried out in a small number of stroke centres including Sheffield.

Only a small number of patients are suitable for either of these two treatments. This is due to a number of reasons including the type of stroke suffered and the tight timeframe of 4 ½ hours. The specialist stroke nurses and doctors will discuss the best and most appropriate treatment option with you and your family.

Other tests you may have during your initial assessment include:

- **CT brain scan**
  This is a scan of the head which is useful to show any abnormalities in the brain and the cause of the stroke. It involves lying on a couch with the scanner passing over your head, it usually takes about 10 minutes.
• **Blood tests**
  Blood tests will show how well your blood is clotting, check for possible medical problems such as diabetes and measure your cholesterol levels.

• **MRI brain scan**
  This may be carried out instead of or in addition to the CT brain scan, it provides a more detailed picture of the brain and can take up to 45 minutes.

• **Electrocardiogram (ECG)**
  An ECG checks your heart rhythm, it is a painless procedure which involves electrodes being placed on your chest, it usually takes about 10 minutes. You may also have a prolonged ECG undertaken for up to 3 days or sometimes longer to monitor your heart, this will help to detect if you have an irregular heart beat (atrial fibrillation). You will also be asked to keep a diary of any symptoms or to note if you have carried out any exercise etc during the recording. Sometimes the stroke team will arrange for this to be undertaken when you go home and you will receive your results in the stroke review clinic or via your GP.

• **Echocardiogram**
  This is a scan which provides us with a detailed picture of your heart.

• **Carotid ultrasound (doppler or duplex scan)**
  This detects any narrowing of the arteries in your neck which can cause a stroke, it is painless and involves a probe pressed onto your neck.

• **Angiogram**
  This test assesses the arteries in the neck or brain, detecting any narrowing of the blood vessels. Local anaesthetic is given and a plastic tube is passed through an artery in the groin, a special dye is injected and x-rays are taken.

These tests may be undertaken while you are in hospital or as an outpatient depending on your condition. We may need to do
additional tests which are not listed here, the doctor and nurse will explain these if this is the case. Details of other tests are in the glossary section of this booklet.

Hyper Acute Stroke Unit (HASU)

Following your initial assessment you will be transferred to the Hyper Acute Stroke Unit on L2 Ward (HASU), you will usually stay for up to 48-72 hours (this may be shorter or longer depending on your condition). On HASU your condition will be closely monitored and you will have several assessments. One of these assessments is to test your ability to swallow as a stroke can have an effect on this, it is a simple test that involves you sipping some water.

You could recover enough not to need any further treatment in hospital and maybe discharged home straight from HASU.

If you need further rehabilitation you will be transferred either to:

- Acute Stroke Unit (ASU on Q2 Ward)
- SPARC (Stroke Pathway Assessment and Rehabilitation Centre)
- Rehabilitation at home

In some cases you may have recovered significantly, not needing any further support from the stroke service. The stroke team will assess the best option with you and your family and make any arrangements for equipment and support needed if you go home.

Acute Stroke Unit (ASU)

If you need to spend longer in hospital to stabilise your condition you will be transferred to the Acute Stroke Unit (ASU). This is a specialist stroke unit where there is a specialist team of doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, psychologists, pharmacists, orthoptists and dieticians. The team will continue to monitor your condition, provide treatment and
arrange investigations as required. People who have swallowing problems following their stroke may need a naso-gastric tube, requiring them to stay in hospital for longer. The team will formulate a specialist rehabilitation programme which will involve planning your needs for home, or coordinating your transfer to SPARC.

**Stroke rehabilitation**

Stroke rehabilitation involves a programme of treatment given by a team of specialists, usually doctors, nurses and various therapists. The team work together with you and your family to help you gain as much independence as possible.

Rehabilitation is not always an easy process. It requires hard work and commitment from patients and carers as well as from the stroke team. Everyone needs to work together as a team and progress varies greatly from patient to patient.

**Where and for how long will I receive my rehabilitation?**

The hospital stroke team will discuss where the best place is for your rehabilitation with you and your family. Most patients begin rehabilitation in hospital and carry on with it at home with help from therapists.

Initially it is difficult to predict the amount of progress that is likely to occur following a stroke. The time needed for rehabilitation is variable, it may be a few weeks or a few months. Each person is affected differently by a stroke and how they will benefit from rehabilitation.

The hospital stroke team aim to get you home as soon as possible for your rehabilitation. Your home is a more realistic environment where rehabilitation can focus on issues individual to you. If you are not yet ready to return home you may be transferred to SPARC.
Stroke Pathway Assessment and Rehabilitation Centre (SPARC)

SPARC is a 30 bedded specialist stroke rehabilitation centre based at Norfolk Park Road in Sheffield. It provides specialist stroke rehabilitation for people who have had a stroke and are not quite ready to go home, but no longer need hospital care. It also provides a service for those patients who may have had a more severe stroke and/or are quite frail and are likely to need continued care. It will provide specialist support and assessments to help people transfer into a care home setting if this is needed.

A team of therapists, GPs, nurses and stroke consultants provide care for patients. The centre is spacious and enables patients to practise walking outside and inside, it has a specially adapted kitchen for specialist assessments. It is also supported by an activity coordinator who will arrange specific activities inbetween therapy sessions.

Community Stroke Service - Specialist home rehabilitation

When you are ready to go home a team of community physiotherapists, occupational therapists, speech and language therapists, nurses, psychologists and rehabilitation assistants will provide rehabilitation. They will visit you at home, carry out specialist rehabilitation and assess how you manage getting on the bus going to the shops. The stroke team both in hospital and the community, will monitor your progress and discuss with you how long your rehabilitation is likely to be needed for.

