

Taking Charge of My Stroke Recovery While in Hospital



Centre universitaire
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McGill University
Health Centre



neuro

Institut-Hôpital
neurologique de Montréal

Montreal Neurological
Institute-Hospital

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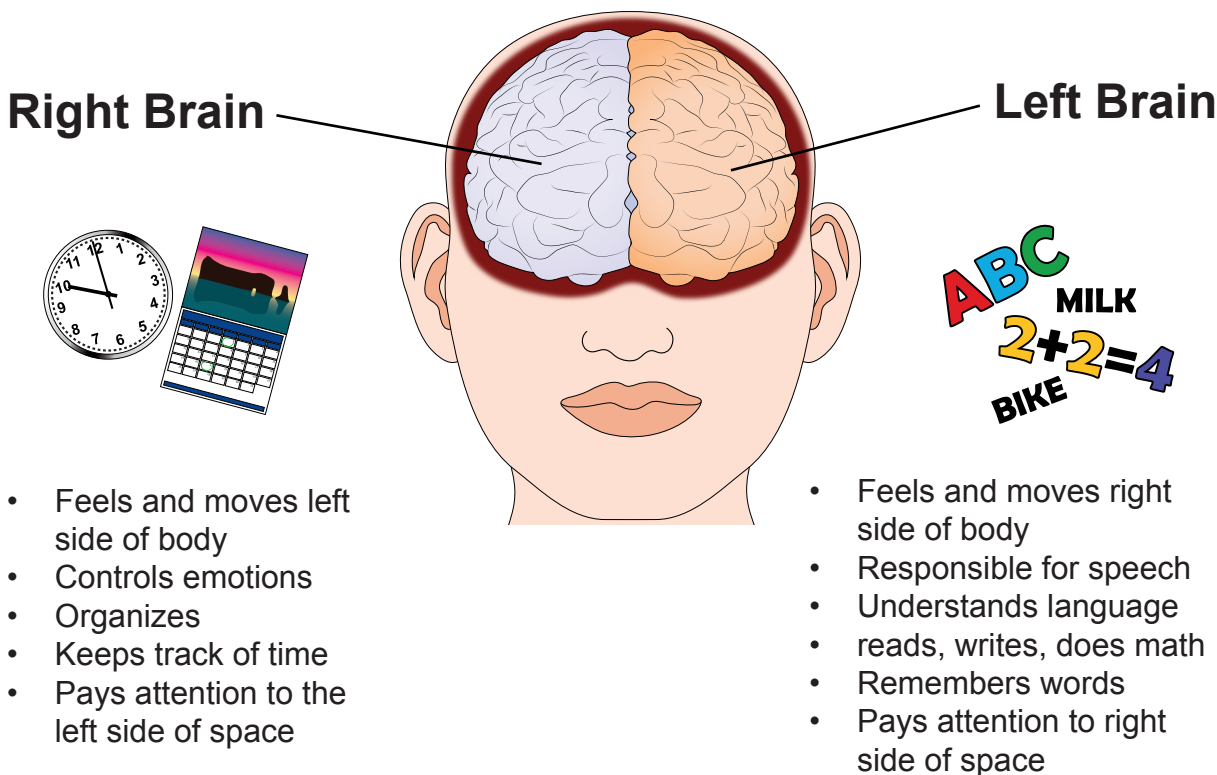
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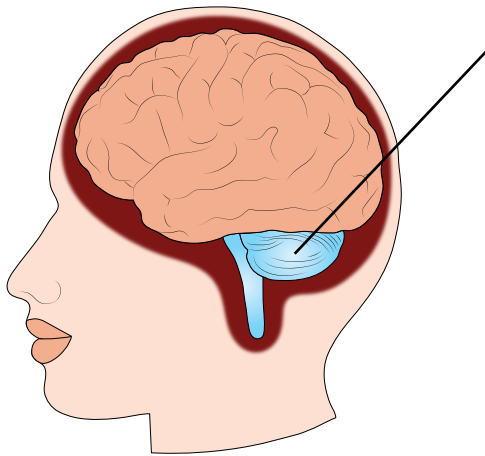
Taking Charge of My Stroke Recovery While in the Hospital

The purpose of this booklet is to give you information about stroke. It describes what you can do for yourself. You and your family are important members of the stroke recovery team. It is by working together that we can best promote your recovery.

