

My Stroke Journey

An Easy English book
for stroke survivors,
families and carers



Keep this with you from hospital to home

About the Stroke Foundation

The Stroke Foundation works across Australia.

The Stroke Foundation is not-for-profit.

The Stroke Foundation works with:

- › Stroke survivors.
- › Family and carers.
- › Health professionals.
- › The government.
- › The wider community.

Here are some of the things we do:

- › We tell people about the risk factors and signs of stroke.
- › We promote healthy lifestyles.
- › We work to make treatment better.
- › We work to make life better for stroke survivors.
- › We help stroke research.
- › We raise money to do this work.

Visit strokefoundation.org.au for more information.

Proudly supported by:



We thank you for your support.

ISBN 978-0-9944537-3-0

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Suggested citation: Stroke Foundation.
My Stroke Journey - Easy English version.
Melbourne, Australia.

Note: The full document is available at
strokefoundation.org.au

About this book

My Stroke Journey will help you recover from **stroke**.
This book belongs to you. Keep it with you in hospital.
Your **stroke team** will read it with you.

How to use this book

This book tells you about **stroke**.

This book tells you about:

- › **Hospital** and **rehabilitation**.
- › Getting ready to go **home**.

The back of the book explains **medical terms**.

If you or your family want more information about the things in this book, you can visit enableme.org.au

Working with your stroke team

Your stroke team will help you read this book. Your stroke team will use it to make your **care plan**.

A care plan tells everyone how you will be looked after when you go **home**.

The plan includes:

- › Your **goals** for getting better.
- › Things you will change about your **lifestyle**.
- › **Medication** you need to take.
- › **Equipment** you need.
- › **Appointments** and contact details for people who can help you.

The **care plan** sections are **colour-coded light blue**.



Table of contents

About stroke

What is a stroke?	6
Types of stroke	7
Different areas of the brain	10
How stroke can affect you	11
What happens after a stroke	18
The stroke team	21
Family meetings	29
Making decisions	29

Reduce your risk

Lower your risk of having another stroke	30
Other things you can do to reduce your risk	33
Your risk factors	34
Signs you are having a stroke	37

Rehabilitation and leaving hospital

Getting better after a stroke	38
Write down your goals	40
Leaving hospital	41

Carer information

Becoming a carer	45
Caring can be difficult	46

Further information

StrokeLine	47
<i>enableme</i>	48
Get help after stroke	50
Help for carers	51
How to get more rehabilitation and see allied health services	53
Stroke support groups	54
Strokesaurus (medical terms)	56

Care plan pages

Care plan contents

The type of stroke you had	8
Stroke team members	22
Write down your goals	40
Checklist for leaving hospital	42
Appointments and services	43

What is a stroke?

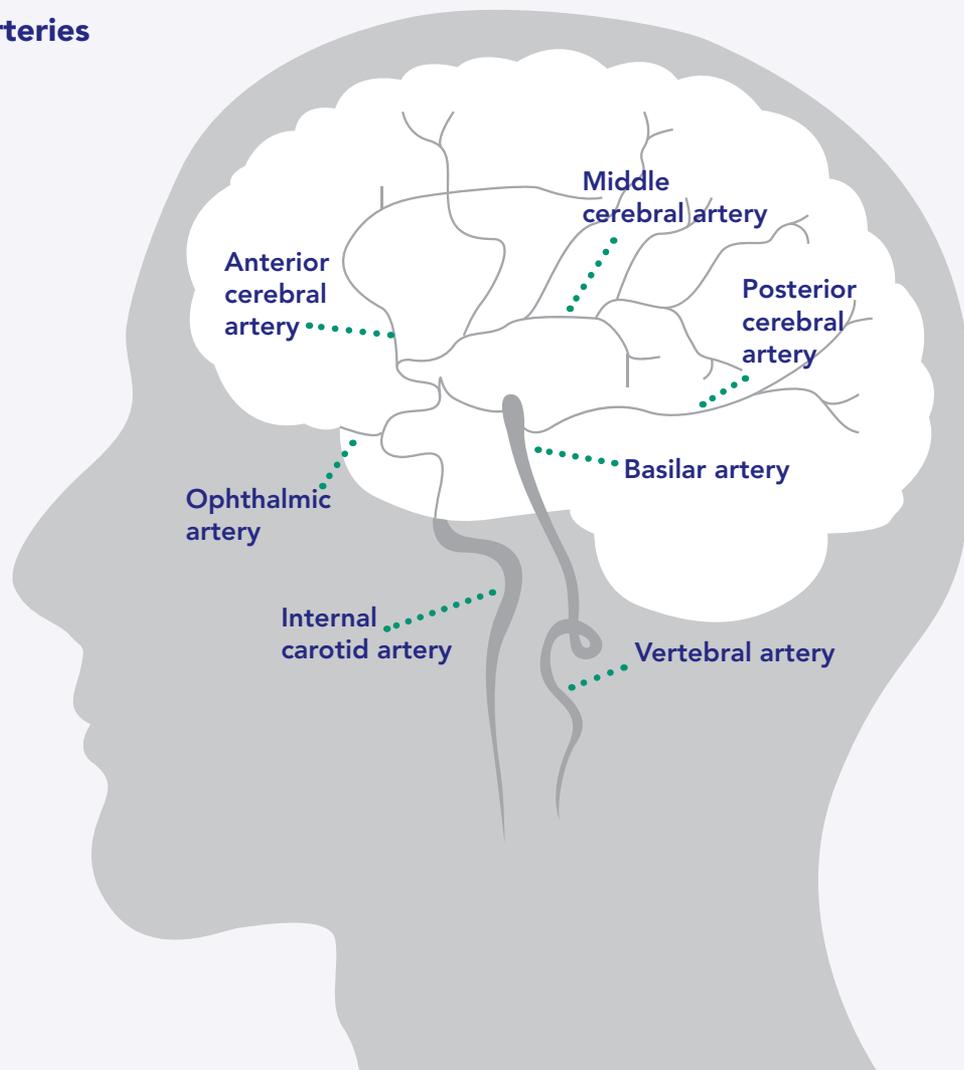
A stroke happens when **blood** cannot get to your **brain**.

Your brain is fed by blood vessels called **arteries**. Blood carries **oxygen** and **nutrients** for your **brain cells**.

Sometimes an artery is **blocked** or **bursts**. The blood cannot get to your brain cells.

If your brain cells do not get enough oxygen, they **die**.

Different arteries in the brain



Types of stroke

There are two types of stroke.

Both types of stroke stop blood getting to areas of the brain.

In the first type, an artery in the brain gets **blocked**.

In the second type, a blood vessel in the brain **breaks**, causing bleeding.

1. Blocked artery

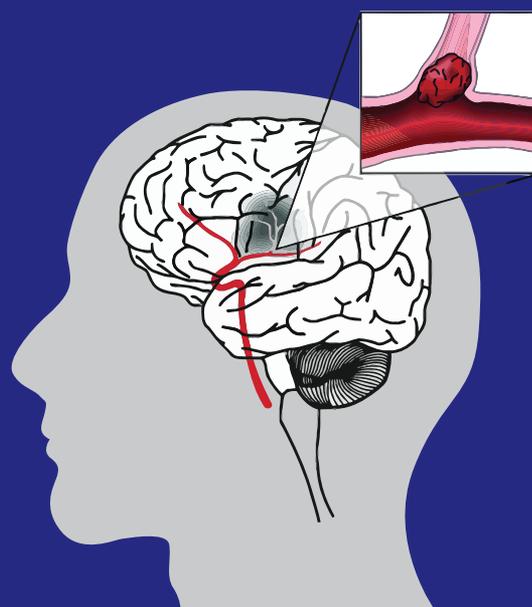
A stroke caused by a **blockage** is called an **ischaemic stroke** (pronounced is-key-mick).

The blockage can be caused by a **blood clot**.

A blood clot can get stuck in your **brain**.

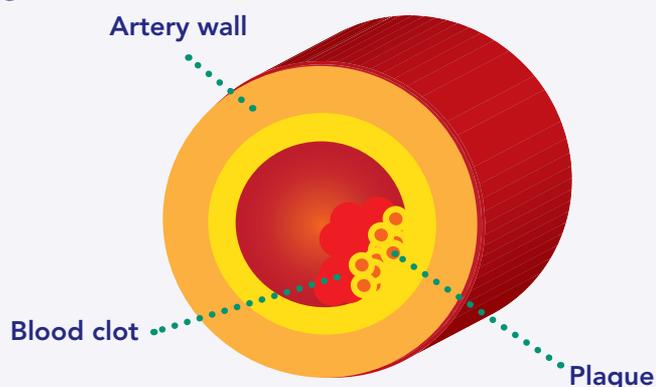
This kind of stroke also happens when **blood vessels** get blocked with **plaque**.

Plaque sticks to the inside of your blood vessels and makes them **smaller**.



Ischaemic stroke
(embolic and thrombotic)

Plaques in arteries



2. Bleeding in the brain

Sometimes a blood vessel **bursts** in the brain.

This is called a **haemorrhagic stroke** (pronounced hemm-orr-ragic).

This type of stroke stops oxygen getting to areas of the brain.