Assessment and Rehabilitation Centre (ARC)

If you need further longer term support you may be referred to the Assessment and Rehabilitation Centre (ARC), the stroke team will discuss with you if you need to continue your rehabilitation at ARC.
This is based at Nether Edge Hospital, it is a day rehabilitation unit where there is a multi-disciplinary team of doctors, nurses and therapy staff who will continue your rehabilitation. The team organise stroke education groups and upper limb groups. There are visits from the stroke consultants who will review your progress in specialist clinics, they can provide treatments such as Botox treatment for patients who may have problems with their hands and arms after their stroke.

The team at ARC will telephone you about 6 months after discharge home to review your progress, if you are unable to use the phone the ARC team will arrange for a stroke nurse to review you at home.

**6 week follow-up**

After leaving hospital you will be given an appointment to attend the Stroke Clinic in the Out Patients Department for approximately 6 weeks following discharge. It is important that you attend this appointment so that we can check on your progress. You will be seen by a stroke specialist who will:

- Review your progress and ensure that you are on the correct treatment and receiving appropriate support.
- Assess your emotional and physical well-being and review any outstanding results with you.
**Medication**

Medications will be dependent on the cause of your stroke. Some of these medications are described below:

<table>
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<tr>
<th>Medication</th>
<th>Description</th>
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<tr>
<td>Aspirin</td>
<td>If you have had a blockage you will start a course of Aspirin for the first few days/up to 2 weeks after your stroke or until you are discharged from hospital.</td>
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<tr>
<td>Clopidogrel</td>
<td>This is an antiplatelet tablet which helps break down the clot/s which have caused the stroke. This tablet is given once the aspirin is stopped.</td>
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<tr>
<td>Statins</td>
<td>Diet alone will not lower your cholesterol sufficiently. Statins are cholesterol lowering tablets which reduce the risk of another stroke occurring.</td>
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<tr>
<td>Direct Oral Anticoagulants</td>
<td>If you have any irregularities with your heart, for example a condition called atrial fibrillation (irregular heart beat) you may be started on blood thinning tablets called anticoagulants.</td>
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New medications can be quite confusing and can have side effects, ask the stroke team/pharmacist if you have concerns or questions.
Part 3 - Different roles in the stroke team

Within the stroke team we have a wide range of professionals who are able to provide you with support. Depending upon how your stroke has affected you, you may come into contact with some/all of these healthcare staff. If you have any questions for any member of the team please don't hesitate to ask.

Hospital doctors and GPs

Doctors are responsible for investigating the causes of your stroke. They will arrange for certain tests such as a brain scan and blood tests to be done, and will also obtain a comprehensive medical history from you. The results of these investigations will help them to decide on the best treatment. They will monitor your progress and treat any medical problems or complications should they occur.

Stroke nurse practitioners

The stroke nurse practitioners will usually be the first people from the stroke team that you will meet. They will assess you as soon as you come to hospital, provide information, advice and support, arrange the necessary investigations and work closely with the stroke consultant to address your care needs.

Stroke nurses

The nursing staff in hospital play an important role in stroke care. Rehabilitation does not just occur in therapy sessions, it is a continuous process which starts from day one, the more you practise and repeat actions the better your progress will be, the nursing staff will be able to support you with this. They will provide specialist education, advice, monitor your condition and liaise closely with the other members of the stroke team. The nursing team have specialist skills in:
• Moving and handling stroke patients
• Helping with dressing
• Assessing any swallowing/feeding problems
• Assessing emotional problems.

The nursing team will also monitor your overall health and try to ensure that you remain well. They will be able to provide you with support and advice to help you make any necessary lifestyle changes such as:

• Healthy diet
• Exercise
• Giving up smoking
• Reducing alcohol intake

They will monitor you for any signs of complications such as deep vein thrombosis (a clot in the leg), incontinence problems, chest infection and administer your medications.

**Speech and language therapists**

A stroke can lead to problems with speaking, understanding speech, reading and writing. The ability to swallow food and drink may also be affected by a stroke. Specialist speech and language therapists work both in the hospital and community, they focus on the rehabilitation of communication and swallowing functions. They can help you and your family with various strategies to help with your communication and swallowing if these have been affected.

**Physiotherapists**

Physiotherapy following a stroke involves techniques and exercises to improve control and movement of the body. The aim of any treatment plan is to enable you to become as functionally independent as possible. Physiotherapists will be able to advise you and your family/carers, on the most effective and safe way for you to move if your mobility has been affected by your stroke.
Occupational therapists

Occupational therapists assess how your stroke has affected your concentration, memory and ability to carry out and organise everyday activities. This may involve practising certain everyday activities, the use of equipment to assist with or simplify tasks, as well as assessing your memory, concentration and cognitive abilities. As part of discharge planning the occupational therapist may visit your home to assess the environment and your ability to manage at home. They may recommend and order equipment/adaptations to your home to increase your independence and safety.

Dietitian

If necessary the dietitian will be involved in your care. He/she can assess your dietary needs and advise you on how these should be met. The stroke may affect your ability to eat certain types of foods, it might be necessary to examine other ways of meeting your nutritional needs (soft diet, high protein drinks etc.). You might lose or gain weight after a stroke and need supplements or advice on healthy food choices. The dietitian will be able to provide advice and support if you experience such difficulties.

Orthoptist

Visual problems are possible after a stroke and this can affect the rest of your rehabilitation. Orthoptists are eyecare professionals who can assess how a stroke has affected your vision. The types of visual problems depend upon where in the brain the stroke has occurred. These can include blurred or double vision resulting from an eye muscle imbalance or problems moving eyes up, down or sideways. Difficulty seeing to one side of your vision (visual field loss) usually affects both eyes and means that you are unable to see properly to either the right or the left. There may be difficulties with reading or visual processing problems.
Orthoptists can assist with many of these problems to help with rehabilitation and provide advice to both you and your family.