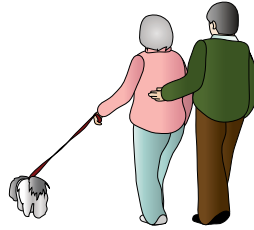
What is a stroke?

The brain is a large organ that is a part of the nervous system that controls other parts of your body. Through your senses, it receives information from the world around you, interprets the information, and then directs how the body should react. Each part of the brain has its own role but work together to carry out the action. These are the primary activities of the brain:



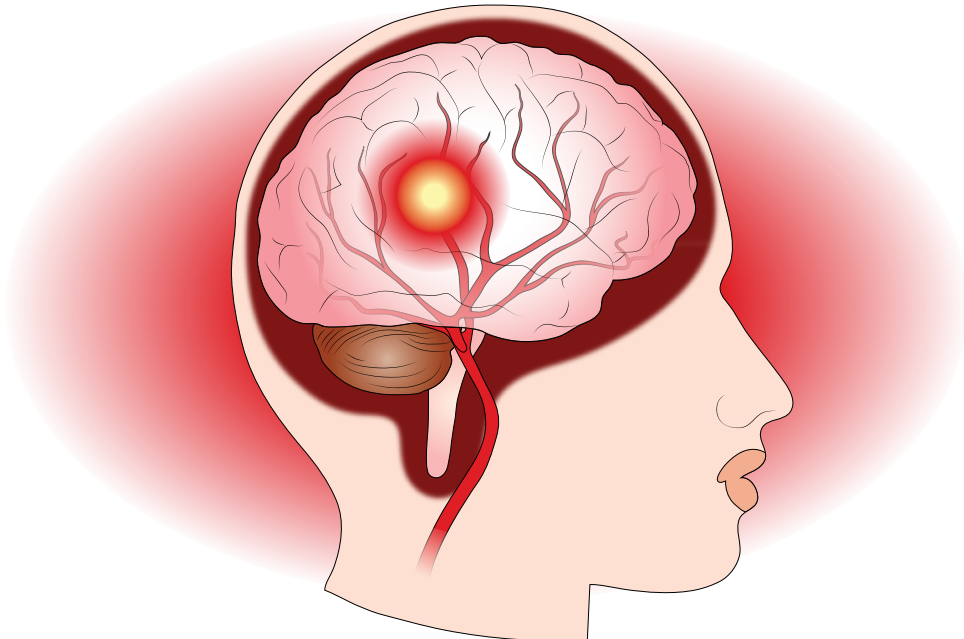


Cerebellum and Brain Stem



- Control alertness
- Keep movement smooth and balanced
- Control swallowing

During a stroke, a blood vessel which supplies blood to the brain is blocked (ischemic stroke) or becomes weak and breaks (hemorrhagic stroke). Some of the brain cells in this area will die. Over time, other parts of your brain may take over the work of the part of the brain which has been damaged. Depending on the area that was damaged, this can result in the loss of different skills. You may need to learn new skills to make up for the ones which are lost.



Meet Your Stroke Care Team

With the input of you and your family, the Stroke Team will participate in the planning of your care and your discharge from the hospital.

Neurologists/Residents

The Neurologist is a doctor who specializes in the diagnosis and treatment of the disorders of the nervous system. This includes diseases of the brain, spinal cord, nerves and muscles and of the circulation in the nervous system.



