STROKE
A guide to recovery in hospital
STROKE SERIES SS1
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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INTRODUCTION

Strokes happen suddenly and without warning and can be life-changing for you and your family. This booklet explains how to recognise a stroke, what a stroke is and what happens after a stroke, from emergency care through to beginning your recovery and rehabilitation in hospital, and planning to return home. It aims to answer any immediate questions and worries you and your family might have in the first few days or weeks after a stroke.

There is also a booklet called Stroke: A Guide to Recovery at Home which covers what you can expect in the longer term as your recovery continues.

Versions of these booklets are also available for people with aphasia (communication difficulties) called Your Stroke Journey Part 1: Recovering in Hospital and Your Stroke Journey Part 2: Recovering at Home.
This booklet is not intended for people who have had a transient ischaemic attack (TIA) or minor stroke. There is a separate CHSS booklet called *Understanding TIA* and minor strokes.

This booklet does not cover the diagnosis and management of subarachnoid haemorrhage (SAH). SAH is when bleeding occurs into the fluid that surrounds the brain. Once SAH has been diagnosed, treatment and recovery is very different from a stroke which is caused by a clot or a bleed within the brain. For more information and advice about SAH contact the Brain and Spine Foundation:

**Brain and Spine Helpline**
LG01, Lincoln House
Kennington Park
1-3 Brixton Road
London
SW9 6DE
Tel: 0808 808 1000
Email: helpline@brainandspine.org.uk
Website: www.brainandspine.org.uk
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
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Christine, stroke survivor
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.

• Continence 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.

For more information about thrombolysis see the CHSS booklet *Understanding thrombolysis treatment for stroke*.

- **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.
See the CHSS factsheet *Carotid endarterectomy* for more information.

**• 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.
**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.

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.

Ophthalmologists can assess your vision if you have visual problems after your stroke.
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.

The left side of your brain controls your right arm and leg. The right side of your brain controls your left arm and leg.
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
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- 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
- 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.

See the CHSS factsheet *Helping communication after a Stroke* for more information.

### 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.

The Conversation Support Book is an A5 ring-bound book with laminated pages that opens flat. It contains 44 pages of images on a variety of topics to help support a conversation with someone who has difficulty communicating due to stroke. Individual copies are free to people in Scotland, otherwise £5 each.
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.

See the CHSS factsheet Swallowing problems after a stroke for more information.

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.

See the CHSS factsheet *Memory problems after a stroke* and the booklet *Changes in thinking and behaviour after a stroke* for more information.

**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.

See the CHSS factsheet *Coping with Tiredness* for tips on pacing yourself and conserving energy.

**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.

See the CHSS booklet *Changes in thinking and behaviour after stroke* for more information.

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**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

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**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.

See the CHSS factsheet *Central post-stroke pain* for more information about CPSP.

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.
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
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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.
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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.
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

For more information see the CHSS booklet Stroke: reducing the risk of stroke.
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For more information see the CHSS booklet Stroke: reducing the risk of stroke.

There are also CHSS factsheets on:

- Healthy eating
- Keeping active
- Losing weight
- Salt
- Stopping smoking
- Cholesterol
HELP AND SUPPORT FROM CHSS

Advice Line
Call our award-winning confidential Advice Line on 0808 801 0899. 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
A full range of booklets and factsheets is available via the CHSS website at www.chss.org.uk or email publications@chss.org.uk or call 0131 225 6963. These range from resources to help children understand what is happening when a parent or grandparent has had a stroke to resources for people who have aphasia. The information is provided in a range of formats including posters, booklets, factsheets, cards and leaflets.

Financial Support
CHSS can provide financial advice and support to those affected by chest, heart or stroke conditions if you are worried about money. We offer personal support grants and in some areas we can provide access to welfare benefits advisors.
**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. The 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
Selfhelp4stroke is a free self-management website for anyone who has had a stroke. It can help you gain control of your life after stroke by helping you set goals and supporting you to achieve them. Information is displayed in video, audio and interactive formats offering support and helpful techniques from real experiences of people who have had a stroke. Visit selfhelp4stroke at www.selfhelp4stroke.org.

Support for Family and Carers
Coping when a family member has had a stroke can be difficult. It is a hugely worrying time but the help of family and loved ones is important to the recovery process, particularly in terms of providing personal support. The person affected by stroke will need a lot of reassurance.

The CHSS booklet Stroke: A carer’s guide provides practical help and information for carers and there is also an online resource for carers at www.stroke4carers.org. CHSS Advice Line nurses are also available to help family members and carers who are supporting people who have had a stroke.

For more information on any or all of these services call the CHSS Advice Line Nurses on 0808 801 0899 or visit the CHSS website www.chss.org.uk
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For more information on any or all of these services call the CHSS Advice Line Nurses on 0808 801 0899 or visit the CHSS website www.chss.org.uk.