**Psychologist**

Having a stroke is often a very emotional experience, both for you who has had the stroke as well as for family and friends. Feelings of anxiety and depression are very common whilst coming to terms with the consequences of having had a stroke. A clinical psychologist is available in the stroke unit/community rehabilitation services to help you and your family cope with this emotional trauma. You may also notice various changes following a stroke e.g. problems with memory or concentration. The psychologist can also help in assessing this and advise on a range of coping strategies.

**Pharmacy team**

The pharmacy team consists of a Pharmacist and a Medicines Management Technician.

If you require a stay in hospital the Pharmacist will ensure any medicines prescribed for you during your admission are clinically safe and compatible.

The Medicines Management Technician will be responsible for checking your medicines on admission and ensuring you have a supply of medicines throughout your stay.

During your hospital stay the pharmacy team will monitor your treatment, supply any required medicines and explain any changes which may have taken place.

They will provide you with information about the dose to take, tell you the reasons why you are on each medication, and explain any potential side effects to look out for. In conjunction with the nursing staff they will assess whether you should participate in the self medication scheme.
If you are not completely comfortable with your medicines at any time during your stay please inform the nursing staff. They will arrange for a member of the pharmacy team to explain all aspects of the medications and answer all of your queries. They can help to ensure you will be comfortable with taking your medicines correctly at home and may provide you with a compliance aid if necessary.

**Stroke Pathway Coordinator**

The stroke pathway coordinator will be a point of contact if needed for you and your family and provide you with stroke information. They will liaise with the care teams to ensure you are transferred through the stroke pathway in a timely way to ensure that when you are ready to go home there are no delays. They will communicate information about your progress to the stroke team.

**Transfer of care nurses**

The transfer of care nurses assist in the transfer of patients to community care (community stroke unit/own home). They will refer to home care services, advise and coordinate transfer to care homes if needed. They generally advise staff/relatives/patients about any complex discharge plans. They can be contacted via the stroke unit staff.
Part 4 - How the brain is affected

When a stroke occurs the disruption in blood flow to the brain causes some damage. The area and extent of damage will vary from person to person which is why strokes affect different people in different ways. To understand how this damage affects you it is helpful to have an understanding of how the brain is structured.

The brain has two hemispheres (sides). The diagram below shows the two sides of the brain and the functions relating to each side.

**Left brain functions**
- Analytic thought
- Logic
- Language
- Reasoning
- Science and maths
- Written skills
- Number skills
- Right-hand control

**Right brain functions**
- Art awareness
- Creativity
- Imagination
- Intuition
- Insight
- Holistic thought
- Music awareness
- 3-D forms
- Left-hand control

The nerve signals (messages) from each side of the brain cross over at the base, so a stroke occurring on the right side of the brain will affect the left side of the body and vice versa.
The left hemisphere (side)

The main functions of the left hemisphere are:

- Speech
- Writing
- Movement of the right side of the body

A stroke occurring in the left hemisphere could affect your ability to speak, write and move the right side of your body.

The right hemisphere (side)

The main functions of the right hemisphere are:

- Recognition of objects
- Finding your way around places
- Recognition of people
- Awareness of your own body
- Putting on clothes
- Sensation on the left side of the body
- Movement of the left side of the body
The brain is also divided into different parts known as lobes, brain stem and cerebellum. This diagram shows where these are located.

Different parts of the brain are responsible for different functions:

- **Frontal lobe** - personality and control of movement
- **Parietal lobe** - appreciation of sensation
- **Temporal lobe** - understanding of sight, sound and touch
- **Occipital lobe** - interpreting vision and heart function
- **Cerebellum** - co-ordination of all muscle movements including walking, talking, muscle tone and balance.
Based on this understanding of the brain it is easier to see how a stroke can affect people in different ways. For example a stroke occurring in the cerebellum could affect your co-ordination walking and your balance. Whilst a stroke occurring in the frontal lobe may result in personality changes such as being more tearful and angry than previously.

This information is intended only as a brief guide to understanding stroke, hopefully you will find it helpful. If you know where your stroke has occurred you can probably work out to some extent why you have been affected in the way you have.

However the brain is an extremely complex structure, stroke and its effects can be far reaching and complicated. Your stroke will be examined and assessed in detail by all members of the hospital team. Don't be afraid to ask them to discuss it with you.
Part 5 - Life after a stroke

Possible complications and side effects

Many patients make a good recovery from stroke and suffer few side effects however some people may suffer some or all of the following:

**Deep vein thrombosis (DVT)**

This is a blood clot usually in the lower calf which occurs due to poor circulation and reduced mobility following a stroke. The signs of DVT are pain, redness, tightness and swelling in the leg, it often feels hot to touch. If you notice any of these signs seek medical advice immediately. You will be required to wear special elasticated stockings in the early stages of your stroke to prevent clots forming in your leg.

**Epileptic fits/seizures**

Most people who have a stroke are never troubled with epilepsy. Some do experience fits even if they have never had an epileptic fit before the stroke. It is not possible to tell in advance which people are likely to have fits but if more than one fit occurs tablets might be needed to reduce the chance of further attacks. It is important to notify your doctor if you think that a fit has occurred. Some fits are easy to recognise, others are less dramatic e.g. you may black out, part of the body may twitch, or you might just be unable to move for a minute or two.

If your family see you having a having a fit they should try to stay calm. They should loosen the clothing around your neck and ensure that your head is supported (by putting a pillow under your head). They should turn you on your side and not force anything into your mouth. It is helpful if your family are able to memorise or record details about the fit e.g. how long it lasted, how it affected you etc.
**Depression/low mood/frustration**

Depression and low mood are not unusual after stroke, in the early stages some patients often experience anxiety and become very emotional. You may find that your cry for no reason. In many cases as the condition improves emotions can become more settled. Depression can occur particularly when you have finished your rehabilitation. You may feel isolated, frightened and have difficulties adjusting to your stroke which may result in you feeling frustrated and angry.