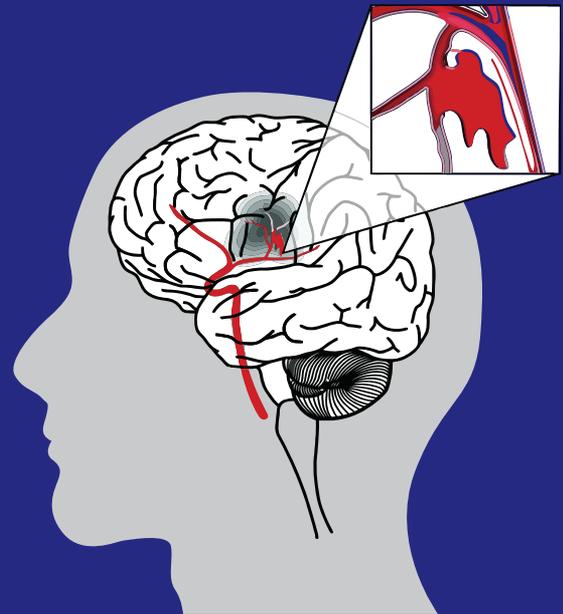
This type of stroke can be caused by **high blood pressure**.

This type of stroke can also be caused by a **weak spot** in a blood vessel.

A weak spot in a blood vessel is called an **aneurysm**.

This type of stroke can also be caused if you have a tangled mass of blood vessels in your brain.

This is called an **arteriovenous malformation (AVM)**.



Haemorrhagic stroke
(subarachnoid and intracerebral)

Which type of stroke did you have?

Ischaemic stroke (a blocked artery)

Haemorrhagic stroke (bleeding in the brain)

I don't remember the first few days. One minute I was making a cup of tea, the next I woke up in hospital.

My husband saw me collapse and he called the ambulance.

They took me straight to hospital. They did the first scan, and told him they wanted to give me the clot-busting drug.

It must have been hard for him to make such a quick decision.

My husband stayed with me almost all the time, sitting with me, waiting for test results and talking with the team.

I went home after a few weeks.

I still have trouble getting my words out when I'm tired.

I'm very glad my husband was able to keep a clear head throughout it all.

Linda, stroke survivor



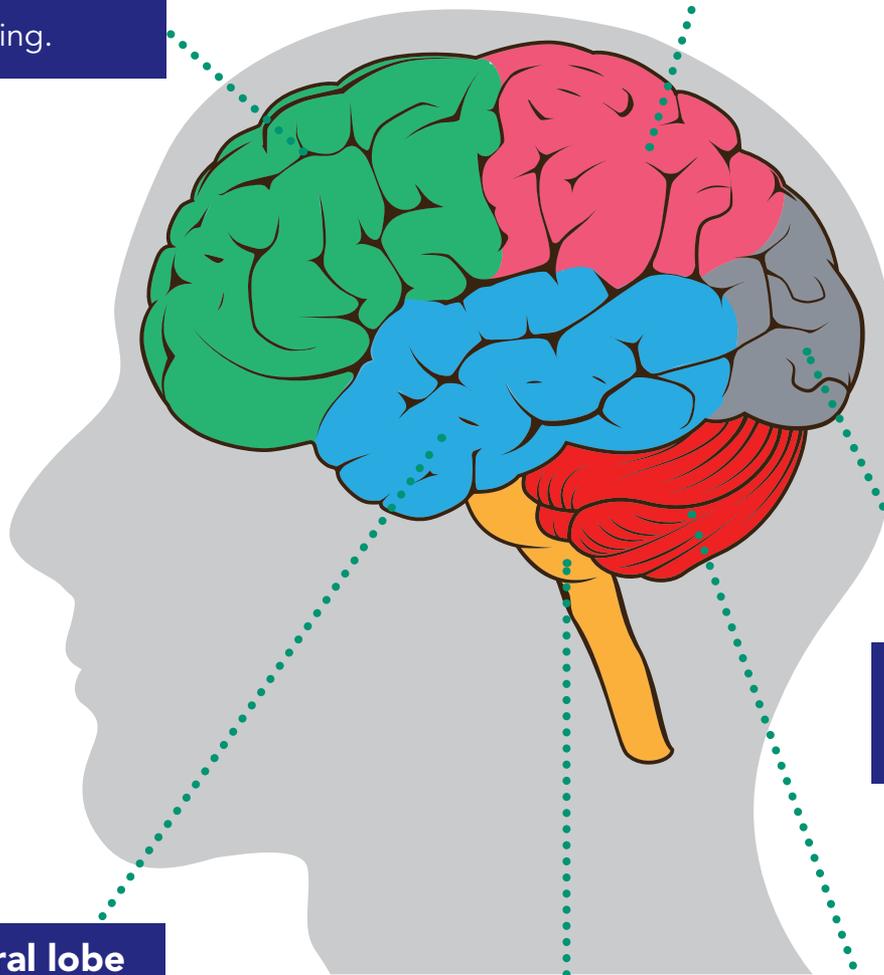
Different areas of the brain

Frontal lobe

- Motor control.
- Personality.
- Concentration.
- Problem solving.
- Planning.
- Initiative.
- Speaking.

Parietal lobe

- Touch, pain and feeling hot or cold.
- Feeling where your body/limbs are without needing to look.
- Calculation and writing.



Occipital lobe

- Vision.

Temporal lobe

- Hearing and processing sounds.
- Understanding speech.
- Face recognition.

Brain stem

- Breathing.
- Heart beat.
- Alertness.
- Swallowing.
- Blood pressure.
- Sweating.
- Eye and face movement.

Cerebellum

- Balance.
- Control of movement.
- Posture.
- Fine motor skills.

How stroke can affect you

Stroke affects your **brain**.

Your brain is divided into **areas**.

The areas of your brain **control** different things.

How your stroke affects you depends which area of your brain is **damaged**.

Damage to an area of your brain can change:

- › How you **think**.
- › How you **behave**.
- › How you use **words**.
- › How you **swallow**.
- › How you **see**.
- › How you feel **touch**.
- › How you **move** your body.

Stroke affects everyone differently. You may have trouble with one or more of these things.

Your **treating team** will help you with the things that have changed after your stroke.

Neuroplasticity

Your brain can adapt to damage. It can change in response to use.

Healthy areas of your brain can take over from damaged areas.

Neuroplasticity helps you recover from stroke.

How you think

After a stroke, you may not know what the **day** or **date** is.

You may not be able to **concentrate**.

You may **forget** things.

You may have trouble **planning** things.

You may have trouble solving everyday **problems**.

You may make choices that don't seem to make sense. You may do things that make you **unsafe** or **uncomfortable**.

You may find it hard to **understand your difficulties** and how they affect you.

The word **cognition** is often used to describe thinking, memory and judgement.

How you behave

You may **act differently** after your stroke.

Your **personality** may be different.

You may **say** or **do** things that are not right for the situation.

You may not even realise you have changed.

How you use words

You may have trouble with one or more of these things:

- › Talking.
- › Understanding what people say.
- › Reading.
- › Writing.

This is called **aphasia** or **dysphasia**.

Stroke can also change the **muscles you use to talk**.

Your **tongue** and **lips** are muscles. When you cannot use these muscles, you have trouble **talking**.

When you have problems because the muscles are weak, you may slur your words. This is called **dysarthria**.

When your lips and tongue don't move like you want them to, this is called **apraxia**.

If the muscles in and around your vocal cords are weak or paralysed, your voice may sound like a whisper. It may sound hoarse or rough. This is called **dysphonia**.

How you swallow

Stroke can affect the muscles of your **throat**.

This makes it hard to **swallow** food, drink or medication safely. This is called **dysphagia**.

If food or drink go into your **lungs** instead of your stomach, it can make you very sick.

How you see

Stroke can change the way you **see**.

You may have **double vision**. Double vision is when you see two of everything.

You may not be able to see things on **one side**. This is called **hemianopia**.

You may have trouble telling how **far away** an object is.

How you feel touch

The way you feel touch, pain or temperature may change.

You may have:

- › Numbness.
- › Pins and needles.
- › Odd sensations in the affected area.

How you move your body

One side of your body may be **weak** or it may not move at all. Weakness on one side is called **hemiparesis**. If one side doesn't move at all it is called **hemiplegia**.

This can cause problems using your **arm** or **leg**.

Parts of your body may not work like you want them to. This is called **apraxia** or dyspraxia.

You might have trouble keeping your balance. You might feel unsteady on your feet. You may be dizzy.

You might have changes in your muscles. They might feel stiff and tight. Or they could be floppy or loose.

If your muscles are **tight** or **weak**, your joint may become **fixed** in one position. This is called **contracture**.

Changes in the muscle can also cause your **arm bone** to sit a bit lower in your **shoulder socket**. This is called **subluxation**.

Other changes

After a stroke, you may feel **pain**.

The pain may be because a part of your body is **injured**.

You may also feel pain even if your body is **not injured**. This is because of changes in your brain.

Some people have **headaches** after stroke.

After a stroke, you may have difficulty recognising **one side** of your body. You might ignore this side. This is called **neglect**.

