

Life After Stroke Causes, Aftercare & What to Expect

Facts about stroke



- In the UK around 100,000 people have a stroke each year.
- While the majority (59%) of strokes occur in the older generation, Public Health England's figures have found that over a third (38%) of first time strokes happen in middle-aged adults (between the ages of 40 to 69). More first-time strokes are now occurring at an earlier age compared to a decade ago. The average age for males having a stroke fell from 71 to 68 years and for females, 75 to 73 years between 2007 and 2016.
- More than 400 children have a stroke every year in the UK
- Almost two thirds of stroke survivors leave hospital with a disability and it's a leading cause of disability in the UK.

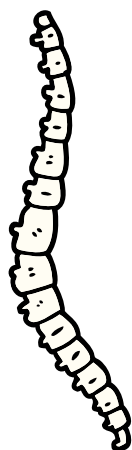
What is a stroke?

Ischaemic strokes occur when the blood supply to parts of the brain is disrupted. This starves that area of oxygen, damaging or killing the brain cells there. Arteries supplying the brain with blood can be blocked by blood clots, fat globules or air bubbles in the blood stream. About 85% of strokes are ischaemic strokes.



Haemorrhagic strokes are caused when a blood vessel bursts within or on the surface of the brain. Haemorrhagic strokes are generally more severe when compared to ischaemic strokes. These are also referred to as subarachnoid haemorrhage (bleeding on the surface of the brain) or intracerebral haemorrhage (bleeding within the brain). 15% of strokes are haemorrhagic strokes

Transient ischaemic attack, or TIA (also known as a mini-stroke) is the same as a stroke, except that the blockage is temporary. A TIA should be treated as seriously as a full stroke.



Spinal stroke is a disruption in the blood supply to the spinal cord. The spinal cord depends on a supply of blood to function properly. A disruption in the blood supply can cause injury or damage to tissues and can block messages (nerve impulses) travelling along the spinal cord. Spinal strokes are a rare condition. They are less common than strokes that affect the brain. They account for 1.25% of all strokes.

Stroke symptoms

The symptoms of a stroke vary depending on what type of stroke it is, what area of the brain is damaged, and how severe it is.

Stroke symptoms usually come on very suddenly, although sometimes new symptoms appear over the course of hours or days.



Some of the effects of stroke are:

- Weakness in arms and legs
- Problems with speaking, understanding, reading and writing
- Swallowing problems
- Vision problems
- Losing bowel and bladder control
- Pain and headaches
- Fatigue – tiredness that does not go away with rest
- Problems with memory and thinking
- Eyesight problems
- Numb skin, pins and needles.

Symptoms, treatment and medication for haemorrhagic strokes are different from those for ischaemic stroke. Symptoms for haemorrhagic stroke may include headache and vomiting.

NHS Stroke Awareness FAST campaign



Face: Has their face fallen on one side?

Arm: Can they raise both arms?

Speech: Is their speech slurred?

Time: Call **999** if you see any of these signs

This campaign was launched in 2009 and has helped raise awareness of the importance of getting people who are having a stroke to hospital without delay.

However, it is important to note that not all stroke survivors exhibit the FAST test warning signs. More recently **BE** has been added to indicate **B**alance and **E**yes - They can be unbalanced and experience visual disturbances.

If in any doubt, seek urgent medical help.



Medical Scans and Tests

At hospital, you'll have a brain scan to diagnose what kind of stroke it is.

If it's an ischaemic stroke, doctors will give you medication to help prevent more blood clots forming or to break them down.



For more information about the types of tests that may be carried out, contact The Brain & Spine Foundation on 0808 808 1000.

They also provide a range of booklets covering areas such as CT scans, MRI scans and angiograms, etc.

Further tests

Your blood pressure will be measured, and you will have blood tests to monitor things like your cholesterol levels and how easily your blood clots.

Doctors will check to see if you have developed any problems swallowing.

