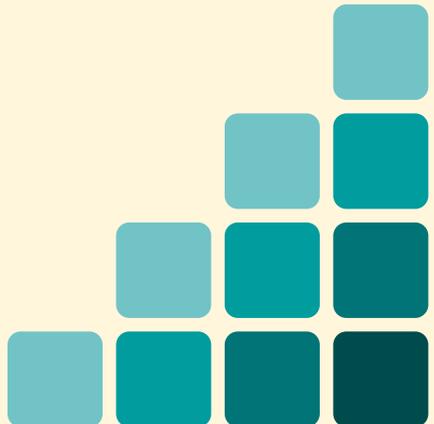




Stroke services

Information for patients



Stroke services

This booklet aims to help explain:

- Why stroke or transient ischaemic attack (TIA) occurs, the approaches used for recovery and advice to help prevent recurrence
- Treatment you will receive while in our care
- The importance of your role in your recovery
- How we make plans for your discharge and any onward care that may be required
- The services and support available to you and your carers

Please ask if you have any further questions.

Your consultant

Your physiotherapist

Your occupational therapist

Your speech and language therapist

What is a stroke?

A stroke occurs when the **blood flow** supplying oxygen, glucose and other substances to the brain is **interrupted**. Following a stroke some **cells** become **damaged or die**.

The brain controls everything we do and the **effects** of stroke will **vary** considerably depending on the part of the brain affected, together with the size of the damaged area.

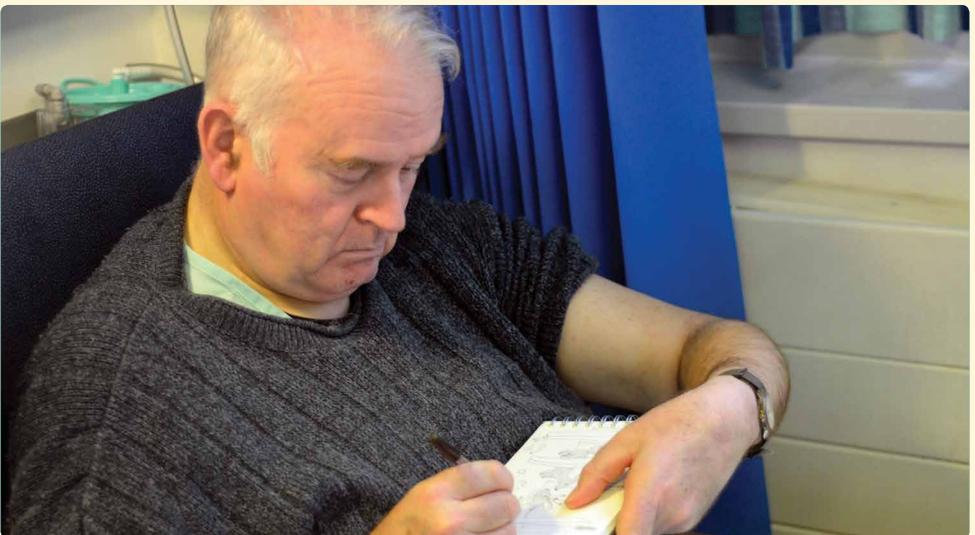
There are two types of stroke:

- **Ischaemic stroke** occurs when material **blocks** one of the arteries carrying blood to the brain.
- **Haemorrhagic stroke** occurs when a blood vessel **bursts**, causing bleeding into brain tissue.

What is a TIA?

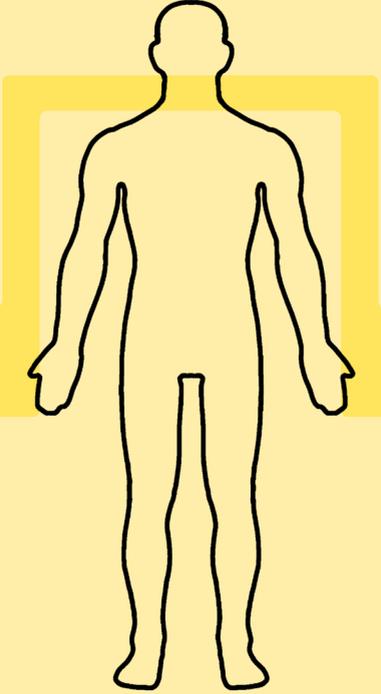
TIA or **Transient Ischaemic Attack** is a **temporary interruption** in the blood supply to the brain and is often referred to as a **mini stroke**.

