

Chest
Heart &
Stroke
Scotland



STROKE:

A GUIDE TO RECOVERY IN HOSPITAL



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**NO LIFE
HALF LIVED**



NO LIFE HALF LIVED

The information contained in this booklet is based on guidelines and practice and is correct at time of printing. The content has undergone peer, patient and expert review.

STROKE: A GUIDE TO RECOVERY IN HOSPITAL

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ABOUT THIS BOOKLET

STROKE: A GUIDE TO RECOVERY IN HOSPITAL

Who is this booklet for?

This booklet is for people who have had a stroke. You may also find it useful if you are a friend, relative or carer of someone who has had a stroke.

What is this booklet about?

This booklet is about what to expect when you are in hospital after a stroke. It will help you to understand what a stroke is, how a stroke is diagnosed and what sorts of tests and treatment you might receive while you are in hospital. It also gives you information on what to expect in the first few days and weeks after a stroke.

How to use the booklet

The booklet is divided into different sections. These are outlined in the contents list. You do not have to read all of the sections at once. Some sections may be useful to you now, other sections you may want to come back to and read at another time.

Also available is the booklet Stroke: A Guide to Recovery at Home. The booklet outlines what to expect in the longer term and how to manage your recovery when you return home.

Versions of these booklets are also available for people with aphasia (communication difficulties): *Your Stroke Journey Part 1 - Recovering in Hospital* and *Your Stroke Journey Part 2 - Recovering at Home*.



To view, download or order any of these booklets, go to **www.chss.org.uk/publications** or call the Advice Line nurses on 0808 801 0899.

Further information

If you would like more information, Chest Heart & Stroke Scotland have a range of easy-to-read 'essential guides' on a number of different topics discussed in the booklet. This includes guides on Stroke, Transient Ischaemic Attack (TIA), Vision after stroke and Reducing the risk of stroke and heart disease. To see the full list of guides and other resources and to order, view or download them, go to:

www.chss.org.uk/publications or call the Advice Line nurses for more information on 0808 801 0899.

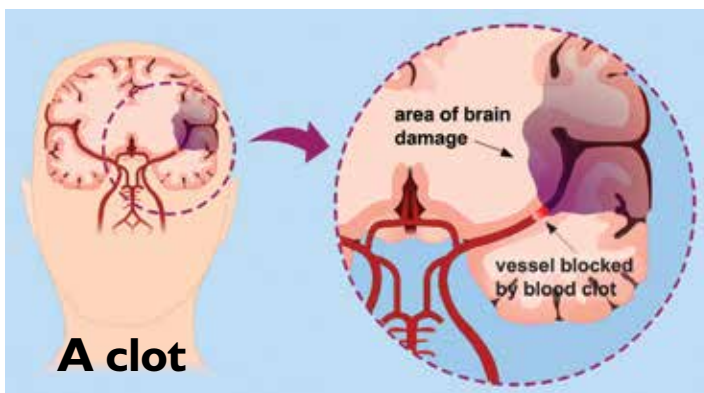
WHAT IS A STROKE?

A stroke happens when the blood supply to part of the brain is interrupted. As a result brain cells get less of the oxygen and nutrients that they need. Some brain cells can become damaged and others can die.

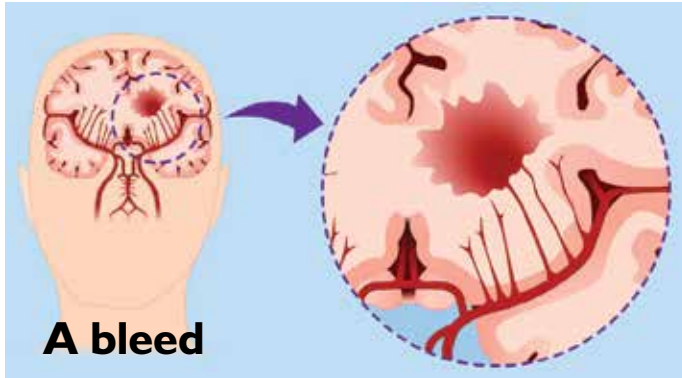
***“Think of a stroke as a brain attack.
You need to get treatment straight away.”***

There are two types of stroke:

- **Ischaemic stroke** - this type of stroke occurs when a blood clot blocks one of the arteries which carries blood to the brain. About 85 in every 100 strokes are ischaemic.