A team of specialist psychologists are available to help you adjust after having a stroke. There are also stroke nurses and occupational therapists who have specialists skills in supporting both you and your family. Treatment may be required such as antidepressants and/or professional counselling. Support groups offer support and advice for stroke patients and their families. Ask the stroke team, your GP or contact one of the stroke nurses for information. There is also lots of support at home by contacting IAPT (Improving Access to Psychological Therapies) their contact details are at the back of this booklet.

**Chest infections**

Some stroke patients experience swallowing problems and quite commonly 'aspirate' (this is when a small amount of liquid trickles down into the lungs). This can lead to a chest infection, which if not treated early enough can lead to pneumonia. It is very important if there are any signs of becoming chesty, such as coughing, or high temperature etc, that medical advice is sought.

**Post stroke fatigue**

You may find that you feel tired after having a stroke, this can be mild or in some cases more extreme where you have difficulties staying awake. Fatigue can continue for years, but in many cases the fatigue does lessen and has usually gone completely by 6 months.
Pain

Some people experience pain in the shoulder or limbs due to changes in posture and loss of power in their muscles. Some experience headaches or have significant pain due to nerve problems as a result of their stroke. Others can have heightened sensitivity which can cause discomfort. The stroke team will discuss various options to help with this which can be a combination of medications and physical therapy, Botox injections, heat treatment or the use of various support aids.

Loss of libido/sexual problems

Sexual dysfunction and loss of libido is common after stroke, affecting both the person who has had a stroke and their partner. There are many reasons for this:

- Disturbance of the blood vessels can lead to altered sensation
- Limited mobility
- The effects of medications
- Low mood, and the fear of possibly causing a further stroke.

Regaining intimacy with partners can have a real positive effect on self-esteem, improve quality of life and help to strengthen relationships. Discussions about relationships, sex and sexual dysfunction are often overlooked by health professionals, don’t be afraid to talk to the stroke team or your GP, there are some useful contacts at the back of this booklet.
Will another stroke occur?

You are at a higher risk of having another stroke than someone who hasn't had a stroke. The greatest risk of having another event is within the first 3-6 months. There are a number of things to reduce your risk which include:

- Follow advice on lifestyle (diet, satisfactory weight, regular exercise, stopping smoking, reducing alcohol and salt intake).
- Ensure you take your prescribed medications.
- Have your blood pressure and cholesterol checked regularly at your GP practice (you can also monitor your own blood pressure at home).

If you or your family suspect that another stroke or TIA has happened, seek urgent medical attention, dial 999 or see your GP immediately if you think you may have suffered a TIA.

Do not ignore it!
Part 6 - Reducing the risk of a further stroke

A stroke can happen to anyone at any age, even children. It is never too early to start taking steps to reduce the risk of a stroke.

Although it is difficult to pinpoint one cause of stroke, there are certain factors which can increase the risk.

**Hypertension (high blood pressure)**

High blood pressure is one of the main contributing risk factors of stroke. It often has no obvious symptoms and unfortunately is often not discovered until after a TIA or stroke has occurred. You can help keep your blood pressure under control by:

- Ensuring you have it checked regularly (you can also check and monitor it yourself by purchasing a blood pressure monitoring kit from reputable pharmacies).
- Keeping your weight under control, eating a healthy diet and reducing your salt intake.
- Taking regular exercise.
- Some individuals will also need blood pressure lowering medication if their blood pressure is high.

Following a stroke we recommend that your blood pressure is 130/80 or less, unless stated otherwise by your doctor.

**Smoking cigarettes, pipes, cigars and recreational drugs**

Smoking can lead to problems with blood circulation as arteries tend to 'fur up', this can result in strokes and heart disease. Smoking also causes the blood to become sticky leading to clots forming in the blood. Smokers have at least double the risk of suffering a stroke compared to non-smokers.

Smoking also causes conditions such as lung cancer, bronchitis and heart disease. There are many groups and organisations available to
help you to stop smoking. See your GP or practice nurse, or use the contact details at the back of this booklet if you would like help to quit. However long you have been smoking, the benefits of giving up are immediate. Electronic cigarettes are a safer option but they can still contain nicotine.

**Eating a diet high in saturated fat**

Eating foods which are high in fat like red meat, cheese, butter and ready-made meals can increase your risk of stroke. This type of diet can lead to an increase in your cholesterol levels and narrow the blood vessels to the brain.

Choose low fat dairy foods (i.e. skimmed/semi-skimmed milk) and meats such as chicken, turkey or fish.

Cook without added fat, try to grill, steam or bake rather than fry food.

Medications such as statins can also help to reduce cholesterol if necessary. Following a stroke it is recommended that your cholesterol is lower than 4 mmols.

**Using excess salt in food**

Salt can contribute to high blood pressure which is one of the main risk factors of stroke. Try to avoid adding salt to food both during cooking and at the table. Many packaged foods such as white bread, cooked ham, ready-made meals and other processed foods tend to have high salt levels so it is important to check the labels to see how much salt these foods contain.

Recommendations state that you should consume no more than 6 grams of salt per day.

**Being overweight and not taking regular exercise**

Excess weight can lead to high blood pressure which, in turn can lead to a stroke. Try to keep your weight at a reasonable level and take
regular exercise. Walking just 4-5 times a week for about 30 minutes can have a beneficial effect on your blood pressure and weight. The Stroke Association have a number of leaflets which can give you tips on diet and exercise, see contacts at the end of this booklet.

Body Mass Index (BMI) is a calculation of your weight and height which indicates if you are at a healthy weight. A healthy BMI score should be between 19-25. You can calculate this yourself using the website below, or alternatively ask your pharmacy, practice nurse or GP.

NHS Choices - BMI healthy weight checker

- [https://www.nhs.uk/Tools/Pages/Healthyweightcalculator](https://www.nhs.uk/Tools/Pages/Healthyweightcalculator)

**Excess alcohol**

Drinking too much alcohol on a regular basis, or binge drinking can lead to increased blood pressure which in turn can increase the risk of a stroke. Alcohol also contains lots of calories which can lead to obesity.