After a stroke, you may have difficulty with **going to the toilet**.

You may not be able to get to the toilet in time. You may not know when it is time to go.

This is called **incontinence**.

Stroke can change the way your body feels. It can also change how you feel about yourself. It can change your **relationship**. All of this may affect your **sex life**. You may need advice and someone to talk to about this.

Emotions

It is normal to have **strong emotions** after a stroke.

You may be **angry** you had a stroke.

You may be **worried** about why you had a stroke.

You may be **confused** about what is happening to you.

You may be **frightened** about the future.

You may also be **grateful** you survived.

You may be **hopeful** for recovery.

You may feel **love** for family and friends.

Emotional reactions get better with **time**.

But you may have long-lasting emotional difficulties, including **depression** and **anxiety**. This is very common. There is **treatment available**.

After a stroke you may laugh or cry for no reason. This is called **emotional lability**. Emotional lability is very common.

Be aware of things that **trigger** your emotions. Triggers can be:

- › **Tiredness.**
- › **Stress.**
- › **Anxiety.**
- › **Noisy places.**

Fatigue

People often feel **fatigue** after stroke.

Fatigue is **weariness, tiredness or lack of energy**.

Fatigue is not like normal tiredness.

Fatigue **does not go away** when you rest.

Fatigue makes it hard to do things.

Fatigue can affect you even if you only had a mild stroke.

Fatigue can start at any time.

Fatigue can get **better** with time.

Fatigue may **last longer** than you expect.

Your friends and family may not understand why you are fatigued.

Ask your **treating team** about fatigue. You can do lots of things to **manage** fatigue.

Help with these changes

Your **treating team** will talk to you about all the things that have changed since your stroke.

They will help you do things to get better.

They will suggest how you can do things differently.

They will show you equipment to make things easier.



Imagine waking up and finding out you can't say one word.

A few weeks after the stroke I managed to say, 'Hello'.

Thinking of the word I wanted to say was challenging.

Working out how to pronounce it was even harder.

When I could speak, the words I wanted to say were often different to the words I actually said. I couldn't trust what I said.

I made good progress to begin with.

Before long I could get by, despite some mistakes. But I became self-conscious and fearful.

I spoke less and less until I felt like a mouse in the corner with nothing to say.

As I lost confidence, my life became smaller until I felt as if I was locked in a world of my own. I lost my enthusiasm, and no-one knew how I felt.

I realised I had to move out of my comfort zone.

This meant being vulnerable and embarrassed.

I was afraid and scared of what people may think, say or do.

I continued to push the boundaries. I found that increasing my vocabulary

improved my imagination, my thinking and how I felt.

These changes expanded my world.

My negative self-talk got in the way of my recovery.

I noticed that words have an energy associated with them.

'Should' has the energy of guilt.

Instead I use words like 'could' or 'would' to give me possibilities.

I use definite words like 'will' or 'won't'.

I don't just 'try' to do something; I either do it or I don't.

'Hard' is something that cannot move, like concrete.

I use the word 'challenging' instead, as this suggests the chance of achieving something.

Using positive words empowered me and drove me forward.

Now my speech is mostly automatic, although I still have my moments when I have to pause and search for words, or think about how to pronounce them.

Best of all, I have gained the confidence to speak in public.

Claire, stroke survivor

What happens after a stroke

After a stroke, you should be admitted to hospital.

The doctors will do **tests**.

They will try to find out:

- › What **type** of stroke you had.
- › What **area** of your brain is damaged.
- › How **serious** the stroke was.
- › What **caused** the stroke.

Types of tests

Everyone needs different tests.

Here are some types of tests:

Brain scans

The doctors take **pictures** of your brain.

This is to see what **area** of your brain is damaged.

These tests are called **computerised tomography** (CT scan) and **magnetic resonance imaging** (MRI).

Other brain tests

Doctors may do tests to look for:

- › The way blood flows in your brain (**transcranial doppler** or TCD).
- › Blockages in the blood vessels of your neck or brain (by ultrasound, MRI angiogram or CT angiogram).

Heart tests

Your heart pumps blood to your brain.

The doctors will test your **heart**.

Doctors will check if your **heart beat** is normal.

Doctors may also do a test called an **echocardiogram** (ECG).

An echocardiogram tests if there is a **blood clot** in your heart.

An echocardiogram also tests to see if the chambers of your heart are **enlarged**.

You may have monitoring of your heart for a period of time to check the rhythm (telemetry or holter monitoring).

Blood tests

Doctors use blood tests to check your health.

Blood tests help doctors decide how to treat you.

Blood tests look at:

- › The way your **blood clots**.
- › Your **cholesterol** (fasting lipids).
- › How well your **kidneys** work.
- › Your **blood sugar** levels.
- › Your **salt levels**.
- › Your **white blood** cell count.
- › Your **iron** levels.

Other tests

Doctors may also test your **urine** or take **chest X-rays**.

Nurses will also do regular checks.

Nurses will check your:

- › Blood pressure.
- › Pulse.
- › Temperature.
- › Alertness.
- › Blood sugar levels.
- › Oxygen levels.
- › Breathing pattern.

Early treatment for stroke

Doctors **cannot** repair brain damage from stroke.

Doctors may be able to **limit** the damage.

Doctors **can treat you** if:

- › A blood clot caused your stroke (**ischaemic stroke**).
- › You get to the hospital quickly.

There are 2 types of treatment.

Clot busting medication

This medication breaks down **blood clots**. It allows blood to flow to the brain.

Clot retrieval

Doctors can insert a **tiny tube** into your body. Doctors use this tube to **remove the blood clot**.

Other treatments

Your doctor will tell you if you need to take **aspirin**.

Aspirin is sometimes used for stroke caused by a blood clot (ischaemic stroke).

Admission to hospital

You should be admitted to **hospital**.

You should be treated in a **stroke unit**.

A stroke unit looks after people who have had a stroke.

Small hospitals do not have a stroke unit.

You may be moved to a bigger hospital.

This is so you can be looked after in a stroke unit.

Stroke team

You will be looked after by a **stroke team**. The stroke team is a team of **health professionals**.

The stroke team only looks after people who have had a stroke.

Early progress

Everyone is **different**. Some people make a **good recovery** very quickly. Others take **longer** to get better.

Most people **survive**. Most people keep **improving** over time.

It is normal to feel strong **emotions** after a stroke.

Talk to your team, your family and your friends about how you are feeling.

I felt extremely lost after my stroke – I couldn't go backwards to my old life but there was nothing to go forward to.

Despite being physically impacted by my stroke, over time the emotional toll became quite evident.

I realised the importance of focusing on my physical and emotional obstacles to ensure my optimal recovery.

It was especially hard for me hearing people say, 'Oh I saw a glimpse of the old Em', because I knew she was gone.

We all had to accept that as difficult as it was, she wasn't going to come back.

It wasn't until I started to do new things, things that highlighted my strengths and not my weaknesses, that I found the 'new Em'.

I had a new direction.

For me it was about being open to different opportunities.

There's not one thing I do the same way as before, but I still live by my values, by what matters to me. So although I can no longer run, I can still fulfill my value of health and wellbeing by swimming instead.

Being with my friends is very important. Most of my friends had never been around someone who had survived a stroke. I needed to tell them it was okay for them to open up to me.

I found it was my role to make it easier for them – I wanted to help them grieve too.

It's not what happens to you that matters, it's how you choose to deal with it.

Emma, stroke survivor





The stroke team

The stroke team will try to treat the different **problems** that can happen.

The stroke team will work with you and your family.

You and your family are important members of the team.

Ask your stroke team questions. Talk to them about problems.

Together you can manage the impact of your stroke. The stroke team look after you while you are in hospital and sometimes when you go home.

Write down the **names** and **contact details** of the people in your stroke team before you go home.

Each stroke team is different

Some stroke teams do not have all the members listed on the next few pages.

Other stroke teams have members not listed here.