- **Haemorrhagic stroke** - this type of stroke occurs as a result of bleeding within or around the brain from a burst blood vessel. Approximately 15 in every 100 strokes are haemorrhagic.



A **transient ischaemic attack (TIA)** is similar to a stroke, but the symptoms don't last as long. A TIA can last for anything from minutes to hours, but symptoms do not last longer than 24 hours.

For more information about TIAs and minor strokes see the CHSS booklet *Understanding TIAs and minor strokes*.

What are the signs & symptoms of a stroke?

Strokes are a medical emergency and urgent treatment is essential because the sooner a person receives treatment for a stroke, the better the outcome is likely to be. If you suspect that you or someone else is having a stroke, **phone 999 immediately and ask for an ambulance.**

The signs and symptoms of stroke are:

- Sudden weakness or numbness, especially on one side of the body. It may be the face, arm, leg or a combination of these.
- Sudden blurred vision or loss of sight in part of the eye, or one or both eyes
- Sudden confusion, difficulty speaking or understanding
- Sudden dizziness, loss of balance or lack of co-ordination
- Sudden severe headache with no known cause
- Sudden change to facial expression or inability to smile

If you have any of these symptoms, even for just a short amount of time, call 999 for an ambulance.

The FAST test can help you recognise if someone is having a stroke.

“Many people have no idea how to recognise the symptoms of a stroke; this FAST campaign helps raise awareness and encourage everybody to treat stroke as a medical emergency.”

Christine, stroke survivor

FACE – Can they smile?
Does one side droop?



ARM – Can they lift both
arms? Is one weak?



SPEECH – Is their speech
slurred or muddled?



TIME – To call 999



WHAT HAPPENS AFTER A STROKE?

When you have had a stroke, you should go straight to hospital by emergency ambulance. This will allow paramedics to administer any treatment you may need on the way. They can also inform the accident and emergency (A&E) department to prepare for your arrival by arranging the appropriate tests and/or treatment without delay. You will usually be admitted to a specialist stroke ward for care and assessment. In some cases, however, you may go first to A&E or another assessment ward.

- You will need some tests to confirm whether you have had a stroke and what type of stroke you have had. Initial treatment of an ischaemic stroke or a haemorrhagic stroke will be different but recovery and rehabilitation will be similar.
- You will undergo an initial assessment to determine what effects the stroke has had on you.
- You will start treatment immediately, as appropriate.

What tests will I have?

You will need to have tests to confirm whether you have had a stroke, what kind of stroke you have had and to make sure you get the right treatment. The quicker your stroke is diagnosed and treated, the better your recovery will be.

A brain scan is usually done immediately to determine whether you have had a stroke, and if so whether it was due to a clot or a bleed. This will be done using either **computed tomography (CT)** or **magnetic resonance imaging (MRI)**.

- A **CT scan** is an x-ray of the brain and will show doctors whether your stroke was caused by a clot or a bleed and the extent of the damage the stroke may have caused.
- An **MRI scan** is taken in a large tunnel-shaped scanner and uses a magnetic field to produce detailed images of the blood vessels in the brain.

You may also have some or all of the following tests:

- **Blood pressure check** as high blood pressure is the single biggest risk factor for stroke.
- **Blood tests** to check cholesterol, blood sugar levels and to look for certain conditions that may have contributed to your stroke such as diabetes or problems with blood clotting.
- **Chest x-ray** to look for underlying conditions such as heart or chest complaints that may have contributed to your stroke.
- **Electrocardiogram (ECG)**, a recording of the electrical activity of the heart, to identify irregular heart rhythms which may have contributed to the stroke.

- **Echocardiogram**, an ultrasound scan of your heart to see how well your heart is working.
- **Carotid doppler scan**, an ultrasound scan of the arteries in your neck, to find out whether narrowing in the blood vessels in the neck caused your stroke.

What assessment will be done?