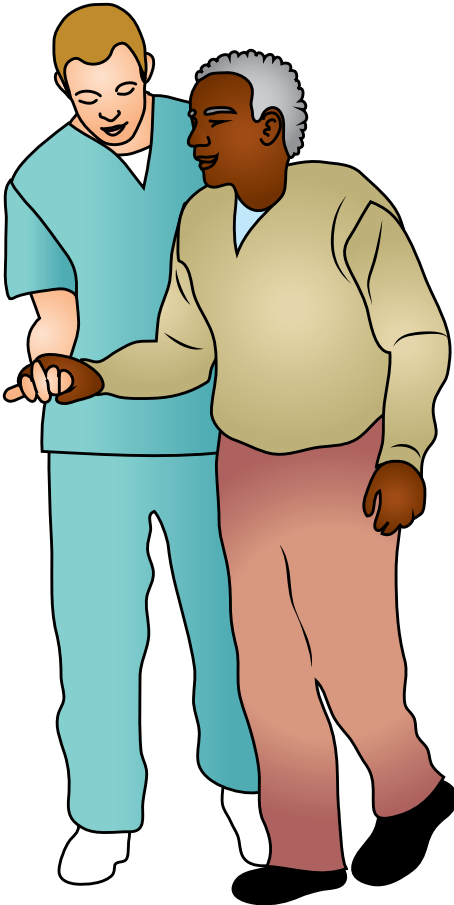
Nurses

The nurses on the stroke unit are experts in stroke care. They will provide medical treatment, care, and information for your stroke management and recovery. The Nursing team includes nurses, nursing assistants and patient attendants



Physiotherapist

Shortly after you have been admitted to the hospital, you will meet your Physiotherapist. This physiotherapist will assess your:



- strength
- ability to move your arms and legs
- coordination (ability to make your movements work together)
- sensation (ability to feel what you touch)
- positioning
- mobility (ability to walk)
- balance

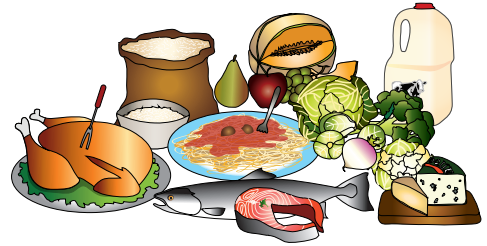
The therapist will then begin a physiotherapy program for you.

Your therapy will focus on encouraging the recovery of normal movement, proper positioning, balance, and mobility. The physiotherapist may recommend mobility aids (like a cane or a walker) to improve safety and independence.

Name: _____

Clinical Dietitian

Good nutrition is important for your overall health and well-being. Eating well during your recovery may be difficult because of swallowing or chewing problems, lack of appetite. Your Clinical Dietitian will help you with nutritional problems or concerns, and provide nutritional counseling and education to meet your specific needs.



Name: _____

Occupational Therapist

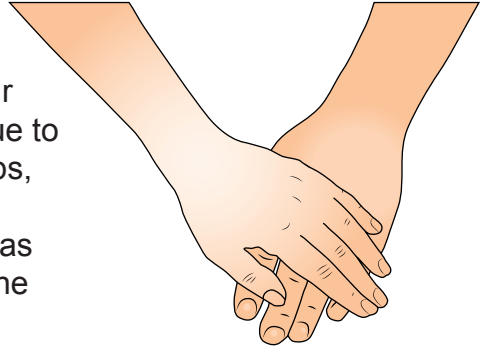
Your Occupational Therapist's goal is to help you improve your ability to function independently. Soon after you come to the hospital, the Occupational Therapist will evaluate your ability to swallow and eat safely and may recommend that you eat only certain kinds of foods (like soft foods or purees). The Occupational Therapist will also assess your ability to do activities such as feeding yourself, washing and dressing as well as to do things like cooking and driving safely. The Occupational Therapist may also recommend some equipment (like bath bars, raised toilet seat, bath seat) to increase your independence and ensure your safety at home.

Name: _____



Social Worker

Your Social Worker is there to help you and your family cope with the various issues that arise due to your stroke: for example changes in relationships, changes in lifestyle, changes related to your employment and finances. The Social Worker has a key role in coordinating your discharge from the hospital to your home, to a rehabilitation centre, or to another facility.



Name: _____

Speech-Language Pathologist (Speech Therapist)

A stroke can have major effects on your ability to communicate. Your Speech-Language Pathologist will assess your ability to understand, speak, read and write. Other stroke related problems such as trouble with memory, concentration, problem-solving and your ability to organize, can make communication harder. These areas will also be assessed. You, your family and friends will be helped by your Speech-Language Pathologist to understand the kind of communication difficulties you are having. You will be given advice about how to better communicate.