You may experience **stroke-like symptoms** which can last a few minutes or longer but which resolve within **24 hours**.



Common symptoms of strokes and TIAs

These symptoms can be very frustrating—it is important to give yourself time and be patient.



Visual problems

Difficulties with:

- learning
- memory
- performing sequenced tasks

Altered mood which may include:

- low mood
- low motivation
- irritability
- extreme tearfulness
- difficulty in sleeping
- weight and appetite changes
- loss of libido

Difficulty in communicating

Swallowing difficulties

Altered sensation (normally on one side of the body)

Loss of balance and coordination

Muscle weakness or paralysis on one side of the body

Rapid fatigue

Incontinence

What is going on?

Most patients admitted following a stroke are taken to a Stroke Unit bed. If you have additional medical needs these may be cared for on other wards.

Wherever you are cared for in the hospital, the Stroke Team will aim to **medically stabilise** your condition and **identify** any **problems** by carrying out a series of multidisciplinary assessments.

About the ward

Visiting times

Visiting times are **2–8:30pm**. We ask that you adhere to these times. However, we can be flexible in exceptional circumstances.

Please speak to the nurse in charge regarding this. We encourage no more than two visitors at one time.

Protected mealtimes

Breakfast: 8–9am

Lunch: 12:30–2pm

Dinner: 5:30–6:30pm

The ward has a '**protected mealtime**' for lunch. We do not encourage visiting during this period, to allow some **quiet time** for patients.

Facilities

Our day room is available for the use of **patients** and their **families**.

Our therapy gym provides a **specialised environment** with limited distraction for **therapy intervention**.

How can family and friends help?

- Bring in easy **comfortable**, loose fitting **clothes** that are easy to pull off and on such as T-shirts and tracksuit bottoms as well as any toiletries, spectacles, hearing aids or dentures that you may use. **Please note:** the ward does not have laundry facilities for patients so relatives are requested to launder items as required.
- Bring in **flat, supportive shoes** to help patients who are having difficulties walking.
- Encourage you to **do things for yourself** where possible. In order to help you regain your independence, it is better for you to do things for yourself. An example of this might be eating and drinking or washing.

- Sit by your **affected side** (the weaker side) when visiting unless advised otherwise. After a stroke some patients find that they have reduced awareness of their affected side which they can neglect. Approaching or sitting on the affected side encourages attention.
- **Accompany** you off the ward for a **change of scene** providing that you are well enough and that this has been agreed in advance with the ward management.
- Speak to your treating therapist(s) about other ways friends and family might be able to help with specific activities or exercises that they can practice with you at weekends or evenings when they visit.

What will happen while I am in hospital?

The **Stroke Service** at Chelsea and Westminster Hospital is provided by a **specialist multidisciplinary team (MDT)**. All of the professions and disciplines involved in your care **work together** to provide coordinated treatment tailored to your needs.

The **Stroke Team** provides **acute care** and **early rehabilitation**. We work closely with other professionals and departments such as your **GP** and local **Social Services** to provide a service that supports both patient and carers.





The **Stroke Medical Team** is led by **consultant physicians** and **neurologists** with expertise in stroke care. They will make a diagnosis, arrange investigations and ensure that your medical management and care are delivered in line with the National Clinical Guidelines for Stroke. You will be treated for any conditions which may affect your recovery such as infections.

The **Stroke Coordinator** works closely with all members of the team to provide a well organised, high standard of care. The Stroke Coordinator is available to **provide information** and advice or to speak to patients and families about any concerns you or they may have.

The **Nursing Team** consists of **specially trained staff** experienced in assessing and meeting the needs of patients who have experienced stroke. Led and managed by the **Matron** and **Ward Manager**, they provide **individualised** nursing care aimed at meeting all of your needs while working closely with the other MDT members to aid and maximise recovery.

Physiotherapists try to improve **posture, mobility** and **upper limb function** by working with muscle strength, balance, range of movement, coordination and sensation. This involves a programme of **regular assessment, activities** and **exercises**. Physiotherapy within the community can be arranged if further treatment is required.



Occupational Therapists (OTs) help you to find practical ways to **maximise** your **independence** with everyday tasks. This can seem very challenging following a stroke but we will work to develop specific strategies to help you to achieve your personal goals.