As part of your initial care and assessment, close monitoring is essential. This will include regular checks on your blood pressure, temperature, pulse and respiratory rate. In addition nurses will monitor your blood sugar levels, the amount of oxygen being carried in your blood and record your fluid intake and output. This will help give medical staff important information about what is going on inside your body.

The following assessments should also be done in the first 48 hours after a stroke:

- Swallowing test (before being given any food or drink or oral medication). This is to see whether it is safe for you to eat and drink normally without choking.
- Mobility assessment to see whether you have difficulties moving your limbs, hands and feet after your stroke.
- Communication and cognitive assessment to check whether your speech or understanding have been affected by your stroke.
- Pressure risk assessment to assess whether you are at risk of pressure sores.

- Contenance assessment to see if you are having difficulties controlling your bladder or bowels.
- Nutrition status and hydration assessment to decide if you need dietary supplements or additional fluids.

Everyone admitted to hospital with a suspected stroke should have a swallow test before being offered any food or drink.

What treatment will I receive initially?

Initial treatment will depend on whether you have had an ischaemic stroke or a haemorrhagic stroke. If your stroke has been caused by a bleed you may be considered for surgical treatment. See the CHSS factsheet *Intracerebral haemorrhage* for more information. If you have had an ischaemic stroke you may be offered the following:

- **Thrombolysis** or ‘clot-busting’ treatment.

Thrombolysis can be used under certain circumstances to dissolve a clot (but it is not suitable for everyone). This treatment is not appropriate if your stroke has been caused by a bleed. ‘Clot-busting’ medicine has to be given in hospital within four and a half hours of your stroke symptoms starting. It is given through a drip in your arm and you will be closely observed for up to 24 hours afterwards.

- **Antiplatelets** or blood-thinning treatment.

For people who have had an ischaemic stroke, 300 mg of aspirin (given within 48 hours of the start of the stroke) can reduce the risk of another stroke. Aspirin helps to prevent new clots forming, but does not dissolve clots that are already there. This is usually continued for at least 14 days. The high dose of aspirin will be replaced after 14 days, normally with clopidogrel or low-dose aspirin and dipyridamole.

- **Statins**

These are used to lower cholesterol. Most people with an ischaemic stroke will be offered a statin even if their cholesterol is not high, because a statin may help reduce your risk of stroke. These are usually started within 48 hours from the start of your stroke, and will be continued for the rest of your life.

- **Carotid endarterectomy**

If the carotid doppler scan shows that your carotid arteries (the arteries in your neck) have significantly narrowed, it may be recommended that you have a carotid endarterectomy. This is an operation to unblock the narrowing in one or both carotid arteries and restore blood flow to the brain. This should be done as soon as possible, and ideally no more than 2 weeks after your stroke.

- **Decompressive surgery**

If your stroke is accompanied by severe swelling in your brain, it may be recommended that you have surgery to release the pressure on your brain. This is known as a hemicraniectomy, and should be done within 48 hours of your stroke.

- **Intra-arterial clot retrieval/removal**

This is a new technique that allows a device (a small tube or catheter) to be inserted from a large artery in the leg and passed through the arteries into the part of the brain where the clot has formed. The clot can then be removed in the catheter, unblocking the artery. At the moment this is a very specialised procedure and is only offered in some centres in Scotland.

- **Thrombectomy (or intra-arterial clot retrieval)**

This is a technique that allows a thin tube (a catheter) to be inserted into an artery at the top of your leg. The tube is carefully moved through your blood vessels to the blocked artery in your brain. A wire net (a stent retriever) is then passed through the tube to the site of the blockage and used to remove the clot. Removing the clot unblocks the artery and allows blood to flow again. Thrombectomy is a very specialised procedure and is available in some areas of Scotland.

ONGOING MANAGEMENT

Where will I be treated?

If your stroke was very mild you may be able to return home after tests at the hospital. If you are experiencing effects such as reduced consciousness, difficulty swallowing, limb weakness and communication problems then you should be admitted to a specialist stroke ward.

Who will be involved in my care?

There will be a stroke team involved in your care including specialist doctors, nurses, social workers and therapists. The stroke team involved in your recovery is often called the multi-disciplinary team or MDT.