You may have tests on your heart to check for irregular rhythms or a hole in your heart (PFO - Patent foramen ovale)

Complications

Having a stroke can lead to challenging longer-term problems. These vary, depending on the damage caused by the stroke.



For some they might be mild, for others they can be more severe.

There are many ways of learning how to deal with these problems; advice and support from specialists can help you learn to overcome them.

It's important to remember that complications caused by a stroke often improve over time – sometimes over weeks, months or even years.

Swelling in the brain will reduce, and healthy brain cells can sometimes learn to take on the role of those that were damaged.

Below is a list of some of the possible complications after a stroke. Every stroke is different so every survivor could have some or all at varying degrees of severity or none of the affects listed.



Movement

One of the most common problems after a stroke is numbness, weakness, or an inability to move parts of your body or face – often on one side of the body.



Post Stroke Spasticity

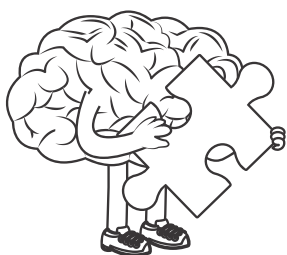
Post stroke spasticity is caused by damage to an area of the brain that controls voluntary movement. The damage affects the delivery messages from the nervous system to the muscle and causes them to become tight and stiff. The degree of severity can range from mild muscle stiffness to severe painful and uncontrolled muscle spasm.



Drop foot

Drop foot is one of the most common mobility problems following stroke. Drop foot (also dropped foot or foot drop) is the inability to lift the foot and toes properly when walking. It can lead to trips and falls, and a loss of confidence when walking. It can also occur if the foot lift is hampered by tight or overactive calf muscles due to spasticity.

Weakness relating to drop foot can also cause the person to hit the ground on the outside of the foot, which may increase the risk of ankle injuries. In all cases drop foot can lead to trips and falls, and slow inefficient walking. See our separate guide 'Drop foot and FES'

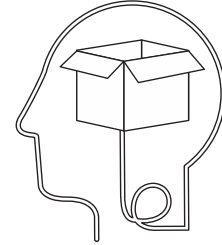


Concentration

You may have problems concentrating on things, especially in the first few weeks after a stroke. This can make it difficult to carry out lengthy tasks.

Memory

You might have difficulty remembering things or learning new information or skills.



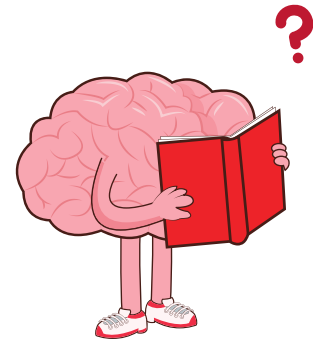
Clumsiness or loss of balance

Parts of the brain which deal with being aware of the space around you can be damaged, particularly on one side of your body.



Difficulty reading or understanding speech

Words that you used to know can seem to make no sense.



Difficulty speaking or writing

You may not be able to find the right words to use or have difficulty articulating words..





Problems with planning ahead

This can make carrying out lengthy tasks or sticking to schedules difficult



Behaviour & Personality

Sometimes parts of the brain that affect behaviour, such as social skills or how you act in public can be damaged by a stroke. It can also change parts of your personality.

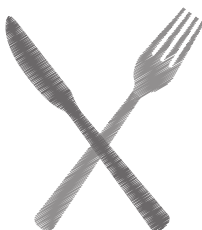


Pain

Some people develop pain in one of their shoulders or legs after a stroke. Another potential complication is central nervous pain – this can cause long-term pain in different parts of the body.

The Brain & Spine Foundation has more information on neuropathic pain

www.brainandspine.org.uk/neuropathic-pain

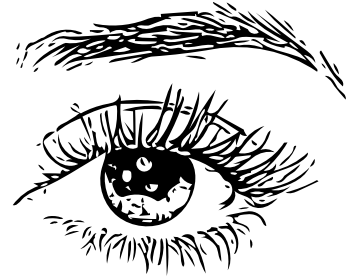


Difficulty swallowing

Muscles in the throat can be affected making swallowing difficult. Adding thickeners to fluid or changing the consistency of food can help you swallow more easily.

