

LIFE AFTER A STROKE

A patient, family and carers guide



CRÍ

Fighting Heart Disease & Stroke



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This booklet is about recovering from a stroke. The aim is to help stroke survivors, their families and carers understand more about what it means to have a stroke and to get the best from the recovery and rehabilitation process.

A special thank you to those who contributed to the update of this booklet

Content:

Becca Dorsett - Stroke Support Specialist, Croí

Maeve Frawley - Specialist Cardiovascular Nurse, Croí

Dr Lisa Hynes - Health Psychologist and Head of Health Programmes, Croí

Professor Martin O'Donnell - Executive Dean, College Medicine Nursing and Health Sciences, University of Galway

Emma Dillon-Leetch - Communications Manager, Croí

Design:

Lauren Coffey - Communications Coordinator, Croí



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WHO WE ARE

At Croí, we are dedicated to combating heart disease and stroke, with a special focus on the West of Ireland. We support survivors in their journey towards living their best possible lives after a stroke. Our mission is to prevent heart disease and stroke, save lives, and empower families, communities, and future generations to take charge of their health and well-being. Our efforts are funded through the proceeds from fundraising events, voluntary contributions, and philanthropy. We are immensely grateful for the support and endorsement from our donors, supporters, and volunteers who generously give their time and resources.

This booklet has been created to help you understand stroke and the recovery process. It is not intended to replace the medical advice of your doctor.

Members of the Croí Team





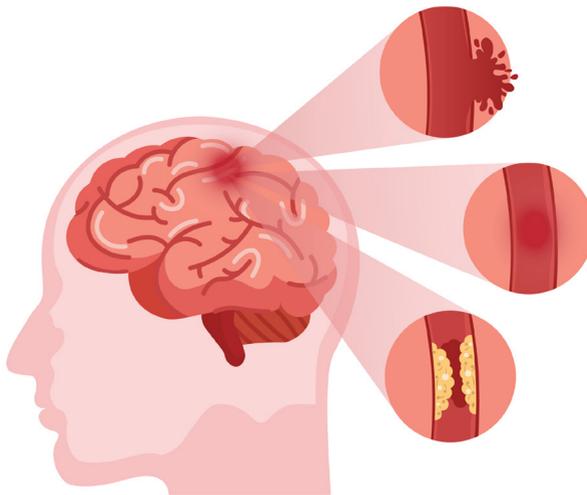
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WHAT IS A STROKE?

A stroke is a serious medical emergency that occurs when the blood supply to part of the brain is blocked or interrupted. This can cause brain cells to die within minutes, resulting in a variety of symptoms depending on the area of the brain affected. These symptoms need immediate urgent care.

Stroke is the second leading cause of death in the world. A stroke can happen at any age, with one in four people having a stroke at some point in their life.

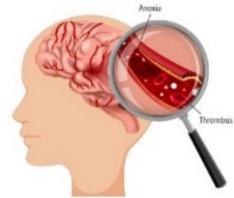


TYPES OF STROKE

There are two main types of strokes: ischaemic and haemorrhagic.

Ischemic Strokes are the most common type of stroke. Accounting for approximately 85% of all strokes. They occur when a blood clot blocks an artery leading to the brain. The blood clot can form in the brain itself or in an artery elsewhere in the body and travel to the brain.

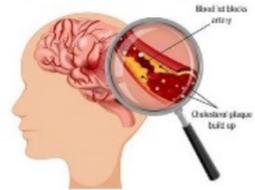
Ischemic Stroke



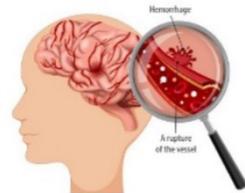
The common causes of ischaemic stroke are below:

- **Cardiac Causes:** such as atrial fibrillation. Also, known as an irregular heartbeat. When the heart beats at an irregular rhythm, it can cause blood to pool in the atria of the heart, causing the blood to clot. Eventually, the blood clot will leave the heart and can travel and get lodged in a blood vessel leading to the brain, causing an ischaemic stroke.
- **Atherosclerosis:** This is a build-up of fatty deposits, cholesterol and other substances within the large and small vessel walls. The build-up is known as plaque, which can cause narrowing and blockages to blood flow through these vessels.

Atherosclerosis Stroke



Haemorrhagic Stroke



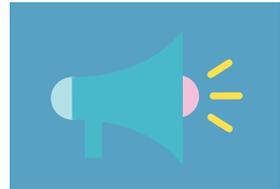
Haemorrhagic Strokes occur when a blood vessel in the brain ruptures and bleeds into the brain tissue. This can be caused by a weakened blood vessel, high blood pressure or a head injury. Around 20% of strokes are haemorrhagic in nature.

Transient Ischaemic Attack (TIA) also referred to as a 'mini stroke' has the same symptoms as a stroke but will only last a few minutes to a couple of hours, and in rare cases symptoms may last up to 24 hours. This does not cause permanent brain damage. However, a TIA is an **important warning signal** to improve your health, as they can be recurrent or even lead to a stroke.

Idiopathic Stroke also referred to as a cryptogenic stroke, which refers to a stroke that occurs without a known cause. However, a condition called idiopathic intracranial hypertension, causes increased pressure inside the skull which can lead to symptoms such as vision loss. Therefore, it is important to work closely with your healthcare providers to identify potential risk factors and treat these appropriately to prevent recurrent strokes.