Stroke team member	Questions you might ask your health professional	Name of your health professional and contact details
<p>General practitioner (GP)</p> <p>Some GPs may look after you in hospital.</p> <p>Your GP will help you lower your chance of having another stroke.</p> <p>This could be with medication and lifestyle changes.</p> <p>Your GP can also help if you are sad or have problems coping.</p> <p>Your GP may refer you to other health professionals who can help you.</p> <p>Your GP looks after you when you go home.</p>	<p>What is this medication for?</p> <p>How long do I have to take this medication for?</p> <p>What are the side effects of this medication?</p> <p>How can I reduce my chances of having another stroke?</p>	<hr/>
<p>Nurses</p> <p>Nurses look after you in hospital.</p> <p>They check your blood pressure, pulse rate and temperature.</p> <p>They help you if you have bladder or bowel problems.</p> <p>They check your progress and talk to your doctor and other team members.</p> <p>They help you with showering, eating, going to the toilet and moving around your room.</p> <p>Community nurses look after you when you are back at home.</p> <p>They can help with medication, injections and looking after wounds.</p>	<p>What is my blood pressure?</p> <p>Can someone help me each day with meals?</p> <p>How do I improve my incontinence?</p> <p>What can I do to be more independent on the ward?</p>	<hr/>

Stroke team member	Questions you might ask your health professional	Name of your health professional and contact details
<p>Stroke care coordinator/ discharge coordinator</p> <p>A stroke care coordinator makes sure your stroke team has the right team members to match your needs.</p> <p>They help plan for you to go home or transfer to a rehabilitation hospital.</p> <p>They may organise family meetings.</p> <p>Not all hospitals have this team member.</p>	<p>Which members of the stroke team are helping me?</p> <p>Do I need to see any other members of the stroke team?</p> <p>When are we having a family meeting?</p> <p>Where will I be going next?</p> <p>What help do I need when I go home?</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Occupational therapist (OT)</p> <p>An OT helps you re-learn how to do things like showering and getting dressed.</p> <p>They help you get back to work or things you enjoy doing.</p> <p>They help you with thinking or memory problems, vision problems, and hand or arm problems.</p> <p>They may do a home visit to organise things you need before you go home.</p> <p>This makes it easier for you to get around your house.</p> <p>A specialist OT can complete a driving assessment.</p>	<p>What exercises can I do?</p> <p>How can my family help?</p> <p>What can I do to help my memory?</p> <p>Is my home safe for me?</p> <p>What equipment do I need at home?</p> <p>What do I need to do to drive a car again?</p> <p>Will I be able to go back to work?</p> <p>Will my stroke affect my sex life?</p> <p>How can I get back to my hobbies?</p>	<hr/>

Stroke team member	Questions you might ask your health professional	Name of your health professional and contact details
<p>Physiotherapist</p> <p>A physiotherapist helps you sit, stand, walk and exercise. They work on movement, muscle strength, sensation, coordination and fitness. They may talk to you about things that will help. This includes using a walking stick, walking frame or wheelchair. They can help you prevent falls. They can give you exercises to do. These exercises will help you get better.</p>	<p>Will I need things to help me move around my home safely?</p> <p>What exercises can I do?</p> <p>How often should I do the exercises?</p> <p>How can my family help me?</p> <p>How important is it to stay active after my stroke?</p> <p>How do I stay fit if my leg/arm is weak from the stroke?</p> <p>How can I get off the floor myself if I fall?</p>	<hr/>
<p>Speech pathologist</p> <p>A speech pathologist makes sure you can swallow. They may recommend special food and drinks for you. They may give you exercises to help you swallow. They help if you have trouble speaking or understanding what people say. They can help you communicate with your family and friends.</p>	<p>What needs to happen before I can drink normal fluids again?</p> <p>How can my family member help me to be safe when swallowing my food?</p> <p>How can my family member help me to communicate?</p> <p>How does a communication book/device work?</p> <p>Are there any exercises I can do to practise my speech?</p>	<hr/>

Stroke team member	Questions you might ask your health professional	Name of your health professional and contact details
<p>Dietitian</p> <p>A dietitian will help you if you are having problems eating enough food.</p> <p>They will give you special fluids or meals.</p> <p>They can talk to you about healthy foods.</p> <p>This can help lower your risk of another stroke.</p>	<p>I can't swallow normal food at the moment – what else can I eat?</p> <p>Can my family bring food in for me from home?</p> <p>What can I change in my diet to reduce the risk of stroke?</p>	<hr/>
<p>Social worker</p> <p>A social worker can help with life after stroke.</p> <p>They help you with emotional, social and financial things.</p> <p>They can give support and counselling.</p> <p>They help you and your family.</p> <p>They also give you information about:</p> <ul style="list-style-type: none"> › Getting ready to go home. › Community services. <p>Government payments and allowances.</p>	<p>I'm feeling very sad and worried. Is this normal? What can I do?</p> <p>What payments and allowances am I eligible for?</p> <p>What happens if I can't manage at home?</p> <p>My family member can't make decisions or manage their finances. What happens now?</p>	<hr/>

Stroke team member	Questions you might ask your health professional	Name of your health professional and contact details
<p>Psychologist (or clinical psychologist)</p> <p>A psychologist helps you and your family get used to life after stroke.</p> <p>They help you if you are depressed or anxious.</p> <p>They can help your whole family work together.</p>	<p>I'm stressed about how my family and I will manage at home. Can you help?</p> <p>I have been very sad since my stroke. What can I do?</p> <p>I'm feeling anxious about having another stroke. What can I do?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Neuropsychologist</p> <p>A neuropsychologist helps if you have problems with memory, thinking or behaviour.</p> <p>They work with your family to help with these problems.</p> <p>They may also talk to other team members about how the stroke has changed you.</p>	<p>Why do I feel different since my stroke?</p> <p>Will I get better?</p> <p>My family member thinks I do dangerous things. What can we do?</p> <p>Will my thinking and memory problems stop me going back to work?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Pharmacist</p> <p>A pharmacist makes sure you are taking the right medication.</p> <p>They talk to you about your medications and possible side effects.</p> <p>They give you a list of your medications when you leave hospital.</p> <p>They talk to you about how to lower your risk of having another stroke.</p> <p>They can help you quit smoking.</p>	<p>Why I am taking this medication?</p> <p>How long should I take this medication?</p> <p>Are there any side effects?</p> <p>When do I need another prescription?</p> <p>Should I avoid certain food and drink?</p> <p>What do I do if I forget to take my medication?</p> <p>Who should I talk to about my medications after I leave hospital?</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Family meetings

You and your family are important members of the **stroke team**.

Family meetings bring the stroke team together to talk about your care.

They help keep you and your family up to date.

Family meetings give everyone a say in **decisions**.

They give everyone a chance to ask **questions**.

Getting ready for a family meeting

You may feel anxious about meeting with the whole team.

You may get a lot of information in a short time.

Some things you can do to get ready:

- › Write down **questions** you have.
- › Ask someone to take **notes** for you.
- › Ask for an **interpreter** if you or a family member need one.

Making decisions

You have the right to make your own **decisions**.

After a stroke, you may not be able to make decisions for yourself.

There are laws about who can make decisions for you.

Enduring power of attorney

Enduring power of attorney is a **legal document**.

It lets you say who will make **decisions** for you.

It is only used if you cannot make decisions yourself.

It gives another person the **power** to make decisions.

Guardians and administrators

You can only make a power of attorney if you understand what that means.

After a stroke, this may not be possible.

If this happens, you may need someone to make decisions for you.

There are laws in each state about this.

A **guardian** may be needed to make decisions about things like where you will live.

An **administrator** may be needed to make decisions about money.

Your **social worker** can help you with this.

Lower your risk of having another stroke

Now that you have had a stroke, you have a higher chance of having another stroke.

There are **risk factors** that increase your risk of stroke.

You can change your risk factors.

This will lower the chance you will have another stroke.

High blood pressure

Know your blood pressure.

Normal blood pressure is 120/80.

If your blood pressure is over 140/90, you have **high** blood pressure.

You can lower your blood pressure:

- › Maintain a healthy weight.
- › Do exercise.

Medication can lower your blood pressure.

Everyone who has had a stroke should take medication to lower blood pressure.

High cholesterol

You can lower your cholesterol:

- › Maintain a healthy weight.
- › Eat foods low in saturated fat (animal fats).
- › Do exercise.

There is **medication** you can take to lower your cholesterol.

Smoking

It is never too late to stop smoking.

You can get help to stop smoking.

Ask your stroke team about this.

Obesity

Obesity means you have too much body fat.

Talk to your stroke team about losing weight.

Blood pressure is shown with two numbers:

120

Systolic pressure – The force put on the blood vessel walls as your heart pumps.

80

Diastolic pressure – The force put on blood vessel walls when your heart is resting between beats.

Poor diet

Healthy eating reduces your risk of stroke.

Do eat:

- › Plenty of vegetables. Choose different types and colours. Eat legumes (peas, lentils and beans).
- › Fruit.
- › Grain or cereal foods. Choose wholegrain and high-fibre types of bread, cereal, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley.
- › Lean meats and poultry, fish, eggs, tofu, nuts and seeds, peas, lentils and beans.
- › Milk, yoghurt, cheese and their alternatives, mostly reduced fat.

Don't eat much food that has:

- › Saturated fat.
- › Added salt.
- › Added sugar.

Do drink plenty of water.

Lack of exercise

Regular exercise reduces your risk of stroke.

- › Do at least **30 minutes** of moderate activity each day.
- › You don't have to do it all at once – three sessions of 10 minutes are enough.

Diabetes

If you have **diabetes**, you need to maintain healthy blood sugar levels.

Talk to your doctor about your diabetes.

Alcohol

Healthy people should drink no more than **two standard drinks** a day.

This may be different for you.

It may not be safe for you to drink any alcohol.

Talk to your doctor about how much is safe for you to drink.

You can get help to cut down or stop drinking.

They said my stroke was mild.

I lost a bit of strength in my left hand for a while.

But with the exercises the therapists gave me to do at home it was back to normal after about a month.

The doctor told me I'd have to wait a month before going back to driving and recommended I do light duties at work for two weeks after that.

It gave me the fright of my life being told I'd had a stroke!

I didn't think I was that unhealthy.

But I was smoking, carrying a few too many kilos and they said I had high cholesterol.