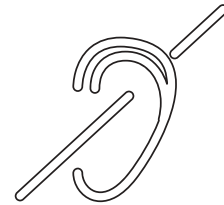
Loss of sight.

You might develop blurred or double vision, or lose half of your field of vision.



Hearing loss

The stroke may damage the areas of your brain related to hearing – this can cause hearing loss.



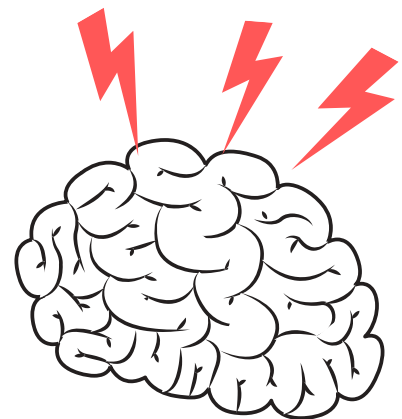
Fatigue

Many people find they suffer fatigue after a stroke which can be severe and cause problems functioning in a normal way – this usually improves after a few weeks or months as the brain heals but it can go on for longer, even years. Listen to your body and rest when you need to.



Epilepsy

This can occur at the same time as the stroke or afterwards. This is because of damage to the brain cells from the stroke and the surrounding brain cells can become overactive. If this over-activity becomes too great, it can spread suddenly across the brain resulting in a fit.



Rehabilitation & who will help

Rehabilitation is about learning how to manage and cope with your symptoms. The aim is to become as independent as possible.

A team of healthcare professionals will help you with your recovery. This can include doctors, nurses, therapists, and social workers. And while rehabilitation starts in hospital, it can continue long after you go home.

Soon after having a stroke, you will be screened for longer term problems so that plans can be made for your rehabilitation. Here are some examples of the rehabilitation you might receive:



Nursing and therapy sessions

Help to address problems such as clumsiness or balance, memory or learning difficulties, attention or behavioural problems or difficulties with planning.

You may be taught techniques such as using checklists and notebooks to help plan your life, or receive training to use electronic organisers.



Physiotherapist

Physiotherapists assess how your movement has been affected. Training will help to improve different aspects of your movement and balance and improve muscle tone.

A speech and language therapist

Therapists can create a therapy programme to help if the stroke has affected your ability to talk or understand words.



Occupational Therapist

An occupational therapist (OT) can help you learn to manage daily activities such as dressing, shopping or cooking. The OT can also give you advice and help to get you back to work.



Neuropsychologist

You may be referred to a Neuropsychologist who will be able to carry out tests to assess how your memory and concentration have been affected. He or she will also be able to suggest strategies to improve these functions

Counsellor

Talking with a Counsellor may help you to come to terms with the emotional fallout of stroke and come to terms with what has happened.





Friends and family members

Your friends and family are very important in assisting with rehabilitation and can help you to adapt back to life in the community.



Different Strokes Groups

Go to our website www.differentstrokes.co.uk to find out if we have a group in your area. Our groups focus around an exercise class to help improve fitness but also provide valuable peer support even after NHS rehabilitation has ended.

Going Home

How long you spend in hospital depends on how serious your stroke was.

Before leaving, you will be assessed to see if you need any equipment or changes made to your home to help you deal with any longer-term problems after your stroke.

Examples might include a wheelchair if you can't walk, a walking stick, or changes to your home such as the installation of a stair lift.

You may see a social worker to help plan your ongoing rehabilitation. Ask your local Social Services department for an "Assessment of Need". It could be that you or your carers can receive direct payments and/or benefits to help look after you.