Your OT will discuss any **concerns** you or your carer may have about **returning home**. These may include details of your home layout, any equipment that might be helpful and any follow-up services we may think will benefit you at home. We may ask to visit your home to get an idea of how you will cope and establish if any extra help is needed.

Speech & Language Therapists (SLTs) assess and treat **communication** and **swallowing difficulties**. The SLT will assess your swallow on admission and advise on the **safest consistencies** for **eating** and **drinking**. This will then be monitored and reviewed during your admission. Difficulties with communication will be investigated and the SLT will work with you and your friends and family to target areas of **speech** and **communication** impairment.

The **Stroke Psychologist** has specialist skills in working with patients who have had a stroke. They will be able to talk through your difficulties with you and provide advice and strategies to help improve your mood and wellbeing. They can also meet with your family or friends to provide them with advice and support.

Once your swallow has been assessed, a member of the **Nutrition and Dietetics** team will assess your **nutritional status** and, if required, prescribe the right dietetic intervention to ensure optimal health and wellbeing.

The **Pharmacist** reviews your **medication** regularly and makes sure it is available in the most suitable form for you.

The **Ward Clerk** is available throughout the day providing **administrative support** to staff and assisting patients and visitors with general enquiries.

From the time you are admitted we will need to start thinking about your discharge and how you will manage when you leave the hospital. You will be fully involved in the discussions and together we will develop a **discharge plan**. We provide in-depth information in a special booklet entitled '**Leaving Hospital**', available on request.

The **Discharge Team** provides advice and support to you and your carers about getting you home from hospital safely and without delay.

When you leave hospital, **Social Services** may be able to help with some **activities** such as washing, dressing, shopping and housework. Social Services are provided by the **local authority** where you live, not the health service. We liaise with Social Services to help make arrangements.

During your stay on the ward

We have a number of different charities and organisations who visit the ward to provide additional activities and benefits for patients. Please speak to a member of staff if you would like more information or to get involved.

	AM	PM
Mon		<ul style="list-style-type: none"> • InterAct reader • Memory Lane piano and sing-a-long
Tue	<ul style="list-style-type: none"> • Breakfast group 	<ul style="list-style-type: none"> • Stroke Association coordinators
Wed	<ul style="list-style-type: none"> • Humphrey the PAT dog 	<ul style="list-style-type: none"> • InterAct reader
Thu		<ul style="list-style-type: none"> • CW+ lunchtime performance
Fri	<ul style="list-style-type: none"> • Breakfast group • Patient questionnaire 	<ul style="list-style-type: none"> • Jumu'ah Friday Prayers—Tent, 2nd Floor, 1:15pm
Sat		<ul style="list-style-type: none"> • InterAct reader
Sun	<ul style="list-style-type: none"> • Sunday Services (Church of England & Roman Catholic)—Chapel, 1st Floor 	

The **Stroke Association** helps patients and their families to **prepare** for the inevitable **changes** brought about by stroke. They offer information about **local groups** and **services** in the community. They also give advice on getting **help** from **statutory** and **voluntary organisations**.

A **PAT (Pets As Therapy) charity** volunteer visits the ward weekly with a **therapy dog** to spend time with patient either in a group or in one-to-one sessions.

The dog visits improve mood and wellbeing for patients—especially for those on the unit for a longer time—by bringing everyday life closer and all the happy associations of home comforts.

Professional actors from the **InterAct Reading Service** visit regularly to **read** to patients on a **one-to-one** basis. The actors read a variety of short stories by well-known writers. The interaction between reader and patient helps stimulate communication skills.



Further support

You may find that your **mood** is **affected** in a number of ways. This can include low mood, irritability, extreme tearfulness, difficulty in sleeping, weight or appetite changes. Please share this with a member of the team who will refer you for specialist advice and support.



Therapies, rehabilitation and treatment

A **rehabilitation programme** will be devised to meet your **individual** needs. We will discuss with you and agree **goals** or targets for you to achieve. We will also help you to learn **strategies** and **techniques** to complete these.

The Stroke Team may ask you to complete some **structured tasks** and **activities** in order to provide a realistic picture of your abilities. Remember, where possible we will ask you to do as much of the task yourself. While this might make the task harder or slower to complete, it will help you with your overall **rehabilitation** and is an important start on your journey to recovery.

Treatment options vary as everyone is affected differently by stroke. Some patients make a rapid recovery and only need short-term hospital care. Other patients improve slowly and show potential for further recovery. We will make referrals for continuing therapy at a local treatment unit or by community rehabilitation team. Unfortunately, in some cases therapy input will not significantly improve function and patients will require long-term nursing care.