Your stroke team will work closely with you and your family and involve you in any decisions about your care and progress.

The MDT team may include:

Stroke consultants. These are doctors who will be responsible for your care while you are in hospital. They will co-ordinate all your treatment and you may have follow-up appointments with them when you return home.

Nurses and clinical nurse specialists. These are your main carers while you are in hospital, providing day-to-day care and helping you with all your needs. They can also provide information, explanations and support to you and your family as well as helping to sort out any problems you might have during your stay in hospital. Talk to one of the nurses looking after you if you are concerned about any aspect of your care.

Physiotherapists can help you improve your movement and balance. They can help assess your mobility and suggest and provide equipment such as walking aids, splints or wheelchairs.

Speech and language therapists (SLT) help you improve your communication and swallowing. They can also suggest techniques that can help you to communicate from using gestures to electronic aids.

Speech and language therapists (SLT) help you improve your communication and swallowing. They can also suggest techniques that can help you to communicate from using gestures to electronic aids.

Occupational therapists (OT) can help with practicalities such as getting dressed and washed or using the toilet and can give advice on equipment you might need.

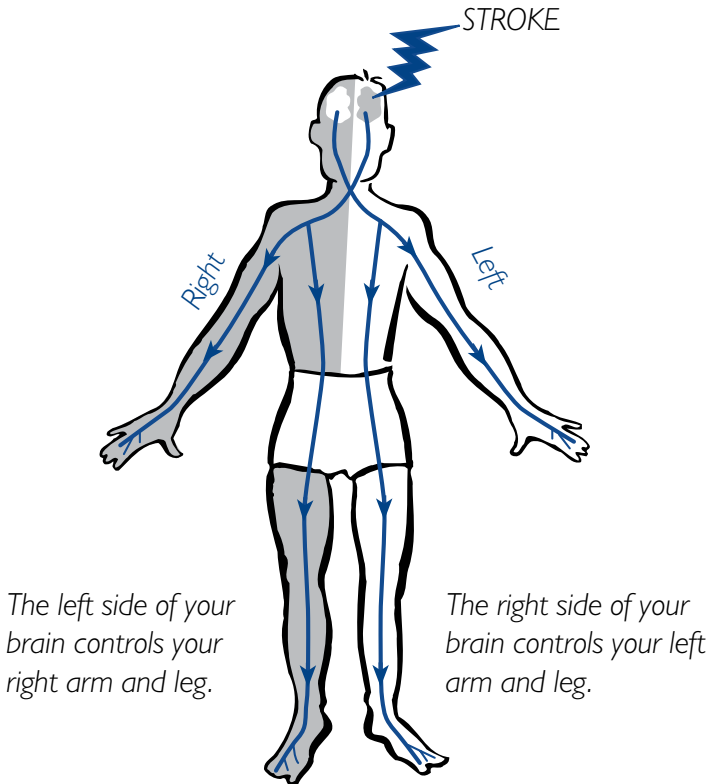
Continence nurses can help you manage your bladder or bowel function after a stroke.

Clinical psychologists and counsellors can help you manage your emotions after a stroke. They can also help if you have problems thinking, concentrating, or remembering things.

Dietitians can recommend a healthy nutritious diet if you have eating or swallowing difficulties or have lost your appetite. They will oversee any special dietary requirements while you are in hospital and advise you and those caring for you about appropriate and safe ways for you to eat and drink.

HOW STROKE AFFECTS YOU

Everyone is affected differently by stroke. How you are affected will depend on which part of your brain has been damaged (the location of the stroke) and how severe your stroke is. Your age and general health before the stroke can also affect how quickly you will recover.



“I couldn’t feel the right-hand side of my body at all and I got very frustrated. I couldn’t even move a finger, it was just so gutting.”

Where the stroke occurs in your brain will affect which side of the body and which functions are affected. Each side of the brain controls the opposite side of the body so if you have a stroke on the left side of the brain the right side of your body will be affected; if you have a stroke on the right side of the brain the left side of your body will be affected.