Name: _____



A Guide To Your Hospital Stay On The Stroke Unit

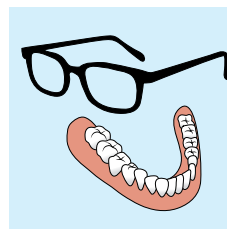
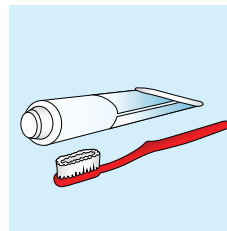
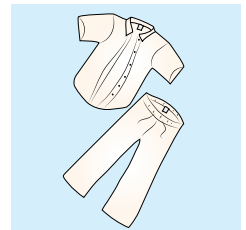
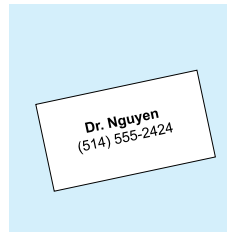
Please note that this is a general time frame and not everything mentioned may apply to you and your family.

Days 1 to 3

During this time, you will meet your Stroke Care Team. Members of the team will work with you and your family to evaluate your needs and help you recover from your stroke. It is important to let your team know your main concerns and your expectations.

What To Bring To The Hospital

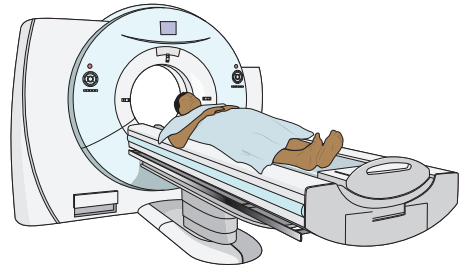
- Contact name and number of your family doctor
- Valid medicare card
- Running/walking shoes
- Clothes that are easy to put on
- Toothbrush and toothpaste
- Toiletries (deodorant, lotion, hairbrush)
- Dentures, glasses, hearing aid (please note the hospital is not responsible if these items are lost during your stay in the hospital.)
- List of medications from your Pharmacy as well as all your over the counter (OTC) medication (such as vitamins & herbal supplements)



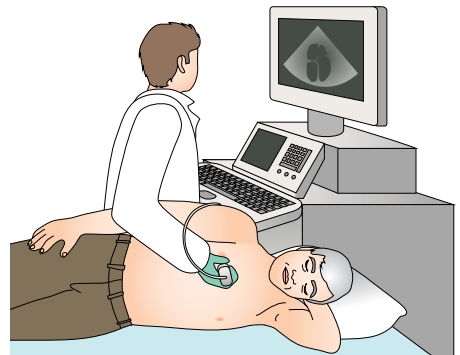
Tests

There are many different causes of a stroke. Most occur because of a problem with your arteries (blood vessels) or your heart. During your hospitalization, we will try to find the specific cause of the stroke. By the 3rd day of your stay, you may have completed the following tests that are done to learn more about your stroke.

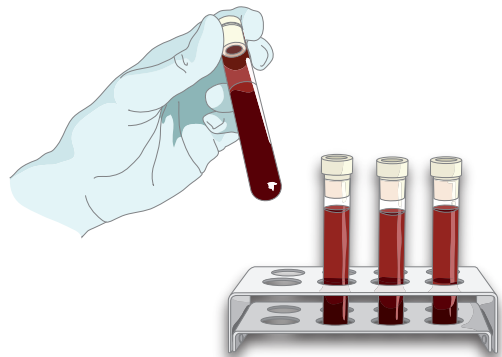
- **CT scan:** This is a special type of X-ray that takes pictures of your brain and blood vessels from different angles so as to show where the stroke happened.
- **MRI (Magnetic Resonance Imaging):** An MRI is a type of scanner that uses magnetic fields to take pictures of your head and brain.
- **Echocardiogram:** In this test, painless ultrasound waves take a picture of your heart and the circulating blood.
- **Carotid Doppler:** Painless ultrasound waves take pictures of the carotid arteries in your neck and show the blood flowing to your brain.
- **Electrocardiogram (EKG):** This is a standard painless test to show the pattern of electrical activity in your heart.
- **Cardiac Holter:** Sometimes the EKG (Electrocardiogram) is recorded continuously over days and sends the signals to a portable recorder (**Holter monitor**).
- **Blood Tests**