You should aim not to exceed the recommended alcohol limits of 14 units per week for both men and women, this equates to six pints of beer or seven glasses (175ml) of wine.

Binge drinking can cause a rise in blood pressure which can trigger a burst blood vessel in the brain, so it is important not to save all of your units for the weekend. It is recommended that you should have at least 3 days per week when you don’t drink alcohol.

*It is important to seek advice regarding alcohol if taking anticoagulant (blood thinning medications) such as Warfarin, Apixaban, Rivaroxaban and Dabigatran.*

**The oral contraceptive pill**

The contraceptive pill can increase the risk of stroke, particularly if you are overweight, drink excess alcohol and/or smoke. The newer lower dose pills are safer. Speak to your GP if you are concerned.
Other medical factors

The main medical factors which can increase the risk of stroke are:

- Diabetes
- Heart disease
- Atrial fibrillation (irregular heart beat)
- Hole in the heart
- Clotting and blood disorders
- Trauma to a blood vessel
- Abnormality in the blood vessel

Your GP can check for these and other less common medical conditions which can increase your risk.

Family history

You may have a close relative who has had a stroke, this does not necessarily mean you will have a stroke too. However, there can be some medical issues which are hereditary that can contribute to a stroke, such as high blood pressure and diabetes. It is therefore important to be aware of these risks in the family and get yourself checked out at your GP practice if you feel you are at risk.

Ethnic background

If you are from an Asian, African or African Caribbean background you are at greater risk of stroke. This is linked to high incidences of hypertension and diabetes in these groups, for this reason it is very important to have regular blood pressure checks and screening for diabetes.

Stress

Significant prolonged stress, or a stressful situation such as a bereavement can contribute to a stroke, particularly if you have some of
the recognised risk factors. Stress may cause a temporary rise in blood pressure which can lead to stroke.

**Stroke in younger adults**

In addition to the causes described above, there are other conditions in younger people which can lead to a stroke:

- Dissection is a tear of a blood vessel, where blood can get between the layers of artery walls, this can lead to a clot forming or blood escaping into the brain.
- Heart problems, a common cause being Patent Foramen Ovale (PFO), which is referred to as a hole in the heart, or problems with the valves in the heart.
- Blood disorders, particularly those which cause problems with the clotting of the blood.
- In some cases people are born with tangles of blood vessels in the brain called arterio-venous malformations (AVMs) which can increase the risk of a stroke.
- Strokes can also be linked to people who suffer regular migraines.

The stroke team will discuss possible causes with you and explain what investigations you may need.

**A summary of simple actions you can take**

Although there are some factors which we cannot do much about, there are steps you can take to reduce the risk of having a further stroke. It's never too late to make these changes. We recommend:

- Taking regular exercise
- Having your blood pressure checked
- Stopping smoking and reducing your alcohol intake
- Keeping your weight at a healthy level
- Eating a healthy diet low in salt and saturated fat
Part 7 - Useful contact details

The following people, organisations and facilities might be of help to you now, or sometime in the future.

**Main contacts**

<table>
<thead>
<tr>
<th>Stroke Nurse Consultant</th>
<th>0114 226 1141</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amanda Jones</td>
<td><a href="mailto:amanda.jones@sth.nhs.uk">amanda.jones@sth.nhs.uk</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stroke secretaries</th>
<th>0114 271 3789</th>
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<tbody>
<tr>
<td></td>
<td>0114 271 3024</td>
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</table>

<table>
<thead>
<tr>
<th>Stroke Nurse Practitioners</th>
<th>0114 226 5790</th>
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<tbody>
<tr>
<td>Royal Hallamshire Hospital</td>
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<table>
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<tr>
<th>Stroke Wards at the Royal Hallamshire Hospital</th>
<th>0114 271 2118</th>
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<tbody>
<tr>
<td>Neuro Assessment Unit - Ward L1</td>
<td>0114 271 2419</td>
</tr>
<tr>
<td>Hyper Acute Stroke Unit - Ward L2</td>
<td>0114 271 3824 or 226 8708</td>
</tr>
<tr>
<td>Acute Stroke Unit - Ward Q2</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Support Teams</th>
<th>0114 271 3831 or 271 3634</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physio / Occupational Therapy</td>
<td>0114 271 3822</td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td>0114 271 3021</td>
</tr>
<tr>
<td>Orthoptics</td>
<td>0114 226 8708</td>
</tr>
<tr>
<td>Psychology</td>
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</table>
## Information and support groups

<table>
<thead>
<tr>
<th><strong>Carers stroke support group</strong></th>
<th><strong>Carers Centre Concept House</strong></th>
</tr>
</thead>
</table>
| This local support group is held in Sheffield city centre and offers peer support, information, advice and talks from specialists. The meetings are very informal and provide a chance to meet others who are going through a similar situation to you. | The Moor  
Sheffield  
www.sheffieldcarers.org.uk  
amanda.jones@sth.nhs.uk  
0114 226 1141 |

<table>
<thead>
<tr>
<th><strong>Stroke Association local support services</strong></th>
<th><strong>Stroke Association House</strong></th>
</tr>
</thead>
</table>
| The Stroke Association have developed a number of services to support, give advice, information and refer to various support and activity services they run in Sheffield. Services include:  
  - A counselling service  
  - A re-enablement service; with help retraining/getting back to work, art and gardening groups, as well as other groups.  
  - A carer’s education and support programme  
  - Various peer support groups | 240 City Road  
London EC1V 2PR  
0207 5660 300  
0303 303 3100  
Stroke.org.uk  
For local services contact:  
Sheffield@stroke.org.uk |