The left side of your brain normally controls reading, writing, speaking and understanding. That means your communication is more likely to be affected if your stroke affects the right side of your body. The right side of your brain controls art, music and maths. Both sides of your brain control movement, sensation, vision, hearing and memory. Therefore these functions can be affected whichever side of your brain is damaged.

What symptoms might I experience after a stroke?

A stroke has an immediate effect on how your body and brain work and although all strokes are different, there are some common effects that many people may experience. The most common of these are:

- Weakness or loss of movement and feeling down one side of the body or part of one side
- Inability to get up, stand or walk

- Slurred speech or difficulty speaking and communicating
- Difficulty swallowing
- Altered vision
- Difficulty thinking, concentrating or remembering
- Loss of bladder and/or bowel control
- Confusion or unsteadiness
- Difficulty controlling emotions

You may also feel very tired and sleepy, unsure about what is happening, worried, and in need of reassurance. This is quite a normal experience when you have had a stroke.

Communication difficulties

A stroke can affect your ability to understand, speak, read or write. Around one in three people who have had a stroke have difficulties communicating after their stroke. The main conditions that happen as a result of a stroke are **aphasia** and **dysarthria**.

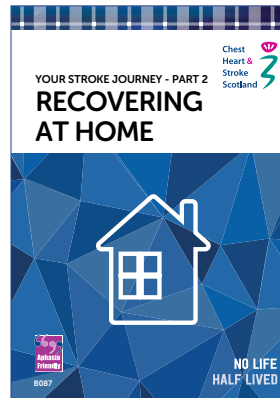
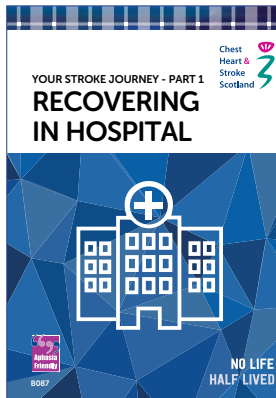
Aphasia affects your ability to speak and understand what others say. It can also affect your ability to read and write.

Dysarthria happens when you can't control the muscles in your face, mouth or throat that you need in order to speak. This can make your speech appear slurred, slow or unclear.

These types of communication difficulties do not affect your intelligence and it is not the same as being confused. It is simply that you may be having difficulty with the process of speaking and understanding language. Most communications problems do improve but the extent of recovery is different for everyone.

APHASIA FRIENDLY RESOURCES

Your Stroke Journey (Part 1 Recovering in Hospital and Part 2 Recovering at Home) is designed for people who have had a stroke and have aphasia. To view, download or order these resources, go to www.chss.org.uk/publications or call the Advice Line nurses on 0808 801 0899.



Swallowing difficulties

More than half of people who have had a stroke will have difficulty eating, drinking or swallowing in the first few days or weeks after their stroke. For this reason you may not be allowed to eat or drink straight away as there is a risk that food or drink may get into your lungs, which can lead to serious chest infections or pneumonia.

Everyone admitted to hospital with a suspected stroke should have a swallow screening test to check for any swallowing difficulties before being offered any food or drink. If you have any difficulty swallowing during this test, then you will be referred to a speech and language therapist (SLT) for a more detailed assessment. You would not usually be allowed to eat or drink until you have seen the SLT. If you are having difficulties you may be given pureed food or thickened drinks or if you can't swallow at all you may receive your nutrition through a tube.

Often swallowing problems do get better and most people are able to swallow safely again within the first few weeks after their stroke.

Thinking (cognitive) changes

After a stroke, it is common to find it difficult to concentrate or remember certain things. These are known as 'cognitive' changes and they happen because of damage to your brain. You may find it difficult to:

- Work something out
- Find your way around

- Remember what you were doing, how to do something or what someone just told you
- Know how to respond to what's going on around you

Problems with memory and thinking can be very upsetting and are usually worst during the first few weeks and months after a stroke, but they do get better.

Tiredness

In the early days after a stroke, it is common to be very tired for much of the time. This is quite normal. Some people experience extreme tiredness after a stroke. This is known as post-stroke fatigue. It is more than just feeling tired; it can feel overwhelming and leave you with very little energy. Often other effects of a stroke are made temporarily worse by this fatigue, particularly speech, concentration and memory.