CT scan



echocardiogram

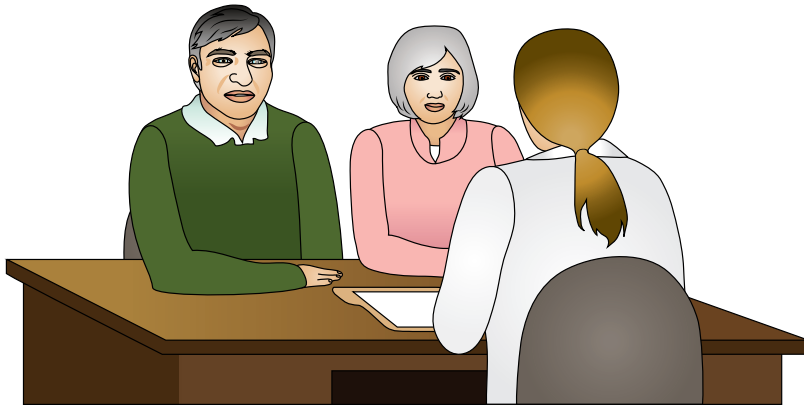


blood tests

Days 4 to 6

A family meeting may be held with you and your stroke team to discuss your concerns and your care. The topics discussed will depend on your individual needs.

Remember – your thoughts and feelings are just as important as the medical facts. It is important that you feel comfortable to express your concerns. Many people find it helpful to ask a close friend or family member to be present at the meeting to give support or advice.



Day 7

Leaving The Hospital

Once you are medically stable, it is time to prepare for leaving the hospital. Depending upon your recovery, the Stroke Care Team will decide with you and your family the best option for you when you leave the hospital.

The following options will be considered:

1. A return home is possible if you are able to manage your care at home with the help of family, or with services from your local community health centre (CLSC) or both. If you require help from the CLSC, your stroke team will contact them and inform them of the services and equipment you will need at home.

2. To improve your recovery, you may be referred to a rehabilitation centre. You may return home and visit the centre as an outpatient or you may be transferred directly from the hospital to stay in a rehabilitation centre for a period of time.

- a. Access to a rehabilitation centre depends on your ability to
 - Learn new things that are taught to you by your therapists.
 - Participate and have endurance in therapy.
 - Be motivated to work with your therapists.
 - Show progress.
- b. Access to a rehabilitation centre depends on where you live and where a bed is available. If you live in Montreal, these are the centres that provide stroke rehabilitation.

Richardson Hospital Centre

5425 Bessborough
Montreal, PQ H4V 2S7
514-483-1380

Institut de Réadaptation Gingras

Lindsay de Montreal
6300 Darlington
Montreal, PQ H3S 2J4
514-340-2085

Hôpital de Réadaptation

Villa Medica

225 Sherbrooke East
Montreal, PQ H2X 1C9
514-288-8201

Institut Universitaire de Gériatrie

de Montréal

4565 Queen Mary Road
Montreal, PQ H3W 1W5
514-340-1424

3. You may need to live in a long-term care residence due to your care needs which would make it difficult for you to return home. Your social worker will discuss with you and your family the options available for residences which would meet your needs.

Medical Follow-Up After Leaving The Hospital

Family Doctor

It is important to schedule an appointment with your family doctor. If you do not have a family doctor, contact your local CLSC to help you find a doctor. If you are living in a residence, the doctor at the residence will provide medical follow-up.

Stroke Prevention Clinic

Before you leave the hospital you will be informed if you need a follow-up appointment at the stroke prevention clinic. After you leave the hospital or rehabilitation centre, the clinic will call you to confirm the date and time of your appointment. If you have not received a call for your appointment within 8 weeks of going home, call the Stroke Prevention Clinic.

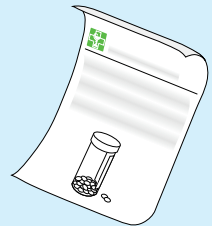
Stroke Prevention Clinic is located at:

The Montreal General Hospital

1650 Cedar Avenue
Room L7 408 and L7 312
(514) 934-8057 or (514) 934-8058

Remember

Bring a copy of your current list of medications to your Stroke Prevention Clinic appointment.



Will I need any other medication?

Your doctor may prescribe new medication(s) for you. Bring your prescription to your pharmacy as soon as you leave the hospital.

Who can I call if I have questions?

You may have questions and need to talk to a stroke nurse clinician.

- Call (514) 293-1673

We are here to help!

Common Concerns After A Stroke

Risks of Future Stroke

The risk of having another stroke depends on the cause of the stroke. If a specific cause of the stroke is found, then treatment will be directed to managing it.