Benefits

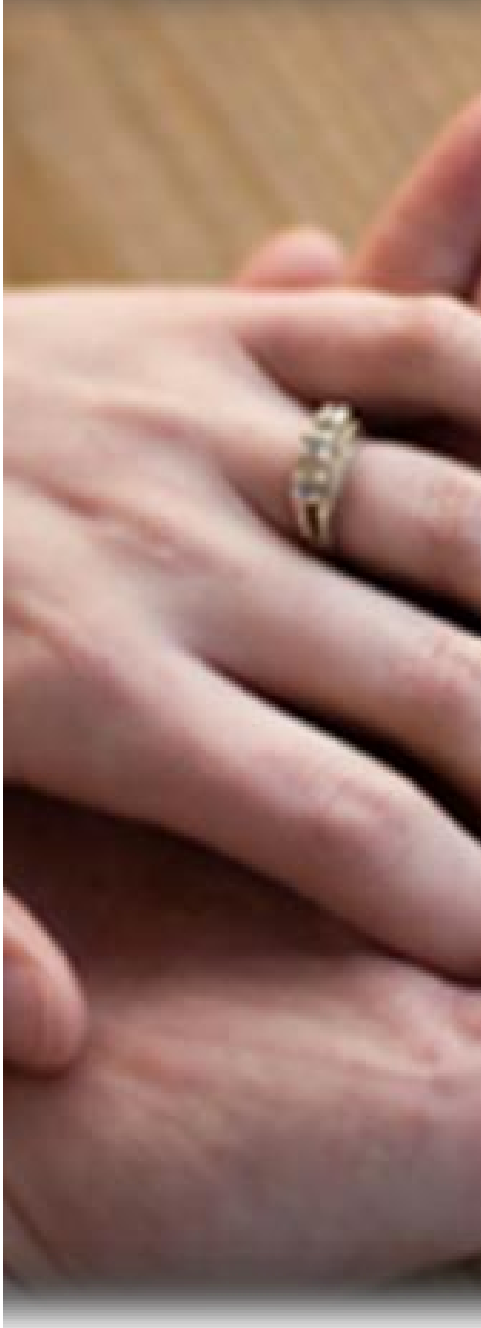
Get advice and help to claim any benefits that you may be entitled to. They can help with some of the extra costs of disability, for example, heating, hot water, extra wear and tear on clothing, aids and adaptations, taxis, car, telephone calls, non prescription medicines, continence aids, personal care, cleaning and housework services.

You may have reduced earnings or have to give up work, or experience a loss of overtime or other bonuses.

Your partner may experience a loss of earnings if they are now caring for you.

See our separate guide "Benefits" for more detailed information

What next?



When something potentially life changing like a stroke happens, it's natural to ask "why me?". Sometimes there's no obvious reason – strokes can just happen unexpectedly in people who seem perfectly healthy.

This process can also be linked to the depression that may follow a stroke. It is also normal to experience a range of emotions which may include anger, guilt, sadness, denial, and loss (almost like a death has occurred).

Allowing yourself time to work through these emotions and move on is part of the healing process. See our separate guide "The Invisible Side of Stroke"

However, there are risk factors which make having a stroke more likely. It's important to know about these because, unfortunately, if you've had one stroke you are more likely to have another one. Knowing what puts you at risk of a stroke can help you make changes to your lifestyle and reduce your chances of having another. See our separate guide 'Preventing further strokes'

Mental Health



While some of the changes stroke can cause may be visible – both to yourself and others – how it affects your thoughts and feelings may not be so obvious.

After you've had a stroke, feeling sad or depressed is not uncommon. You may be going through a kind of grieving process, where you're coming to terms with the loss of aspects of yourself, and your life.

Some people find they become overly anxious in certain circumstances, such as worrying about falling over in the toilet, or feeling afraid and anxious when meeting people.

After a stroke, some people notice a change in their emotions and how they control them. You may find that you start crying (or more rarely, laughing) very easily. This is called emotional lability.