Emotions

Emotions may be high during this stressful time for you and your family, but sometimes a stroke can affect your ability to control emotions. For example, some people who have had a stroke will be much more emotional than usual, or can experience extreme emotional reactions that are uncontrollable or are out of context. These can be things like laughing inappropriately, crying for no reason, emotional outbursts or uncontrolled swearing. These reactions can seem out of place and can be upsetting, but they usually come and go quickly and often lessen and go away as you recover.

Many people experience low mood and anxiety after a stroke. See the CHSS booklet *Coming to terms with a stroke* for more information or call the CHSS Advice Line nurses on 0808 801 0899.

Pain, including central post-stroke pain (CPSP)

Pain after a stroke is common, occurring in up to half of all people who have had a stroke. Different types of pain are experienced after a stroke, including shoulder pain, muscle tightness or stiffness, headache and central post-stroke pain (CPSP) which is a form of nerve pain. It is important that pain after a stroke is recognised and managed early, as it can impact on a person's quality of life. If you experience pain or altered sensation, you should tell the nurse or doctor who is in charge of your care.

Epilepsy

In a few people, the scar that results from the stroke can irritate the brain and cause seizures, sometimes weeks, months or even years later. Most people who experience seizures are prescribed medication to control this.

RECOVERY AND REHABILITATION

Will I recover?

Everyone's recovery following a stroke is different. No two strokes are the same. Some people make a complete or near-complete recovery within days, weeks or months. Others take much longer, and some will never make a full recovery. If your stroke was very severe, you may be left with long-term disabilities.

It is important to try to do as much as you can for yourself and put into practice anything that you've learned during your therapy sessions. There will be times when you are exhausted and feel downhearted and emotional at slow progress. Try to remember that recovery from a stroke is gradual so try to persevere and stay motivated. This is where encouragement and support from family and friends can be so helpful.

Early mobilisation is an important step in the recovery process. It helps to prevent complications through movement and correct positioning. It is important because it:

- Helps prevent limbs becoming stiff and sore
- Helps recover posture, balance and movement
- Can make it easier to eat and drink
- Reduces the risk of blood clots in the legs
- Reduces the risk of developing chest infections

Even at this early stage it is important to avoid prolonged time in bed. After your stroke, you will be tired and want to sleep a lot. Activity should be paced throughout the day, allowing rest and various therapy and activity periods to take place at different times of the day. In the first few days it is normal to feel very tired and emotional. However, with the help and reassurance from the stroke team, you will get the support you need and you should start to notice improvements in the weeks following your stroke.

What is rehabilitation?

After a stroke the aim of rehabilitation is to help you overcome or cope with the damage caused by your stroke. You will be helped to relearn or adapt skills so that you can be as independent as possible. Rehabilitation can be carried out in the following places:

- A stroke unit in the hospital
- A rehabilitation unit in the hospital
- A community hospital
- An out-patient clinic and day hospital
- A day hospital
- In your home by community therapists

What will happen when I am ready to leave hospital?

Your stay in hospital could be just a few days through to a few months depending on how serious your stroke is, how well you are recovering and your circumstances at home. Recovery is usually a gradual process and you will continue rehabilitation when you leave hospital.

Once you are well enough to leave hospital, the stroke team will produce a discharge plan to make sure you have all the help and support you need. This may include practical help at home such as carers coming in to help you get washed and dressed, arranging suitable adaptations or equipment for your home, or providing advice about financial support. The hospital or community social worker may also be involved in these discussions.

Home visit

Part of your discharge plan may include a series of home visits by an occupational therapist and other members of the multi-disciplinary team; you may be asked to go along. The purpose is to look at where you live and assess how well you will be able to manage at home. It is also useful for anyone who is going to be helping you at home to be there for this visit so that they are fully involved in planning for your discharge from hospital.

A short trial visit home may be arranged before you are discharged. This will help identify any problems that may arise after you return home.

Returning home

Many areas now have a Stroke Nurse or Stroke Liaison Nurse. He/she can help with the transition from hospital to home and may continue to visit after discharge from hospital to help with any subsequent difficulties or questions that might arise.