To help lower the risk of another stroke, do the following:

- Make lifestyle changes such as eating healthy foods, regular exercise, and stop smoking
- Take prescribed medications
- Control blood pressure and diabetes



Swallowing and Nutrition

Dysphagia means difficulty in swallowing food or liquids. If you are having trouble swallowing, or coughing while eating, or you notice changes in your voice, or food is getting stuck in your throat or left in your mouth, these are signs of dysphagia. If you have one or more of these signs, you may be at risk of food going into your lungs instead of into your stomach.

You may need to eat foods that are easier to swallow such as purée. However, if you are still not able to eat safely, a feeding tube may be temporarily placed through your nose into your stomach to feed you.

If you continue to have trouble swallowing, and if you agree, a feeding tube (RIG - Radiological Inserted Gastrostomy) may be placed directly into your stomach. It may be removed at a later date if no longer needed.



Communication

A stroke may affect your ability to communicate. You may have problems finding the words to say what you want to say. You may have problems understanding what is said to you. You may have trouble reading and writing. This problem is called aphasia.

Your speech may be slurred. This is called dysarthria.

Sometimes your memory or thinking skills are affected and can change how well you communicate.

- A Speech Language Pathologist (SLP) can assist you in your recovery and guide you in knowing what you and your family can do to help.
- Your SLP will give you homework to do. Practicing your homework with family or friends is important. This will help you to use what you are learning in therapy in your everyday life.



In order for you to understand better, your friends and family can help by speaking to you:

- Slowly
- Saying one idea at a time
- Pausing between ideas
- Giving instructions in small steps
- Writing down key words or phrases or drawing what they are saying
- Using gestures, visual aids (calendars, maps, pictures, objects)
- Using facial expression and tone of voice to convey meaning
- Verifying that you understand and saying it a different way if you do not

In order for you to express yourself better, your friends and family can help by:

- Asking simple questions that can be answered with yes or no.
- Encouraging you to speak when possible; giving you ample time.
- Encourage you to point, gesture, draw or write.
- Giving you written choices.



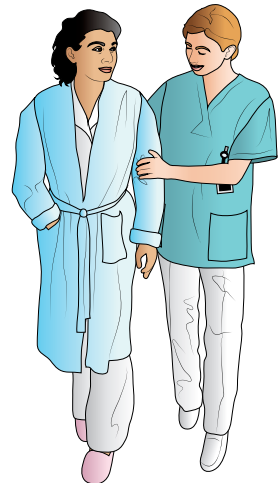
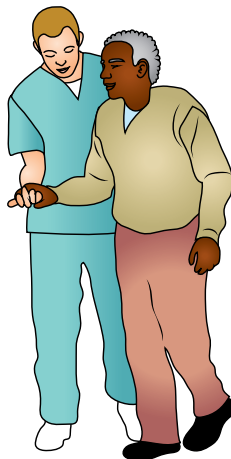
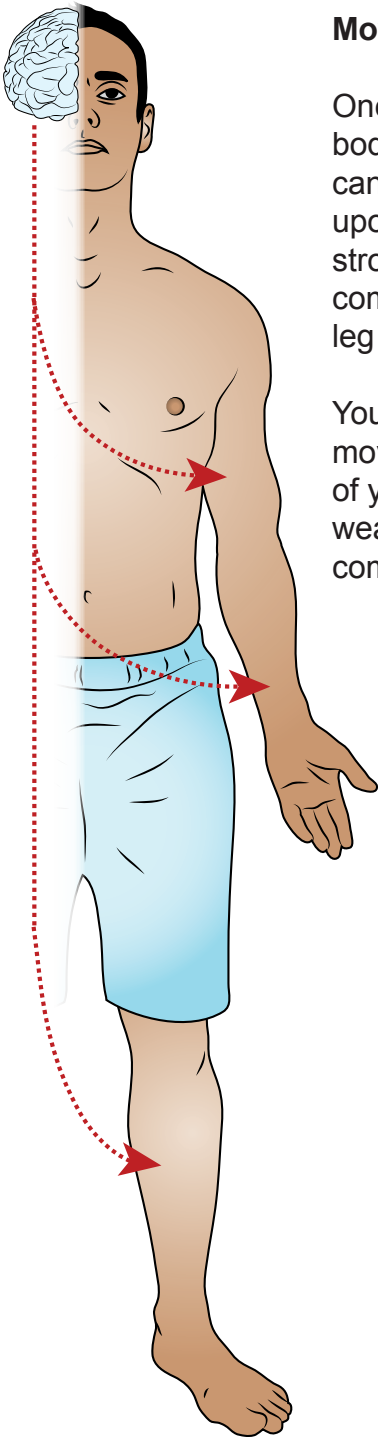
If your speech is slurred, pronounce your words carefully. Speak slowly, pause often to breathe and try to speak as loudly as possible. Your SLP will give you exercises to do and words or phrases to practice.