<table>
<thead>
<tr>
<th><strong>Conversation Partners and Aphasia Centre</strong></th>
<th><strong>Contact the Speech and Language Therapy Department for further details:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides support for stroke patients with communication difficulties. The speech and language therapists can give you more detailed information about these services</td>
<td>0114 271 3822</td>
</tr>
</tbody>
</table>
Community health contacts

| **Community Stroke Team** (also called Early Supported Discharge Team) | Based at **SPARC**  
Norfolk Park Road  
0114 307 8320 |
<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td>A community based multidisciplinary team of stroke specialist staff are available to provide further therapy at home. Therapy is individualised to meet the specific needs of each patient.</td>
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</table>

| **SPARC - Stroke Pathway Assessment and Rehabilitation Centre** - 30 bedded specialist stroke facility with specialist stroke team support. | Norfolk Park Road  
Sheffield  
0114 226 1760 |
|---|---|

| **The Assessment and Rehabilitation Centre (ARC)** | Assessment and Rehabilitation Centre  
Lyndhurst Road  
Sheffield  
S11 9BJ  
0114 271 6570 |
<table>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ARC is a purpose built day rehabilitation service for adults with physical conditions including stroke, Parkinson's disease, falls and other conditions that affect daily functioning. If referred to ARC you will receive a personalised treatment plan after being assessed by a friendly, experienced and specialist team. Transport and a light lunch may be provided.</td>
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</table>

<table>
<thead>
<tr>
<th><strong>The Community Nursing Services</strong></th>
<th>If you are unsure how to contact your Community Nurse your local GP surgery will be able to give you the telephone number and address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Community Nursing Service might be involved with you after discharge. They can visit you at home to organise/carry out wound dressings, continence services etc. This will be discussed with you and arranged as necessary.</td>
<td></td>
</tr>
</tbody>
</table>
**Continence Advisory Service**  
This service offers free advice and information.

Lightwood House  
Lightwood Lane  
Sheffield S8 8BG  
**0114 305 1599**

**Chiropody Services**  
If you have a medical need for chiropody/podiatry you will probably be referred to an NHS chiropodist by a nurse, doctor, physiotherapist etc. Alternatively, you can refer yourself to this service. However, if your chiropody needs are mainly cosmetic you might not be accepted by the service, and it would be quicker to contact a private chiropodist. If this is the case we recommend that you check they are state registered.

An application form/further information about NHS chiropody can be obtained from:  
Podiatry and Chiropody Department  
Jordanthorpe Health Centre  
Dyche Close  
Sheffield S8 8DJ  
**0114 237 1182**
Sexual problems after stroke

There are leaflets available on the ward about sex after stroke. The Stroke Association can also be contacted for leaflets. If you have worries speak to the stroke team in hospital or when you attend clinic. Or alternatively you can speak to your GP or one of the organisations below:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone Number/Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Sexual and Relationship Therapists (COSRT)</td>
<td>020 8543 2707, <a href="http://www.cosrt.org.uk">www.cosrt.org.uk</a></td>
</tr>
<tr>
<td>Family Planning Association (FPA)</td>
<td><a href="http://www.fpa.org.uk">www.fpa.org.uk</a>, <a href="http://www.fpapleasure.co.uk">www.fpapleasure.co.uk</a></td>
</tr>
<tr>
<td>Relate (England and Wales)</td>
<td>0300 100 1234, <a href="http://www.relate.org.uk">www.relate.org.uk</a></td>
</tr>
<tr>
<td>LGBT Foundation</td>
<td>0345 330 30 30, <a href="https://lgbt.foundation">https://lgbt.foundation</a>, <a href="mailto:info@lgbt.foundation">info@lgbt.foundation</a></td>
</tr>
<tr>
<td>The Sexual Advice Association</td>
<td>020 7486 7262, <a href="http://www.sda.uk.net">www.sda.uk.net</a></td>
</tr>
<tr>
<td>Spokz</td>
<td>01543 899 317, <a href="http://www.spokz.co.uk">www.spokz.co.uk</a></td>
</tr>
</tbody>
</table>
Sheffield Social Services

Sheffield City Council Social Services provides help for people in Sheffield in many different ways but includes:

- Care at home
- Day care
- Respite care
- Residential care
- Meal delivery services
- Equipment and adaptations
- City wide alarm service
- Blue car badges
- Disabled toilet keys

Financial allowances

The Department of Social Security (DSS) is responsible for most of the help available for people with disabilities. Almost all social security benefits are administered by the Benefits Agency, an Executive Agency of the DSS. The main benefits which might be applicable to you are Attendance Allowance, Disability Living Allowance and Invalid Care Allowance.

For information about all the benefits available, and whether you might be entitled to any particular benefit call the Benefits Enquiry Line.

| 0114 273 4908 | Adult Services (for people over age 18) |
| 0114 273 4855 | Children and Families Services (for people under 18 and their families) |

| 0800 882 200 | Benefits Enquiry Line |
You can also check in the telephone directory for your appropriate area number.
## Travel

### DVLA
You should not drive for 4 weeks after a stroke. You do not have to contact DVLA for the first month but should then get medical agreement from either your hospital doctor or GP that you are fit to resume driving. Without this agreement your insurance will be invalid and you are putting yourself and others at risk.

After a month, if you have any lasting stroke symptoms you must inform the DVLA and they will liaise with your doctor. These may include memory problems, judgement, eyesight in addition to any physical symptoms.

There are assessments available for returning to driving after a stroke, either your GP or a member of the multidisciplinary team will provide more information. Driving regulations need to be checked regularly for changes and updates.

<table>
<thead>
<tr>
<th>0300 790 6801</th>
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<tr>
<td><a href="http://www.dft.gov.uk/dvla">www.dft.gov.uk/dvla</a></td>
</tr>
</tbody>
</table>

### Sheffield Dial a Ride
This is a transport service for individual wheelchair users or groups of disabled people. There is a charge for the service.

| 0114 276 6148 |
### Car Badges
The Blue Badge Scheme (previously called the orange badge) is for:
- Drivers or passengers with a permanent disability/who have considerable difficulty in walking.
- Passengers who are registered blind.