It's important for you, and any family or friends, to know about the impact strokes can have on your state of mind.

Joining a support group to share experiences, tips for recovery and coping strategies with other people who have been through the same can also be very beneficial. Asking for help is not a sign of weakness.

Part of your rehabilitation may involve taking antidepressants or talking to a therapist to help start to deal with these issues.

see our separate guide "The Invisible Side of Stroke".

Things I wish you knew...

We asked our community of stroke survivors the things they wish others knew about stroke. These may resonate with you and may also help your family and friends understand your stroke better.

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*This can
happen to
ANY of us*

www.differentstrokes.co.uk

ANONYMOUS

”

*I wish you knew how
much I want my dignity
and independence back.*

ANONYMOUS

www.differentstrokes.co.uk

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*Just because a Stroke may not be
visible on the outside, it doesn't
mean that it had no impact.
Strokes affect people in different
ways, inwardly, outwardly
or both.*

www.differentstrokes.co.uk

ANONYMOUS

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*Despite my bad days I will win this war.
Some days I may lose the battle but I will never stop
fighting.
I won't let this stroke define me.
I have changed - and only I can make these changes
for the better.
I can choose to be a victim of a stroke or I can choose
to rise above it.
I can turn my stroke into fuel to spur me on, make
me stronger and more determined than before.
I have been to hell and back and after that I can
overcome anything.
Some days my battles seem effortless on the outside,
and some days I will seem lost.
I can only make a promise to myself; that I will get
there in my own time and from this dark place I will
be a better person.
I am a fighter, I am a stroke survivor.*

www.differentstrokes.co.uk

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*I wish you knew that
you don't have to work
out why this has
happened to me, or tell
me why you think this
happened to me.*

www.differentstrokes.co.uk

ANONYMOUS

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*I want you to know that
I am still more than
capable of making
decisions for myself.*

ANONYMOUS

www.differentstrokes.co.uk

Things I wish you knew...

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I wish you knew how hard it is to watch others carrying on with their lives whilst you're stuck and left behind, trying to pick up the pieces. I wish more than anything to be back to normal.

ANONYMOUS

www.differentstrokes.co.uk

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**Don't rush me.
Don't rush me.
Don't rush me.**

Three very important things that I wish everyone would be aware of.

ANONYMOUS

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When I tell you I have stroke fatigue **don't say** 'ohh, yes I get tired too'. When I'm explaining aphasia **don't say** 'ohh I forget words and I haven't had a stroke'.

ANONYMOUS

www.differentstrokes.co.uk

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I wish you knew that I don't expect you to understand how I'm feeling. The most invaluable thing you could give me whilst I'm recovering and figuring all of this out is your time and your patience.

ANONYMOUS

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I wish you didnt think that my stroke was minor just because the physical impact is not major. I am shattered, extremely emotional and get very overwhelmed and confused by things that I had no trouble with before.

ANONYMOUS

www.differentstrokes.co.uk

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I wish others knew what brain fog feels like, what it's like to have a chemical reaction of fight or flight as my overloaded brain shuts down. I wish they knew that although I look fine, and sound fine, that this afternoon I won't even be able to make a cup of tea unless I have a nap first. I wish they knew the effort it takes to be social and the impacts on me before and after, for days. I wish they knew how much my partner actually does for me. I wish they knew the internal battle of trying to balance being the best mum you can be with your own needs which are far greater than they have ever been. I wish they knew how much I miss being spontaneous! Jumping in the car and going on adventures...

I wish they knew how brave this face actually is.

ANONYMOUS

www.differentstrokes.co.uk

Sex & Relationships



The mental and physical impact of stroke, as well as some of the medicines you are prescribed, can sometimes cause difficulties in your sex life.

However, counselling, and other techniques can help you overcome these problems, allowing you to maintain a healthy sex life.

Asking for help is not a sign of weakness and many of the problems experienced can be easily addressed.

see our separate guide “Sex & Relationships after a stroke”.