Now I have to take medication every day and I've given up the smokes.

It's been hard but not as hard as the thought of having another stroke!

I reckon I've been given a second chance with my health and I don't want to run the risk of having another stroke.

Robert, stroke survivor



Irregular pulse

An irregular pulse means your heart is not beating in a smooth pattern.

This is called **atrial fibrillation**.

Your doctor can talk to you about how to treat this.

Other things you can do to reduce your risk

There are other things you can do.

Medication

Almost everyone who has a stroke will take **medication**.

Talk to your pharmacist or doctor.

Surgery

Some people may need surgery after a stroke.

Your doctor will tell you if you may need surgery.

Your risk factors

Use this checklist to find out your risk factors.

Talk to your doctor about reducing your risk of another stroke.

Risk factor	Key messages	Notes
<input type="checkbox"/> High blood pressure.	Know your blood pressure. Check your blood pressure regularly.	<hr/> <hr/>
<input type="checkbox"/> Smoking.	Quit smoking.	<hr/> <hr/>
<input type="checkbox"/> High cholesterol.	Check your cholesterol. Eat a healthy diet.	<hr/> <hr/>
<input type="checkbox"/> Diabetes.	Talk to your doctor about your diabetes.	<hr/> <hr/>
<input type="checkbox"/> Obesity.	Talk to your doctor. Eat a healthy diet. Be active every day.	<hr/> <hr/>
<input type="checkbox"/> Excessive alcohol.	Have no more than two standard drinks each day.	<hr/> <hr/>
<input type="checkbox"/> Atrial fibrillation (irregular heart rate or AF).	Talk to your doctor.	<hr/> <hr/>

The way I view it, it's like a painting.

Before your stroke you have a self-portrait – you know what your identity is and what goals you want to reach in life.

When the stroke happens, it's like someone comes along with a paint brush and paints all over your portrait.

You kind of remember what your old portrait looked like, but it's time to paint a new one.

At the beginning you're going to be painting big, broad strokes and these represent the first steps you take towards your recovery.

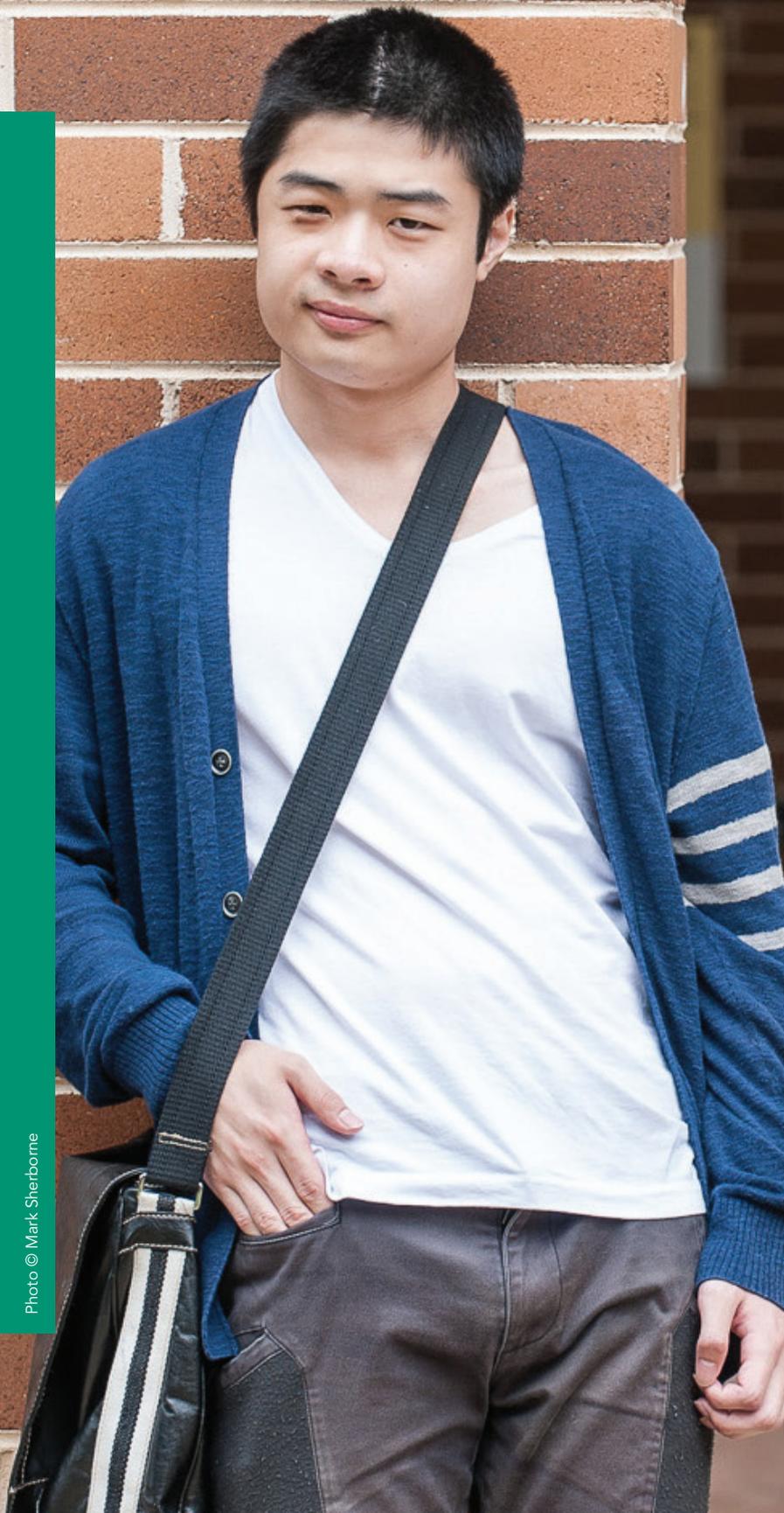
As you get better, you use a different brush, a more detailed brush, until you've got a new self-portrait.

This is the ultimate goal, this is recovery.

Because now you've got a new version of yourself, one that is probably better than the old one.

William, stroke survivor

Photo © Mark Sherborne



Signs you are having a stroke

If you have another stroke, you need to act **FAST**.

Call 000 right away.

The FAST test is a way to remember the signs of stroke.

FAST stands for:

- › Face.
- › Arms.
- › Speech.
- › Time to get help.

A weak face or arms, and trouble talking are the most common signs of stroke.

Other signs include:

- › Feeling numb.
- › Not being able to move.
- › Problems seeing.
- › Headache.
- › Trouble swallowing.
- › Feeling dizzy.
- › Nausea or vomiting.

Sometimes these signs go away. If you have stroke signs that go away, still **call 000 right away**. This is so you can have tests and treatment to stop you having a stroke in the future.

REDUCE YOUR RISK

Recognise **STROKE** Think **F.A.S.T.**



F
Has their
FACE
drooped?

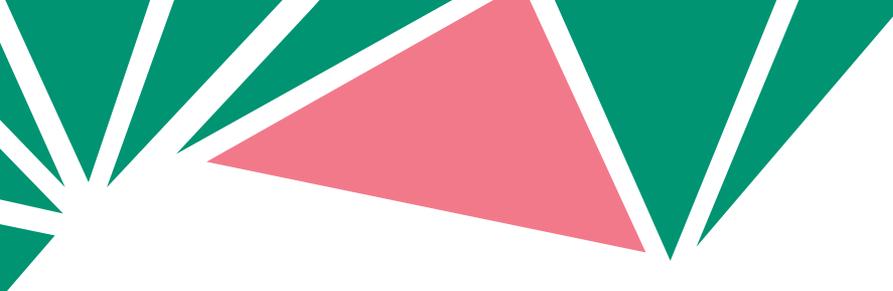
A
Can they lift both
ARMS?

S
Is their
SPEECH
slurred and do they
understand you?

T
Call 000,
TIME
is critical

If you see any of these symptoms **Act FAST call 000**





Getting better after a stroke

You will see a **rehabilitation** team.

Rehabilitation helps you get better.

It helps you **relearn** things.

It helps you find **new ways** of doing things.

Your brain can **adapt** after a stroke.

You can learn to use other parts of your brain.

This is called **neuroplasticity**.

Every person is **different**.

It is hard to tell how much you will get better.

Some people get back to normal.

Others do not.

Usually you make the most progress in the first six months.

You can keep getting better for years after a stroke.

Setting goals

Goals help you get better.

Goals break things down into **easy steps**.

Goals let you say what you want to do.

They also help you make a **plan**.

Talk to your stroke team about your goals.

Goals should be simple and clear, like, 'Be able to dress myself'.

Set a **timeframe** to achieve your goal.

Talk to your family and stroke team about your goals.

Celebrate your achievements.

Start small. Use small goals to get to bigger goals.

It was the last thing on my mind, that I'd have a stroke. I was reasonably fit, although I did have an underlying blood condition that increased my risk of stroke.

I hate to think of the trauma effect on my wife, my two girls, my friends and family, looking at me fully paralysed in the intensive care unit.

I was very fortunate that unit saved my life and the staff at rehab gave me that life back. When I arrived at rehab I couldn't hold my head up because my muscles were weak.