See the CHSS booklet *Stroke: A Guide to Recovery at Home* for more information on what to expect when you return home from hospital after a stroke.

Residential and nursing-home care

If your stroke was severe and has left you with lasting problems, you may need residential or nursing-home care rather than being able to return home from hospital. A nursing home must have qualified nurses on the premises and is able to offer more intensive support, including 24 hour care if this is needed.

REDUCING THE RISK OF HAVING ANOTHER STROKE

Am I likely to have another stroke?

Having one stroke increases your risk of having another one. However, there are some things that you can do to help reduce your risk of this happening. These include:

- Taking your medicines as prescribed
- Managing your blood pressure
- Managing your cholesterol
- Controlling diabetes (if appropriate)
- Addressing your lifestyle to reduce any risk factors you have.

Changes to your lifestyle might include:

- Stopping smoking
- Eating a healthy and varied diet
- Maintaining a healthy weight
- Keeping physically active
- Moderating your alcohol intake
- Avoiding recreational drugs

HELP AND SUPPORT FROM CHSS

Advice Line

Call our award-winning confidential Advice Line on 0808 801 0899 or email advice@chss.org.uk. Staffed by nurses, the Advice Line is open Monday to Friday 9.30am – 4.00pm and provides confidential, independent advice. Whether you need someone to talk to or you are looking for details of local services, the Advice Line nurses will help with any information you or your family needs if you have been affected by stroke. All calls are FREE from landlines and mobiles.

Health Information

CHSS have a range of booklets and easy-to-read 'essential guides'. To see the full list of guides and other resources and to order, view or download them, go to **www.chss.org.uk/publications** or call the Advice Line nurses for more information on 0808 801 0899.

Stroke Services

We provide support for people who have difficulty with communication and physical and everyday tasks after a stroke. The type of support available may differ depending on where you live in Scotland. Our aim is to help you to increase your confidence and to support you to do the things you want to do when you are back home, so that you can live more independently. Support is provided through one-to-one support or in a small group.

In some areas of Scotland, CHSS provides support from a stroke nurse or occupational therapist as you leave hospital after a stroke. The stroke nurse or therapist will work with you and support you and your family for up to a year after you leave hospital. Your hospital stroke care team will need to refer you for this service if it is available in your area.

Support Groups

Hearing how other people are coping after stroke can be a lifeline for some people. CHSS has a number of support groups across Scotland for people who have been affected by stroke. The groups offer a wide range of support including exercise, social activities and an opportunity to talk to others who understand what you are going through. These groups are run by people living with stroke or other long-term conditions and are supported by CHSS.

Selfhelp4stroke.org

This is an online resource to help people who have had a stroke. It includes sections on keeping well, being active, emotional support and coping with setbacks. See www.selfhelp4stroke.org.



Stroke4carers.org

This is an online resource for carers of people who have had a stroke. It provides practical advice and tips for carers including support, advice for caring at home and information on money and benefits available. See www.stroke4carers.org.

**For information on any of our services
across Scotland, contact the Advice Line
nurses on 0808 801 0899 or
email advice@chss.org.uk.**

USEFUL RESOURCES

Age Scotland

www.ageuk.org.uk/scotland

Tel: 0800 12 44 222

Provides a wide range of information and advice for older people.

Befriending Networks

www.befriending.co.uk

Tel: 0131 261 8799

Email: info@befriending.co.uk

Provides information about befriending and access to befriending networks and projects across the UK.

Bladder & Bowel Community

www.bladderandbowel.org

Tel: 01926 357220

Email: help@bladderandbowel.org

The Bladder and Bowel Community provides information and support for people with bladder and bowel disorders.

British Red Cross

www.redcross.org.uk

Tel: 0344 871 1111

Email: contactus@redcross.org.uk

Has local branches which can lend or hire equipment for people with disabilities. They can also help with transport and first aid training.

Care Information Scotland

Helpline number: 0800 011 3200

Website: www.careinfoscotland.scot

Provides information and advice if you care for someone, need care yourself or are planning for your future care needs.

Carers Scotland

www.carersuk.org/scotland

Tel: 0141 445 3070

Advice Line: 0808 808 7777

Email: info@carerscotland.org

Carers Scotland provides information on all matters relating to caring.