USEFUL ADDRESSES AND WEBSITES

**Age Scotland**
Causewayside House
160 Causewayside
Edinburgh EH9 1PR
Age Scotland Helpline: 0800 12 44 222
Website: www.ageuk.org.uk/scotland

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

**Befriending Networks**
63-65 Shandwick Place Edinburgh EH2 4SD
Tel: 0131 261 8799
Email: info@befriending.co.uk
Website: www.befriending.co.uk

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

**Bladder & Bowel Community**
7 The Court, Holywell Business Park Northfield Road
Southam CV47 0FS
Tel: 01926 357220
Email: help@bladderandbowel.org
Website: www.bladderandbowel.org

*The Bladder and Bowel Community provides information and support for people with bladder and bowel disorders.*
**British Red Cross**
44 Moorfields
London EC2Y 9AL
Tel: 0344 871 1111
Email: contactus@redcross.org.uk
Website: www.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**
The Cottage, 21 Pearce Street
Glasgow G51 3UT
Tel: 0141 445 3070
Advice Line: 0808 808 7777
Email: info@carerscotland.org
Website: www.carersuk.org/scotland

*Carers Scotland provides information on all matters relating to caring.*
Carers Trust
Office 64
Spaces, Tay House
300 Bath Street
Glasgow G2 4JR
Tel: 0300 772 7701
Email: scotland@carers.org
Website: www.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.

Chest Heart & Stroke Scotland
Rosebery House, 9 Haymarket Terrace
Edinburgh EH12 5EZ
Tel: 0131 225 6963
Advice Line: 0808 801 0899
Email: adviceline@chss.org.uk
Website: www.chss.org.uk

Chest Heart & Stroke Scotland aims to improve the quality of life for people in Scotland affected by chest, heart and stroke illness, through research, influencing public policy, and advice, information and support in the community.

Citizens Advice Scotland (CAS)
Tel: 0808 800 9060
Website: www.cas.org.uk

Online advice and contact details of your local citizens advice bureau. Offices in Edinburgh, Glasgow and Inverness.
**Diabetes UK Scotland**
The Venlaw, 349 Bath Street
Glasgow G2 4AA
Tel: 0141 245 6380
Helpline: 0141 212 8710
Email: scotland@diabetes.org.uk
Website: www.diabetes.org.uk/scotland

*Diabetes UK Scotland is dedicated to putting the interests of people with diabetes first, through the best in campaigning, research and care.*

**Different Strokes**
9 Canon Harnett Court, Wolverton Mill
Milton Keynes MK12 5NF
Information line: 0345 130 7172
Email: info@differentstrokes.co.uk
Website: www.differentstrokes.co.uk

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

**Directgov**
Website: www.direct.gov.uk

*UK government website which provides a single point of access to information and practical advice about public services. It has information about financial benefits as well as information for disabled people and carers.*

*(Please note: some policies and services may be different in Scotland.)*
Disabled Living Foundation (DLF)
Unit 1, Chatfield Road
London SW11 3SE
Helpline: 0300 999 0004
Email: info@dlf.org.uk
Website: www.dlf.org.uk

Provides impartial advice, information and training on independent living.

Epilepsy Scotland
48 Govan Road Glasgow G51 1JL
Tel: 0141 427 4911
Helpline: 0808 800 2200
Email: helpline@epilepsyscotland.org.uk
Website: www.epilepsyscotland.org.uk

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

Headway
Bradbury House,
190 Bagnall Road Old Basford
Nottingham NG6 8SF
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. Through its network of more than 125 groups and branches across the UK, it provides support, services and information to brain injury survivors, their families and carers, as well as to professionals in the health and legal fields.
Lead Scotland
525 Ferry Road, Edinburgh EH5 2FF
Tel: 0131 228 9441
Email: enquiries@lead.org.uk
Website: www.lead.org.uk

Lead Scotland exists to enable disabled adults and carers in Scotland to access education and lifelong learning opportunities.

NHS 24
Tel: 111
Website: www.nhs24.scot

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
12-14 Hillside Crescent, Edinburgh EH7 5EA
Tel: 0131 652 3140
Email: rnibscotland@rnib.org.uk
Website: www.rnib.org.uk/scotland

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

Relationships Scotland
18 York Place, Edinburgh EH1 3EP
Tel: 0345 119 2020
Email: enquiries@relationships-scotland.org.uk
Website: www.relationships-scotland.org.uk

Relationships Scotland offers confidential relationship counselling and sexual therapy for couples and individuals.
Shaw Trust
Shaw Trust Enquiries
Third Floor
10 Victoria Street
Bristol BS1 6BN
Tel: 0300 30 33 111
Email: support@shaw-trust.org.uk
Website: www.shaw-trust.org.uk

Provides opportunities, skills development training, and health and wellbeing services.

The Tavistock Trust for Aphasia
Bedford House
15 George Street
Woburn MK17 9PX
Tel: 01525 290 002
Email: TTA@tavistocktrustaphasia.org
Website: www.aphasiatavistocktrust.org

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

Visibility
2 Queens Crescent
Glasgow G4 9BW
Tel: 0141 332 4632
Email: info@visibility.org.uk
Website: www.visibility.org.uk

Provides a range of services and activities for people who are visually impaired.
We hope this information has been useful to you. Our publications are available 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. Please note: Our publications are currently being reviewed and updated. Some of the publications referred to in this booklet may no longer be available. For a complete list of our current publications, please visit www.chss.org.uk/publications.

For confidential help, support and advice, call our specialist nurses or visit www.chss.org.uk.
We hope this information has been useful to you.

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

To view, download or order any resources, visit [www.chss.org.uk/publications](http://www.chss.org.uk/publications)

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

- [www.chss.org.uk](http://www.chss.org.uk)
- [healthinformation@chss.org.uk](mailto:healthinformation@chss.org.uk)
- 0131 225 6963
- Rosebery House, 9 Haymarket Terrace, Edinburgh EH12 5EZ

Please note: Our publications are currently being reviewed and updated. Some of the publications referred to in this booklet may no longer be available. For a complete list of our current publications, please visit [www.chss.org.uk/publications](http://www.chss.org.uk/publications)
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.

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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