Rehab taught me how to walk and move through thousands of repetition exercises.

It's the start of a long journey.

Everyone has a different stroke.

Every day I'm a bit better.

My vision probably won't improve but I'm still working on my hand function.

If anyone was asking how to cope with life after a stroke then I'd say to focus on the things you do well.

The old Tony could jump tall buildings. The new Tony is a new and exciting guy that I'm very surprised that I have found. Without the stroke I'd still be doing the same routines.

Since my stroke, I've become a public speaker and a fundraiser, and I've written two books about the bus industry, of which I've been a respected member for 40 years.

So whilst you feel you have been struck a devastating blow, there is a new person that you can find.

Tony, stroke survivor

Photo © Ross Waldron



REHABILITATION

Write down your goals

Talk to your stroke team if you would like help setting goals.

After you leave the hospital, you can call **StrokeLine** on **1800 787 653** to talk about your goals.

You can also visit our website enableme.org.au

You can set goals there and see goals other stroke survivors have set.

Goal	When will you achieve your goal?

Leaving hospital

You and your stroke team will plan for you to leave hospital.

They will organise things for you.

This can include:

- › Making changes to your home.
- › Giving you equipment like a walker.
- › A community nurse to visit you at home.
- › Home help and respite care.
- › Appointments with specialist doctors.

There is always help available.

Talk to your doctor.

Call **StrokeLine** on **1800 787 653**.

Going home

You may be able to go home from the hospital.

The stroke team will work with you and your family.

They will make sure you will be **safe** at home.

Rehabilitation unit

You may not be well enough to go home right away.

You may need to go to a special **rehabilitation unit**.

This could be in a different hospital.

The rehabilitation unit will help you get better.

Aged care home

Some people are not well enough to go home.

These are usually older people.

They may need to go to an **aged care home**.

Aged care homes provide 24-hour care.

Before you can go to an aged care home, you need to see an **ACAT**.

ACAT stands for Aged Care Assessment Team.

The ACAT will help you decide if an aged care home is the best option for you.

Palliative care

Palliative care is for people at the **end of life**.

This type of care helps the person and their family.

Palliative care helps stop **pain** and **stress**.

Palliative care may be given in:

- › Hospital.
- › A palliative care unit.
- › An aged care home.
- › At home.

Your stroke team will talk to you and your family about palliative care if needed.

Checklist for leaving hospital

Medications

Do you have a list of medications?

Fatigue

Do you have a plan to deal with fatigue?

Follow up appointments and tests

Do you have a list of follow up appointments?

Rehabilitation

Do you need rehabilitation after hospital?

Services in your home

Will someone help you at home if needed?

Preventing another stroke

Do you know how to prevent another stroke? Do you know what to do if you think you are having another stroke?

Equipment

Do you need special equipment? Will it be arranged for you?

Emotional support

Do you know where to get emotional support?

Training for your carer

Does your family or carer know how to look after you?

Who to contact

Do you know who to contact if you have questions?

Returning to driving and work

Do you have a plan for returning to work or driving a car?

Financial support

Do you know about government payments?

Appointments and services

Write down your appointments here

Appointments	Notes

Write down contact numbers for services after you leave hospital.

Services	Contact

Ross was in hospital for a long time and the entire focus was on getting him well enough to come home.

You always put yourself last, you put your spouse and your children first. It's a difficult thing for carers, to find that balance.

That's been one of the benefits of the carers' group, to talk to people who understand what you're going through.

My advice is to try to do one thing at a time, not to try to do everything at once.

Though it's hard – my mind goes in lots of different directions! For me it's one day at a time, one thing at a time. I work out what I can do, and I get help for the things and for the times that I can't.

Finding out where to get help from can be difficult, it takes a lot of persistence.

I always ask a lot of questions of everyone I meet.

Make sure you say yes to everything. If someone says, 'Would you like a follow up appointment?', the answer is always yes.

Don't say no to anything. If it doesn't fit in later on, or you find you don't need that service, you can say no then.

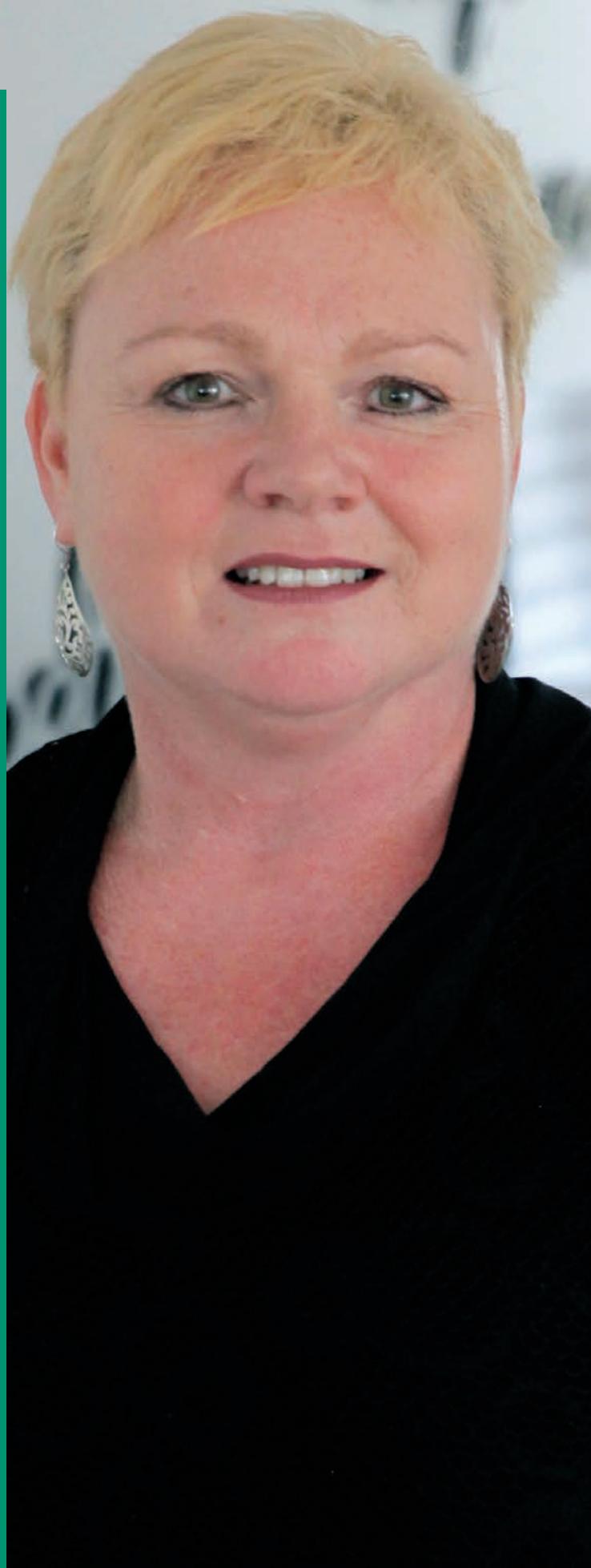
I learnt that I'm tougher than I think. Our family is pretty tough too, and we have a great group of friends. I'm an emotional wreck sometimes, and that comes with being tired. But I'm pretty tough.

Sometimes you think about all the things that you've lost, but then you think about all the things you've got.

I've got my health, and I've got Ross – between us we can work through things.

Being a carer is a challenge, but I wouldn't be anywhere else.

Julie, carer



Becoming a carer

A carer is anyone who looks after another person.

Carers can be a partner or family member. Carers can be a friend.

Carers:

- › Tell **other family members** how the person is going.
- › Talk to the treating team and **make decisions**.
- › Help set **goals**.
- › Help with **exercises**.

Getting ready for discharge

As a carer, you need to know about:

- › The **stroke**.
- › How it is being **treated**.
- › Plans for **future care**.

You may need training in how to:

- › Help the person get in and out of a chair or bed.
- › Help with showering, going to the toilet or getting dressed.
- › Prevent falls.
- › Help with communication and swallowing.
- › Prepare modified food.
- › Manage difficult behaviour.

It is important you know where to get support.

Read the 'Help for carers' section at the end of this book.



Caring can be difficult

Caring for a person is an expression of love. It can also be very difficult.

Carers feel many emotions.

You can talk to a friend about your feelings.

You can talk to a health professional.

Depression

It is normal to feel **sad** when someone has a stroke.

These feelings should start to go away soon.

Some carers get **depression**.

Depression is sadness that doesn't go away.

It can mean you **lose interest** in things you once enjoyed.

You can find it hard to **function**.

If this is how you feel, talk to your doctor.

Help for carers

Carers can get help.

Carers may be able to get **carer payments**.

Carer payments are from the government.

Talk to Centrelink to find out if you can get carer payments.

Respite care is short-term care.

It can be in your home or in an aged care home.

Respite care is so you can take a **break**.

You can also get **counselling**.

StrokeLine

StrokeLine gives you **information**.

StrokeLine is answered by **health professionals**. They know a lot about stroke.

They can help you with ways to manage after a stroke.

They can give you **advice** about how to get better.

They can tell you about **services** that can help.

Call **StrokeLine** on **1800 787 653**.