The badge allows parking without charge or time limits in parking bays in the street which are Pay and Display and in Council Car Parks.

The badge also allows some limited parking on yellow lines.

| 0114 273 4897 |
| Adult Access Team |

### Mobility Pass
You might be entitled to a Mobility Pass which allows you to travel on any public transport in South Yorkshire if you are under pension age, live in South Yorkshire and have a disability which seriously impairs your ability to walk, or have been refused a driving license on medical grounds.

| 0114 273 4897 |

### Ambulances
Ambulances can only be provided in cases of special need. Your GP will probably be the best person to judge if you need an ambulance to take you to hospital.

If you are travelling by ambulance and you have any queries please call the ambulance liaison desk during office hours.

| 0114 271 2146 |
| Ask for the ambulance liaison desk |
**Sheffield Community Transport**  
Offers the following services:

**City Ride:** for people who have problems using public transport. This is a door to door service which operates between 9.00am - 5.00pm Monday to Friday. The service has wheelchair accessible minibuses designed for individual passengers with low steps and passenger lifts.

**Dial a Bus:** takes passengers from their homes to shopping areas throughout the city. Vehicles are accessible to wheelchairs.

**Community Car Scheme:** for people with mobility difficulties who have problems using public transport. This scheme is for non wheelchair users. There is a charge for all of the above services.

| Wheelchairs - Northern General Hospital | Sheffield Community Transport  
10 Montgomery Terrace Road  
Sheffield S6 3BU  
**0114 276 6148** |
| --- | --- |
| If you need a wheelchair for regular use your physiotherapist, occupational therapist or GP will order one for you via the wheelchair service. If you are going into a residential or nursing home it is the responsibility of the home to provide you with a wheelchair and the NHS will not fund one for you. | 0114 243 4343  
Ask for the Wheelchair Department |
**British Red Cross Medical Loan Service**
For occasional use you can loan a wheelchair from the British Red Cross
Open for collection Tuesday and Thursday 9.00am - 2.00pm

**Sheffield Office**
Unit 24 Jessops Riverside
800 Brightside Lane
Sheffield S9 2RX
**0114 242 7370**

**Clark & Partners Ltd**
Wheelchair sales

**Clark & Partners Ltd**
1 Orgreave Way
Handsworth
Sheffield S13 9LS
**0114 229 3399**
**0114 229 3388** for sales

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**Employment or re-training**

**Sheffield Job Centre**
Issues regarding employment can be discussed on an individual basis with your particular employer, however, in some instances you may not be able to return to your previous employment and/or may need to retrain.

For advice about employment issues you can contact Sheffield Job Centre.

**0845 604 3719**
You can discuss your individual needs with a Disability Employment Advisor.

**Work and Stroke**
Confidential service for people who have had a stroke and want to return to work

**Sheffield Occupational Health Advisory Service – SOHAS**
sohas@sohas.co.uk
**0114 275 5760**
## Charitable, independent & voluntary organisations

| **Stroke Association** | **Stroke Association House**  
| This organisation works to prevent stroke through research and health education, and provides direct help for those who have had a stroke and their families through its community and welfare service.  
The Stroke Association produce a wide range of helpful leaflets, some of which you may have received in hospital. | 240 City Road  
London EC1V 2PR  
**0207 5660 300**  
**0303 303 3100**  
Stroke.org.uk  
For local services contact: [Sheffield@stroke.org.uk](mailto:Sheffield@stroke.org.uk) |
| **The Carers Centre** | **Concept House**  
The Moor  
Sheffield  
**0114 278 8942**  
office@sheffieldcarers.org.uk  
Carers Support Information Line  
**0114 272 8362** |
| This centre can offer advice and help to all carers i.e. anyone who cares for a relative or friend who, for one reason or another needs help.  
There is a carers' support information line open Monday to Friday between 9.00am and 6.00pm.  
There is a specific Carers Stroke Support group which runs twice a month. |  |
**Sheffield stay put scheme** (including home safety check scheme)
This is a small charitable organisation which works with the City Council to provide independent advice and practical help to home owners and private tenants over the age of 60.
It provides a visiting service to give free housing advice, including identifying necessary repairs, minor adaptations, and a Home Safety Check. Help can be given with choosing a builder for those who are able to pay for the work themselves.

| Sheffield stay put scheme (including home safety check scheme) | Stay Put Scheme Sovereign Court  
|300 Barrow Road  
Sheffield S9 1JQ  
**0114 256 4270** |

**Organisations and groups for people with disabilities**
A list of organisations and their contact details can be obtained from Sheffield Information Service.

| Organisations and groups for people with disabilities | Sheffield Information Service  
Central Library  
Surrey Street  
Sheffield S1 1XZ  
**0114 273 4712** |

**Recreation**
The Sheffield Leisure Scheme allows reduced entry to recreational facilities, including specially adapted equipment.

| Recreation | For more information contact your local / sports centre. |
| **Age UK Sheffield** | 44 Castle Square  
Sheffield S1 2GF  
**0114 250 2859** |
|----------------------|--------------------------------------------------|
| Age Concern can offer advice and support and also a Help at Home service called Choice which helps with practical support which, for a charge they will fetch and collect shopping if required or accompany you on shopping trips.  
Age UK also offer additional support and other services. | |

**Speakability**  
This is a national charity supporting people with speech problems and their carers. Main activity is a national network of support groups.  
**080 8808 9572** (Helpline)  
Monday to Friday  
10.00am - 4.00pm  
speakability@speakability.org.uk |

**Sheffield Churches Council for Community Care (S&4C's)**  
This organisation can provide some free help to people with health and social needs. This help is usually on a 'one off' basis such as helping someone at home the day after discharge from hospital.  
You do not have to have a connection with any church to benefit from this help.  
**0114 275 9452** |