Investigations

Investigations are used to confirm the **diagnosis** of stroke and find out the possible **causes** so that we can address these and hopefully **prevent** a **recurrence**. Common investigations undertaken in stroke patients are listed on the next page.



- **CT scan** uses X-rays to **image** your **brain**. This helps to tell us the type of stroke and the **area** of the **brain** affected. The scan is **painless** and only takes a few minutes while you move through a ring-like scanner.
- **MRI scan** uses **magnetism** to provide very detailed pictures of the brain. The scanner is shaped like a tube and you lie on a bed which travels into the **scanner**. It takes approximately 30 minutes. It is a **painless** process but some people find it a little noisy and claustrophobic.
- **Blood tests** will be carried out on admission and throughout your stay. These are often done by specialist staff called Phlebotomists.
- **Electrocardiogram (ECG)** records the **rhythm** of the **heart**. Sensors are placed on your chest during this painless procedure.
- **Echocardiogram (ECHO)** uses **ultrasound** to give a detailed picture of the **heart** by passing a sensor over the chest. A clear jelly is applied to the probe to aid contact with the skin.
- **Carotid Doppler Scan** is an **ultrasound** scan that **detects** any **narrowing** of the carotid **arteries** in your neck which can contribute to stroke. Like the echocardiogram, it uses sound waves and is non invasive.

What happens next?

You might benefit from a period of continued **rehabilitation**. With your consent, we will discuss this with you and make the necessary referrals.

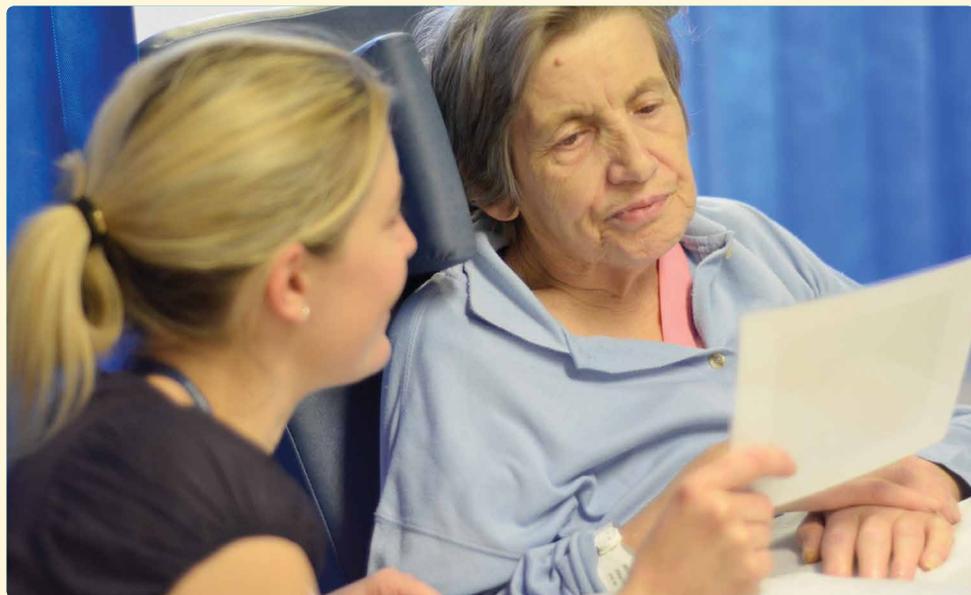
Depending on your needs, rehabilitation may be more suitable in your **own home**, on an **outpatient basis**, or at a specialist inpatient rehabilitation centre or hospital.

Unfortunately, some patients do not regain independence.

There are some options which will provide the long-term care and support you will need at home or in a different environment.

We will discuss your needs and options with you and your family.





When you leave hospital

When you leave the Stroke Unit you will receive:

- a **discharge summary** which will also be sent to your GP informing him/her of your admission, your diagnosis and the treatment you have received
- **medication** for at least **14 days** (your GP/Consultant will arrange further prescriptions)
- **information** regarding any **ongoing rehabilitation**
- **information** regarding any **services** organised for you such as home help, meals on wheels etc

Medical follow-up

Before your discharge from hospital, your consultant team will arrange an **outpatient appointment** approximately **6–8 weeks** after discharge to:

- see how you are progressing
- review any medication that you may have been prescribed and its effects
- ensure any outstanding investigations are completed
- offer further medical and lifestyle advice



Wheelchairs

You may need the specialist support of a **wheelchair** in order to sit safely. While you are in hospital, we will arrange to loan one to you as soon as possible. If your needs are longer term you may be **assessed** by the **occupational therapist** and appropriately referred.