“Working on StrokeLine is very rewarding. Both of my grandfathers had strokes so working here is a very personal thing for me. On StrokeLine, I’m able to use over a decade of professional experience to make a real difference. Knowing I have been able to help someone feel less alone or make their journey a little easier means so much to me.”





enable *me*

stronger after stroke



On your
computer



On your
tablet



On your
smart
phone

enableme is a website.

It tells you about getting better after a stroke.

It helps you keep track of your goals.

You can join the online community.

You can talk to other people with stroke.

You can tell your own story.

www.enableme.org.au

Interested in *enableme*?

Like to try it but need some help?

Our helpdesk is available
Monday to Friday 9am to 5pm
Eastern Standard Time.

Call: 1800 787 653

Email: strokeline@strokefoundation.org.au



The first three months after I went home were the hardest time.

I lost my independence as I could no longer drive, and my husband had to become my carer as well as my taxi driver.

I also found my moods were up and down and my reactions to things felt out of proportion.

I was bewildered as I'd never felt like this before my stroke.

I did find it difficult to access information and support to help us manage.

I first read of *enableme* in the Stroke Foundation newsletter – I thought it could really help me with stroke information.

The idea of connecting with other survivors also really appealed to me.

As a senior I wanted to enter the world of technology – a big learning curve – and after my stroke I wanted to challenge my brain.

It was certainly worth doing as *enableme* is wonderful.

I discovered my emotional changes are commonly experienced after stroke and that's helped me immensely.

I would advise senior stroke survivors to take on the challenge of technology as there is so much to learn and enjoy.

Jenny, stroke survivor

Photo © Chris Crierar

FURTHER
INFORMATION

Get help after stroke

Stroke Foundation

StrokeLine
1800 787 653

strokefoundation.org.au

StrokeLine tells you about stroke prevention, treatment and recovery. StrokeLine can help you find services. StrokeLine is confidential. It is free.

Help in other languages

You can talk to StrokeLine with an interpreter.

Call the Telephone Interpreter Service on 13 14 50.

StrokeConnections

StrokeConnections is a free newsletter.

If you would like us to send you this newsletter, call **StrokeLine** on **1800 787 653**.

Journey After Stroke

This book is for Aboriginal or Torres Strait Islander people.

It was developed by the Townsville Stroke Team at Townsville Hospital, Queensland.

Call **StrokeLine** on **1800 787 653** and ask for a copy.

enableme

enableme.org.au

enableme is a website for stroke survivors, their families and supporters.

It is free.

It tells you about stroke.

You can talk to other stroke survivors.

Get involved

You, your family or your friends may wish to get involved in fighting stroke.

You can volunteer to raise funds.

You can volunteer to talk about your experience.

You can volunteer to spread the word about stroke prevention.

strokefoundation.org.au

- › Donate money – help us to fight stroke and support survivors.
- › Donate time – become a volunteer.
- › Speak up – give a voice to stroke in Australia.
- › Stay informed – stay up-to-date.
- › Share – help spread our message.
- › Get checked (and 'know your numbers') – check your health regularly.

Help for CARERS

Carer Gateway

1800 422 737

www.carergateway.gov.au

Carer Gateway is a website and phone service.

It helps carers.

The website has a service finder.

The service finder can connect you to local support services.

Centrelink

132 717

www.humanservices.gov.au

Centrelink gives payments for carers.

Carers Australia

1800 242 636

www.carersaustralia.com.au

Carers Australia gives counselling for carers.

Help with COMMUNICATION

Australian Aphasia Association (AAA)

1800 APHASIA (274 274)

www.aphasia.org.au

AAA helps people with aphasia and their families.

Help from COUNSELLING

Relationships Australia

1300 364 277

www.relationships.com.au

Relationships Australia helps people having problems with their relationships.

Lifeline Australia

13 11 14

www.lifeline.org.au

Lifeline gives telephone help. It helps people in crisis. It helps people who are thinking about suicide.

QUITLINE

13 7848 (13 QUIT)

www.quitnow.gov.au

QUITLINE helps you stop smoking.

Help with DRIVING

State Transport Authorities

The transport authority in your state can tell you about driving after stroke.

Australian Capital Territory

13 22 81 www.accesscanberra.act.gov.au

New South Wales

13 22 13 www.rms.nsw.gov.au

Northern Territory

1300 654 628 www.nt.gov.au/driving

Queensland

13 23 90 www.tmr.qld.gov.au

South Australia

13 10 84 www.sa.gov.au/topics/driving-and-transport

Tasmania

1300 135 513 www.transport.tas.gov.au

Victoria

13 11 71 www.vicroads.vic.gov.au

Western Australia

13 11 56 www.transport.wa.gov.au

Occupational Therapy (OT) Australia

1300 682 878

www.otaus.com.au

OT Australia can give you a list of driving assessors.

Help with FINANCES

Centrelink

Newstart allowance: 13 28 50

Disability and carers: 13 27 17

Jobs, education and training: 13 28 50

www.humanservices.gov.au

Centrelink helps with income support and job seeking.

Help with RETURNING TO WORK

Centrelink Job Access

1800 464 800

www.jobaccess.gov.au

Job Access helps people with a disability get a job.

Help from other SERVICES

My Aged Care

1800 200 422

www.myagedcare.gov.au

My Aged Care helps you find aged care services.

National Disability Insurance Scheme (NDIS)

1800 800 110

www.ndis.gov.au

NDIS helps people with a disability. It is for people who are younger than 65 years.

Continence Foundation of Australia

1800 33 00 66

www.continence.org.au

Continence Foundation helps people who have problems with going to the toilet.

Diabetes Australia

1300 136 588

www.diabetesaustralia.com.au

Diabetes Australia helps people with diabetes.

Independent Living Centres Australia

1300 885 886

www.ilcaustralia.org.au

Independent Living Centres help people look after themselves.

Medic Alert

1800 88 2222

www.medicalert.org.au

Medic Alert can tell your family if you have an emergency.

Medic Alert also gives doctors your medical history in an emergency.

Heart Foundation

Heartline: 1300 36 27 87

www.heartfoundation.org.au

The Heart Foundation helps people with heart disease.

Synapse

1800 673 074

www.synapse.org.au

Synapse connects people with brain injury to services. Synapse also provides telephone counselling.

How to get more rehabilitation and see allied health services

Rehabilitation helps you get better after a stroke.

Rehabilitation can go on **for years**.

The **hospital** should help you get rehabilitation when you go home.

You might also need **more rehabilitation**.

Your **doctor** can help you get more rehabilitation.

You can get more rehabilitation from **allied health services**.

Your **doctor** can help you see an allied health service.

An **allied health service** can be a:

- › Physio
- › Occupational therapist (O.T.)
- › Speech pathologist
- › Podiatrist
- › Dietitian
- › Social worker
- › Psychologist.

You can see an allied health service through **Medicare**.

This is called a **Chronic Disease Management Plan**.

It lets you see an allied health service **5 times**.

Ask at the allied health service what you can do **after you see them**.

You can ask your doctor if you can get **community-based rehabilitation**.

This is back at the **hospital**.

Community-based rehabilitation is good if:

- › You have gotten **worse**
- › You want to do something **different**.

You might need to see a **counsellor** if:

- › You want to talk to someone about how you feel
- › You have **depression** or **anxiety**.

Ask your doctor about a **Mental Health Care Plan**.

It lets you see a counsellor **10 times**.

Private health insurance can help you get more rehabilitation.

It might help you:

- › See an **allied health service**.
- › Go to a **private hospital**.
- › Talk about **health on the phone**.

Ask your private health insurer what help you can get.

You might get rehabilitation at a **university**.

This can be **cheap or free**.

It can be from:

- › **Students**
- › **Research**.

Phone **StrokeLine** on 1800 787 653 for more help.

Stroke support groups

You can meet other people in a **stroke support group**.

A stroke support group might be for:

- › A local **area**.
- › **Young** people.
- › **Old** people
- › People with an **interest**.
- › People with **aphasia**.
- › **Carers**.

A **stroke association** might be able to help you.

You can phone a stroke association if you live in:

- › **Victoria**
- › **New South Wales**
- › **South Australia**.

Stroke Association of Victoria

03 9670 1117

www.strokeassociation.com.au

Stroke Recovery Association of New South Wales

1300 650 594

www.strokensw.org.au

Stroke Association of South Australia

08 8352 4644

www.stroke.org.au

Phone **StrokeLine** on 1800 787 653
to find a group.

There are also **aphasia groups**.

You can ask the **Australian Aphasia Association**.

Phone: 1800 274 274

Website: www.aphasia.org.au

You can also ask the **Aphasia Community**.

Website: www.aphasia.community

Help for VISION

Vision Australia

1300 84 74 66

www.visionaustralia.org

Vision Australia helps people who
have problems with their eyes.

Guide Dogs Australia

1800 484 333

www.guidedogsaustralia.com

Guide Dogs Australia helps people
who have problems with their eyes.



Strokesaurus

Aneurysm

An **aneurysm** is a weak spot in a blood vessel.

Blood vessels carry blood around your body.

An aneurysm can burst.

If an aneurysm bursts in your brain, you can have a stroke.