**Stop Smoking Groups**  
Free advice and help on stopping smoking is available from Stop Smoking Sheffield  
**0800 068 4490**  
**0800 612 0011**  
<table>
<thead>
<tr>
<th><strong>Sheffield Library</strong></th>
<th>0114 273 4277</th>
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<tbody>
<tr>
<td>Library service for housebound readers, including large print books, audio books and CDs.</td>
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<thead>
<tr>
<th><strong>Workers Educational Association (WEA)</strong></th>
<th>3 Vicarage Road Sheffield S9 3RH 0114 242 3609</th>
</tr>
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<tbody>
<tr>
<td>WEA provide free support for people with disabilities who wish to gain confidence in using computers.</td>
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<tr>
<th><strong>Relate relationship counselling</strong></th>
<th>0300 100 1234</th>
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</thead>
<tbody>
<tr>
<td>There isn't a local service in Sheffield but for more information you can call their national office.</td>
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</table>

**Other websites you may find useful**

- www.differentstrokes.co.uk
- www.speakability.org.uk
- www.stroke.org.uk
- www.rcplondon.ac.uk
Glossary of terms

- **Cerebral Vascular Accident (CVA)** - another name for a stroke.
- **Cerebral Vascular Incident (CVI)** - also another name for a stroke.
- **Brain attack** - you may also hear the words brain attack describing a stroke.
- **Transient Ischemic Attack (TIA)** - a term used to describe a mini stroke which usually resolves within a matter of minutes or hours.
- **Hemiplegia** - total loss of movement of one side of the body.
- **Hemiparesis** - partial loss of movement of one side of the body.
- **Aphasia** - a disorder of language which affects a persons ability to understand what is being said or to express thoughts in words.
- **Dysphagia** - swallowing problems.
- **Dysarthria** - weakness of muscles involved in speech resulting in slurred speech.
- **Tone** - refers to the amount of tension in the muscles. After a stroke muscles can sometimes become hypertonic (very tense or stiff) or hypotonic (very floppy or flaccid).
- **CT scan** - a special test which involves taking a sort of x-ray of the brain. This can show the type of stroke and where in the brain it has occurred, the information helps us to decide on the best treatment for you.
- **MRI scan** - a more accurate brain scan than a CT. If compared to maps a CT scan is like a road atlas whereas an MRI scan is like a city A-Z. An MRA may also be requested, this is an MRI scan of the arteries, usually done after a carotid duplex or to look for a specific cause of a stroke.
- **Carotid duplex (Doppler)** - an ultrasound scan of the arteries in the neck that measures how fast the blood is flowing and how clear or blocked the arteries are in the neck.
• **Carotid endarterectomy** - an operation to open the arteries in the neck to reduce the risk of further stroke.

• **Echocardiogram** - if there is a suspected problem with your heart this test may be done, a probe is passed over the chest and shows a detailed picture of the heart.

• **Transcranial Doppler (TCD)** - this is commonly known as a bubble test which is used to look for a hole in the heart. You will be awake during the test and it takes around 30 minutes to perform, you will be given the results on the day of the test. This specialist test looks for unusual causes of stroke in younger patients. If the doctor recommends that you have this test you will be given more detailed information and an explanation of the procedure.

• **Transosopheageal echocardiogram (TOE)** - this is a more in-depth test to look at your heart. It involves you coming into hospital, you will be given some medication to relax you via a drip in your arm and your throat will be numbed with anaesthetic spray. Whilst lying down the doctor will ask you to swallow a small probe which may be a little uncomfortable, this will allow him to look at the back of your heart. You should not eat or drink for 6 hours before this procedure. It will usually take around 30 minutes to perform and you will need a little time afterwards to enable the effects of the sedation to wear off. You will be given the result of this immediately. If the doctor recommends that you have this test you will be given more detailed information and an explanation of the procedure.

• **Anticoagulation** - a process of thinning the blood so it is less likely to clot and cause a stroke. This is usually done by taking blood thinning medication such as Warfarin, Apixaban, Rivaroxaban and Dabigatran.

• **Stroke pathway** - a description of the 'patient journey' through the stroke service. The pathway is based on a patients individual
needs and consists of different phases of care as highlighted in the booklet: HASU, ASU, SRU, CSS, ARC.

- **Multidisciplinary team (MDT)** - the team of professionals working together to help you in your recovery.

- **Mechanical thrombectomy** - this is a highly specialist procedure performed on a small number of patients who have a particular type of stroke caused by a clot in the large artery in the brain. It is performed under anaesthetic, usually in the x-ray department. It involves a thin tube called a catheter which is passed into an artery in the groin and up to the neck until it reaches the blood clot which has caused the stroke. A stent (mesh like device) is used to remove the clot from the brain. This procedure needs to be carried out within 4½ / 5 hours of the stroke.

- **Thrombolysis** - If your stroke is caused by a blood clot (ischaemic stroke) you may be treated with a clot-busting drug to try to disperse the clot and return the blood supply to your brain. The process of giving this medicine is known as thrombolysis, the medicine is given through an intravenous drip in your arm. For most people thrombolysis needs to be given within 4½ hours of your stroke symptoms.
Finally

We hope this booklet will provide you with the information you need to help you and your family and friends. There are new services being developed all of the time, so this list of contacts although quite extensive may not be completely up to date. If you need any further advice or information, or cannot find what you need please do not hesitate to get in touch:

Amanda Jones
Clinical Lead for Stroke

0114 226 1141
amanda.jones@sth.nhs.uk

Language support and interpreting

If you need some help with speaking or understanding English please speak to a member of the stroke team in hospital or the community. If you have been discharged from the stroke service speak to your GP, they can arrange for an interpreter to help you talk about your treatment and wishes.

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