Wheelchairs can be hired from agencies like the **British Red Cross** and we are happy to advise you on this.

Going back to work

It may or may not be possible for you to return to your work. However, going back to work in some form or other may be a very good goal for the future. The Stroke Team can offer you **advice** on **returning to work**.

The **Department of Work and Pensions** can help **advise** you when you are seeking a job or can support you in changing your work to something more manageable.

You may be able to get re-training or practical help through their **Disability Employment Adviser (DEAs)**.

Getting around after a stroke

Driving

There are **strict guidelines** about **driving** following a stroke or TIA. You are required by law to inform the DVLA and your insurance company of your situation. The **Stroke Association** produces a '**Driving after a Stroke**' leaflet. Please ask a member of the Stroke Team for a copy.

Other transport services

Services for disabled and older people vary in different boroughs. Please contact your local authority for information. Many leaflets are produced in large print, Braille or audio formats.

Stroke information

We have a wide **range of information** for patients, families and carers. We will supply any leaflets we think are useful but if you have any specific requests, please **ask** a member of **staff**.

A note for carers

If you are involved in providing care to somebody following a stroke, there are services available to support you. Please refer to the '**useful contacts**' sheet which is available on the Stroke Unit.

Things to think about

During your stay we will offer you detailed **advice** and **recommendations** on things that you may wish to change in your lifestyle.

Your likelihood of stroke is determined by risk factors. There are things that you can't control, such as age, race and sex. However, there are factors that may increase the risk of further stroke which include:

- **high blood pressure**
- **raised cholesterol**
- **smoking, alcohol consumption** and **recreational drug use**
- **uncontrolled diabetes**

Actions that you can take include:

- **not smoking**—we can provide you with information on services to help you stop
- engaging in **regular exercise**
- **reducing stress levels**—some people find things like yoga and other strategies helpful
- eating a **healthy diet**—this includes:
 - maintaining a healthy weight
 - **decreasing** saturated **fat consumption**
 - **reducing salt** intake
 - **increasing** intake of **fruit** and **vegetables**
 - **increasing** consumption of **fish**, especially oily fish
 - keeping alcohol consumption within safe limits

Simple, small changes can make a big difference to your health.

Need to talk?

- We will listen to and learn from your comments and feedback. We can also arrange **interpreter services**.
- **Multi-faith Chaplaincy staff** are frequently available to visit you on the ward if you wish—please ask a member of staff.
- **Patient Advice & Liaison Service (PALS)** is a confidential service that will provide you with information about **health matters** and **services**, pass on your suggestions and comments, and help you to resolve any problems you are having with the services provided by this hospital.

Evaluation

We will ask you or a family member to complete a short **questionnaire** about your experiences on the Stroke Unit. We appreciate your **feedback** to help ensure that you receive high quality, effective care and are provided with the right information.

More information

Please visit www.chelwest.nhs.uk/stroke for more information about our stroke service, including leaflets.

Research

You may be invited to participate in one of our **research projects** during your stay on the Stroke Unit. We would be most grateful if you would consider helping us. You are under no obligation to take part in any research and your treatment will not be affected if you decline to participate.

Donations and thanks

Donations are gratefully received towards the purchase of equipment and items for the **benefit of patients and their families** on the Stroke Unit.

Please include your details if possible, so that we can send a personal letter of thanks. Cheques should be made payable to the 'Stroke Team Fund 557'.

Patient Advice & Liaison Service (PALS)

If you have concerns or wish to give feedback about services, your care or treatment, you can contact the PALS office on the Ground Floor of the hospital just behind the main reception, send us comments or suggestions on a comment card (available at the PALS office), or use the online feedback form at www.chelwest.nhs.uk/pals. We value your opinion and invite you to provide us with feedback.

T: 020 3315 6727

E: cwpals@chelwest.nhs.uk

Chelsea and Westminster Hospital

NHS Foundation Trust
369 Fulham Road
London
SW10 9NH

Main Switchboard

020 3315 8000

Website

www.chelwest.nhs.uk

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Speak to your clinician