Movement

One side of the brain controls the opposite side of the body. A stroke on the right side of the brain, for example, can affect how the left side of the body moves. Depending upon the area of the brain affected and the size of the stroke, you may have some weakness (hemiparesis) or complete paralysis (hemiplegia) of your face, arm and/or leg on the affected side.

You may also have trouble with coordinating the movement of your hand or with controlling the movement of your leg while walking (ataxia). You may not have any weakness in your arms or legs but may still have trouble completing a movement you are trying (apraxia).

Your balance may also be affected. Sitting or standing up may be difficult without help. You may think you have the ability to walk on your own without realizing you are weak in your arm or leg. It is important that you ask for help from the staff before attempting to move.



Proper positioning of your affected shoulder and arm is important while you are sitting in a chair or lying in bed. Changing your position often while you are lying in bed is very important. This will help prevent problems, such as pressure sores, that come from staying in one position too long.

Depending upon your recovery, your Physiotherapist and Occupational Therapist will help you to regain some of the ability to move and walk. You will be encouraged to get out of bed everyday with the help you may need.

At first, your arm and leg might seem heavy or you may feel that you cannot use your arm and hand to eat or dress yourself. If the muscles of one side of the face are weak, you may have a droop on that side. This may cause drooling, slurred speech (dysarthria) or trouble swallowing (dysphagia). With time, some muscles of the arm or leg may become stiff and tight, preventing you from moving smoothly (spasticity). Yawning or coughing can cause your arm or leg to move spontaneously. If someone tickles your toes it may cause you to move your whole leg. These movements are like reflexes and are not controlled by you. Talk to one of your stroke care team members if you have any questions about your recovery.

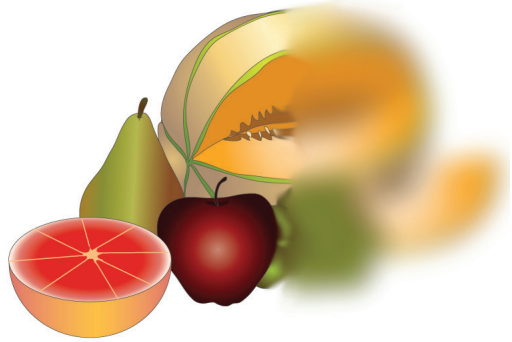
Vision and Sensation

We constantly use our five senses to learn about the world around us. After a stroke, your sense of touch can be affected. You may have difficulty feeling an object in your hand or knowing if it is hot or cold. You may also not know how your feet are positioned when walking from the bed to the chair without looking at them.

You may also have double or blurry vision. You may not be able to see normally on one side and that may cause you to bump into things or fall when walking.

A stroke can also change your ability to notice objects or people on one side. This is called neglect. You may even forget one side of your own body (often the left side) so that you may leave food on one side of your tray, leave glasses hanging from one ear or only look to one side.

Early on, your family or team members may talk to you from your non-affected (working) side. Items like food, glasses or the telephone may be placed on that side so you will pay attention to them.



As you become more aware of your body, your family and team members may talk to you from the side you forget so as to begin to draw your attention to that side.

Bladder/Bowel Retraining

A stroke can also make the muscles of your bladder (for urinating) or bowel weak. Sometimes, these weak muscles may cause you to lose control of your bladder or bowel without you being aware.

If you have bladder or bowel weakness, part of your recovery may involve retraining these muscles. You can make a retraining plan with the nursing staff. This may involve setting up a toileting schedule. Your family can become involved in this retraining program, if they wish.