Carers Trust

www.carers.org

Tel: 0300 772 7701

Email: scotland@carers.org

Carers Trust works to improve support, services and recognition for anyone living with the challenges of caring for a family member or friend.

Citizens Advice Scotland (CAS)

www.cas.org.uk

Tel: 0808 800 9060

Online advice and contact details of your local citizens advice bureau. Offices in Edinburgh, Glasgow, Aberdeen and Inverness.

Diabetes UK Scotland

www.diabetes.org.uk/scotland

Tel: 0141 245 6380

Helpline: 0141 212 8710

Email: scotland@diabetes.org.uk

Diabetes UK Scotland works to raise awareness, improve care and provide help, support and information for people with diabetes and their families across Scotland.

Different Strokes

www.differentstrokes.co.uk

Information line: 0345 130 7172

Email: info@differentstrokes.co.uk

Different Strokes helps young stroke survivors reclaim their lives through active peer support and independent recovery.

Epilepsy Scotland

www.epilepsyscotland.org.uk

Tel: 0141 427 4911

Helpline: 0808 800 2200

Email: helpline@epilepsyscotland.org.uk

Works with people living with epilepsy to ensure their voice is heard.

Headway

Tel: 0115 924 0800

Email: enquiries@headway.org.uk

Helpline: 0808 800 2244 or helpline@headway.org.uk

A UK-wide charity that works to improve life after brain injury.

NHS 24

www.nhs24.scot

Tel: 111

The phone service is designed to help you get the right help from the right people at the right time. The website provides comprehensive up-to-date health information and self-care advice for people in Scotland.

RNIB Scotland

www.rnib.org.uk/scotland

Tel: 0131 652 3140

Email: rnibscotland@rnib.org.uk

Provides a wide range of specialised information and services for people with sight loss.

Relationships Scotland

www.relationships-scotland.org.uk

Tel: 0345 119 2020

Email: enquiries@relationships-scotland.org.uk

Relationships Scotland offers confidential relationship counselling and sexual therapy for couples and individuals.

The Tavistock Trust for Aphasia

www.aphasiatavistocktrust.org

Tel: 01525 290 002

Email: TTA@tavistocktrustaphasia.org

Works to improve the quality of life for those with aphasia, their families and carers.

Visibility Scotland

www.visibility.org.uk

Tel: 0141 332 4632

Email: info@visibility.org.uk

Provides a range of services and activities for people who are visually impaired.

Chest
Heart &
Stroke
Scotland



Advice Line Nurses



For confidential help, support and advice,
call our specialist nurses or visit

www.chss.org.uk

Chest Heart & Stroke Scotland (CHSS) is a wholly Scottish charity
Scottish Charity Number SC018761

Helplines
STANDARD

OUR PUBLICATIONS

We hope this information has been useful to you.

Our publications are free to anyone in Scotland who needs them.

To view, download or order any resources, visit **www.chss.org.uk/publications**

If you'd like more information about our publications, please contact our Health Information team:



www.chss.org.uk



healthinformation@chss.org.uk



0131 225 6963



Rosebery House,
9 Haymarket Terrace,
Edinburgh EH12 5EZ



Chest Heart & Stroke Scotland is a Scottish charity. Our ambition is to make sure that there is no life half lived in Scotland.

After a diagnosis of a chest or heart condition or a stroke, many people experience fear and isolation and struggle with the impact on their lives. **Chest Heart & Stroke Scotland** won't stand for that. The care and support we deliver every day ensures everyone can live the life they want to.

We offer our resources free of charge to anyone in Scotland who needs them. To help us to continue to do this, and to help provide vital services to people in Scotland affected by chest, heart and stroke conditions, you can donate at:

www.chss.org.uk/supportus/donations

CONTACT US

For confidential advice, support and information call the CHSS Advice Line nurses on:

Freephone 0808 801 0899 or email adviceline@chss.org.uk

Head Office

Chest Heart & Stroke Scotland
Rosebery House, 9 Haymarket Terrace, Edinburgh EH12 5EZ
Tel: 0131 225 6963 | Open Mon – Fri

www.chss.org.uk

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