This type of stroke is called a **haemorrhagic stroke**.

Aphasia

Aphasia is when you have trouble with language.

This includes **talking, reading** and **writing**.

It also includes **understanding** what other people say.

It is also called **dysphasia**.

Apraxia

Apraxia is when you have trouble moving your body.

It happens when parts of your body won't work the way you want them to.

This is also called **dyspraxia**.

Arteriovenous malformation

Arteriovenous malformation (AVM) is when blood vessels get tangled.

AVM usually happens before you are born or soon after.

AVM can happen in the brain.

Atrial fibrillation

Atrial fibrillation is a problem with your heart.

Sometimes your heart beats too quickly.

Your heart may not beat in a steady pattern.

Brainstem

The **brainstem** is a part of your brain. It connects your brain, spinal cord and nerves.

It controls your heartbeat, breathing and other vital functions.

Carotid ultrasound

A **carotid ultrasound** is a type of medical test.

It is also called a carotid doppler or duplex.

Doctors use an ultrasound to look at the arteries in the neck.

They can see how well the blood flows to your brain.

Cerebellum

The **cerebellum** is a part of your brain.

You use it to control your movement.

It helps you stand, sit and balance.

Cerebral angiogram

A **cerebral angiogram** is a type of medical test.

Doctors inject you with a special dye. Then they take an X-ray picture. They can see the dye on the X-ray. This is usually done with a CT scan or an MRI scan.

Cerebral infarct

Cerebral infarct is when an area of your brain is damaged.

The damage happens when a part of your brain does not get blood.

Some cerebral infarcts are very small. Others affect larger parts of your brain.

Cholesterol

Cholesterol is a kind of fat in your blood.

Sometimes you have too much cholesterol.

If this happens, the fats can stick to your artery walls.

Your arteries can get blocked.

Clot busting

Clot busting means breaking up a blood clot.

This can only be done if you have an **ischaemic stroke**.

It must be done in the first few hours after your stroke.

This is done with a medicine called **rt-PA**.

The doctors will give you rt-PA through a needle.

Clot retrieval

This can only be done if you have an **ischaemic stroke**. It must be done in the first few hours after your stroke. The doctors will insert a tiny tube into your body to pull the blood clot out.

Cognition

Cognition means how you think.

It includes:

- › Memory.
- › Thinking.
- › Language.
- › Judgement.

Continence

Continence means being able to control when you go to the toilet.

It is an automatic function that you don't have to think about.

CT scan

A **CT scan** is a medical test. CT stands for computerised tomography.

Doctors can use the scan to see inside your brain.

They can find out which parts of your brain the stroke has damaged.

Dysphagia

Dysphagia is when you have pain or difficulty swallowing.

It is also called **aphagia**.

Electrocardiogram

Electrocardiogram is a type of medical test.

Doctors can see if there are problems with your heartbeat.

Embolic stroke

An **embolic stroke** is a type of stroke caused by a blood clot in the brain.

The blood clot comes from somewhere else in the body.

Usually the blood clot comes from the heart.

Emotional lability

Emotional lability is when you suddenly laugh or cry for no reason.

This can happen after you have a stroke.

Emotional lability can last for a few weeks, or for a longer time.

This is also called pseudobulbar affect.

Enduring power of attorney

Enduring power of attorney is a legal term. You can let a trusted person make decisions about your money and property.

Family meeting

A **family meeting** is when you and your family meet with the people looking after you.

During the meeting, everyone can find out about what's happening.

This includes asking questions.

You can find out about your condition.

You can talk about what the care team is doing to look after you.

You can find out what care you need in the future.

Frontal lobe

The **frontal lobe** is a very important part of your brain. It controls:

- › Your emotions.
- › How you sort out problems.
- › Your memory.
- › How you talk and understand.
- › How you make decisions.
- › How you act around other people.
- › How you act sexually.
- › How you move your muscles.

Geriatrician

A **geriatrician** is a doctor who looks after older people.

Haemorrhagic stroke

Haemorrhagic stroke is when a blood vessel bursts in the brain.

This type of stroke causes bleeding inside the brain.

Hemianopia

Hemianopia is when you lose one half of your vision.

You might see people with only half a face.

If you read a book, you might only see half the page.

Hemiparesis

Hemiparesis is when you are weak on one side of the body.

It can affect your arm or your leg, or both.

Hemiplegia

Hemiplegia is when you can't move one side of your body.

It can affect your arm or your leg, or both.

Hypertension

Hypertension is when you have high blood pressure.

Incontinence

Incontinence is when you lose control of going to the toilet.

International normalised ratio

International normalised ratio is a type of test.

Doctors measure the time it takes for your blood to clot.

They compare this to the average.

Intracerebral haemorrhage

Intracerebral haemorrhage is a type of stroke.

This type of stroke is caused by bleeding in the brain.

Ischaemic stroke

Ischaemic stroke is a type of stroke caused by a blood clot that blocks a blood vessel in your brain.

This kind of stroke also happens when your **blood vessels** get blocked with **plaque**.

Mobility

Mobility means being able to move.

For example:

- › Walking.
- › Standing up.
- › Moving from one chair to another.

MRI

MRI stands for magnetic resonance imaging.

Doctors can take pictures inside your body.

They can see what is happening in your brain.

Neglect

Neglect is a change in how you see the things around you.

It happens when you don't see things on one side of your body.

It also happens when you ignore things on one side.

Neurologist

A **neurologist** is a type of doctor. They look after your brain and nervous system.

Neuroplasticity

Your brain can adapt to damage. It can change in response to use.

Healthy areas of your brain can take over from damaged areas.

Neuroplasticity helps you recover from stroke.

Occipital lobe

The **occipital lobe** is a part of your brain.

It is at the back of your brain.

You use it to see things.

Palliative care

Palliative care is for people who are near the end of their life.

It can be given:

- › At home.
- › In a hospital.
- › In an aged care home.
- › In a hospice.

Parietal lobe

The **parietal lobe** is a part of your brain.

It helps you feel things.

It helps you know what's going on around you.

Perception

Perception is the way your brain understands the messages your body sends it.

This includes how you:

- › See things.
- › Feel things.
- › Smell things.
- › Taste things.
- › Hear things.

Rehabilitation physician

A rehabilitation physician is type of doctor.

They help you get better through active treatment.

Rehabilitation unit

A **rehabilitation unit** is a part of a hospital.

They will give you exercises.

This helps you do the things you used to do.

They will also teach you new ways of doing things.

The types of things they do with you will depend on what you need.

For example, they can help you walk again and speak clearly.

Respite care

Respite care gives your carer a break.

Someone comes to your house for a short time.

They stay with you so your carer can do something else.

It can also be given in an aged care home.

This is usually for longer times.

It can be planned.

It can also be used in an emergency.

Stroke unit

A **stroke unit** is a special area in a hospital.

It looks after people who have had a stroke.

Subarachnoid haemorrhage

A **subarachnoid haemorrhage** is a type of stroke.

This type of stroke happens when there is bleeding on the surface of the brain.

Temporal lobe

The **temporal lobe** is a part of your brain.

It controls hearing.

It also controls memory of hearing and vision.

Thrombolysis

Thrombolysis is a type of medical treatment.

You are given medicine.

The medicine breaks down a blood clot.

This lets blood flow back into your brain.

The medicine is called rt-PA.

Thrombotic stroke

A **thrombotic stroke** is a type of stroke.

This type of stroke happens when a blood clot forms in your brain.

Transcranial doppler

Transcranial doppler is a type of medical test.

This test measures the speed of blood flow in your brain.

Transient ischaemic attack

A **transient ischaemic attack** (TIA) happens when the blood to your brain gets blocked for a short time.

The signs are the same as a stroke, but they only last a short time.

The signs usually disappear in a few minutes. They don't cause damage to the brain.

A TIA can warn you that a stroke may occur.



Notes

The Stroke Foundation offers a range of services to assist stroke survivors, their carers and families to achieve their best possible recovery and to live well after stroke. As well as My Stroke Journey, this includes:

- › StrokeLine – staffed by health professionals, this free phone service provides information and advice on stroke prevention, treatment and recovery.
1800 787 653
Visit strokefoundation.org.au
- › *enableme* – a free online resource and community for stroke survivors, their families and supporters. Visit enableme.org.au
- › Follow Up – in some states, funding allows us to call stroke survivors after discharge from participating hospitals to talk about how they are managing at home and to check they have what they need to achieve their best possible stroke recovery.
- › Support groups – referral to local support groups around Australia where available.



How to get more involved

-  **Give time** – become a volunteer.
-  **Raise funds** – donate or hold a fundraising event.
-  **Speak up** – join our advocacy team.
-  **Leave a lasting legacy** – include a gift in your Will.
-  **Know your numbers** – check your health regularly.
-  **Stay informed** – keep up-to-date and share our message.

Contact us

-  **StrokeLine 1800 787 653**
-  **strokefoundation.org.au**
-  **[/strokefoundation](https://www.facebook.com/strokefoundation)**
-  **[@strokefdn](https://twitter.com/strokefdn)**
-  **[@strokefdn](https://www.instagram.com/strokefdn)**