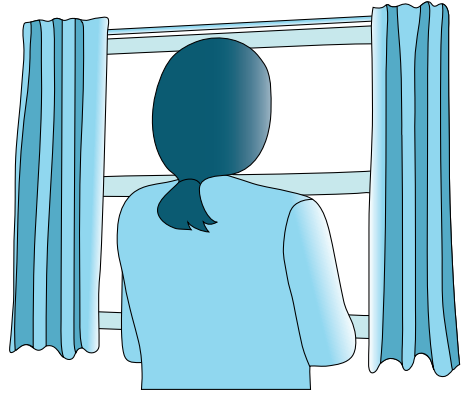
Driving

You may or may not be able to drive your car following your stroke because of difficulty with your vision, problems moving, trouble concentrating or making good decisions. In fact, driving may be dangerous for you and others. The occupational therapist will perform a screening evaluation of your ability to drive and, together with your doctor will advise you.



Emotions and Thinking

Your feelings, thoughts, and actions may change after a stroke. Recovery in this area is possible over time. You may feel sad, or have a sudden urge to cry, laugh, and get angry. You may also experience changes in your memory. This can be frustrating, but is understandable. Be patient with yourself, and take the time to understand these changes that you are experiencing. It is important to express yourself to your Stroke Care Team so they may help.



Comfort Care

If you are dealing with end-of life, comfort care is an approach that focuses on comfort and quality of life for you or your loved one. Your stroke care team aims to prevent and relieve physical, social, psychological, or spiritual suffering that you and your family may be facing.

If needed, palliative care specialists may be called in to help relieve symptoms. They can help with end-of-life decision making or family issues. Spiritual care services are available to provide you with spiritual, emotional, and religious support.



For more practical information on “What to do in the Event of Death” contact Service Quebec at 514-644-4545 (Montreal Region) or visit the following website:

www4.gouv.qc.ca/EN/Portail/Citoyens/Evenements/deces/Pages/accueil.aspx

Resources

MUHC Patient Services Directory:

www.muhc.ca

The Neuro-Patient Resource Centre:

3801 University Street
Montreal QC H3Z 2B4

Phone: 514-398-5358

www.infoNeuro.mcgill.ca

The Neuro-Patient Resource Centre is a consumer health library. We provide information, computer access, and many other services. The Centre is open to you, family members, caregivers, and loved ones. We are located at the Montreal Neurological Institute and Hospital and part of the McGill University Health Centre (MUHC).

Patients' Committee Phone:

514-934-1934 extension 31968

Community Resources – Speak with your Social Worker for information.

MUHC Patient Education Website:

www.muhcPatientEducation.ca

Heart and stroke Foundation: 514-871-8038

www.heartAndStroke.qc.ca

→ **Participate in the Program:** Living with Stroke
www.heartAndStroke.qc.ca/programLiveWithStroke



Notes

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Notes

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Your support of The Neuro-Patient Resource Centre helps us to educate, empower, and comfort patients just like you by providing accurate and up-to-date information written in plain language.

Ways to Give

Online at theneuro.org/donate

 ABOUT MY GIFT

I want to support

Other...



The Neuro-Patient Resource Centre



By Sending Your Gift to:

The Neuro Development Office
c/o The Montreal Neurological
Institute and Hospital
3801 University Street
Montreal, Québec H3A 2B4

** All cheques should be made payable to The Neuro. Please indicate "Neuro-Patient Resource Centre" on the memo line. **

By Phone at 514-398-1958



Thank You for Helping Us to Help Others!

Patient materials are available online at:
www.infoneuro.mcgill.ca

For more information on The Neuro-Patient Resource Centre please contact:
infoeuro@muhc.mcgill.ca



McGill

Centre universitaire
de santé McGill



Matlab University
Health Center



neuro
Institut für
neurologische Diagnostik
klinische Neurologie

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Reference: Castiglione, Mary M, and Cynthia C. Johnson.
Brain Attack: mapping out early recovery from stroke.
Atlanta, GA: Pritchett & Hull Associates, 1995.

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IMPORTANT

Information provided by this booklet is for educational purposes.
It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



LEARN THE SIGNS OF STROKE

FACE is it drooping?

ARM can you raise both?

SPEECH is it slurred or jumbled?

TIME to call 9-1-1 right away.

ACT **F A S T** BECAUSE THE QUICKER YOU ACT,
THE MORE OF THE PERSON YOU SAVE.