HOW TO RECOGNISE A STROKE

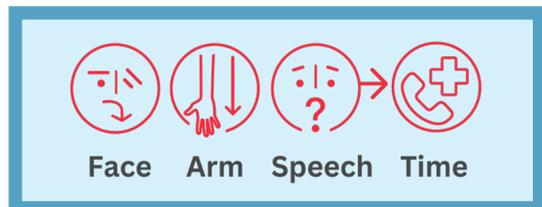
It is important that if yourself or you recognise someone else is experiencing this sudden onset of symptoms you must seek urgent medical attention and act FAST. The longer the stroke remains untreated, the greater the chance of stroke-related brain damage. Be mindful that symptoms vary from person to person and not all symptoms need to be present to assume someone is having a stroke.



Common symptoms:

- Sudden weakness or numbness on one side of the face, arm or leg.
- Sudden trouble speaking or understanding speech.
- Sudden trouble seeing in one or both eyes.
- Sudden dizziness, loss of balance, or coordination.
- Sudden severe headache with no known cause.
- **Confusion** - speech may be slurred or garbled, or they may not be able to understand what is being said.

Remember, stroke is a medical emergency. It's time to dial 999 / 112 immediately if you notice any of these signs or symptoms.



RISK FACTORS FOR STROKE

Risk factors can be split into non-modifiable and modifiable factors. Non-modifiable factors are what cannot be changed, however modifiable factors are what you are in control of and can change. The more risk factors you have, the more likely you are to have another stroke or cardiac event.

NON-MODIFIABLE	
AGE	Risk of a stroke increases with age, but a stroke can happen at any age.
GENDER	A stroke is more common in women than men, as women tend to live longer, therefore increasing their risk of a stroke. However, incidence is higher in men than women at younger ages.
RACE	African Americans, Hispanics and Asians are at a higher risk of developing a stroke when compared to Caucasians because of genetic predisposition to hypertension (high blood pressure) and diabetes. Both predispositions increase the risk for stroke.
FAMILY HISTORY	You are at a greater risk if an immediate family member has had a stroke under the age of 65. This is because you are more likely to inherit conditions like hypertension, diabetes and hyperlipidaemia, as they can be passed down through families. Therefore, significantly increasing your risk factors for stroke.
PREVIOUS STROKE OR TIA	At least 1 in 4 who have a stroke each year will have another within their lifetime. This could be due to unmanaged risk factors like hypertension, diabetes and high cholesterol. Previous strokes or TIAs suggest that there is already some damage to the blood vessels in the brain, making it more likely that another blockage or bleed will occur. Proper management, lifestyle changes and adherence to medical advice are essential to lower this risk.

MODIFIABLE LIFESTYLE (Factors you can CONTROL and CHANGE)

PHYSICAL INACTIVITY

Physical inactivity and sedentary behaviour can significantly increase your risk of recurrent strokes. Increasing your physical activity and exercise levels are the most important steps you can take to reducing your blood pressure and high cholesterol. Aiming to achieve the Irish Physical Activity Guidelines of 2 hours and 30 minutes of moderate intensity exercise is a good place to start. However, if you are able, aim for at least 5 hours a week. Including two days of resistance training, which will help to build your muscle strength.

EXCESS WEIGHT

It is encouraged that we aim to start within our “best weight range”. This is the point between our lower and higher body weight. Going above or below this can put our bodies under stress. Especially our circulatory system, as it increases your risk of high blood pressure and type 2 diabetes.

STRESS

Stress is a normal response for our bodies. However, too much of it can negatively affect our behaviours and factors that increase the risk of stroke and cardiovascular disease (CVD). Chronic stress can lead to excessive alcohol use or smoking, further increasing our risk of stroke and CVD. Habits like those can in fact spike our blood pressure causing damage and inflammation to our artery walls. Therefore, it is important to create healthier habits to manage stress.

SMOKING

Smoking significantly increases your risk of stroke due to the detrimental effects it has on our cardiovascular system. Smoking can lead to hypoxia, which is a lack of oxygen in our bodies, causing less oxygen to travel our brains which can cause stroke. Smoking is also linked to increasing the risk of atrial fibrillation (AFib) an irregular heart rhythm that can lead to the formation of blood clots in the heart. These clots can travel to the brain and cause a stroke.

ALCOHOL

Drinking alcohol especially in large amounts can increase blood pressure. Chronic hypertension is a significant risk factor for both ischaemic and haemorrhagic strokes. Excessive alcohol consumption can lead to liver damage and the development of a fatty liver. This can impair our livers function to creating clotting factors, increasing the risk of bleeding and haemorrhagic stroke. Drinking alcohol can lead to unhealthy behaviours such as poor diet, increased sedentary behaviour and smoking which are all risk factors for stroke.

MODIFIABLE MEDICAL

HIGH BLOOD PRESSURE	Uncontrolled high blood pressure can lead to stroke by damaging and weakening your brain's blood vessels, causing them to narrow, rupture or leak. High blood pressure can also cause blood clots to form in the arteries leading to your brain, blocking blood flow and potentially causing a stroke.
ATRIAL FIBRILLATION (AF)	AF is an irregular heartbeat. AF can result in pooling of the blood in the heart, which can lead to blood clot formation. If these blood clots break away they can travel to the brain and cause a stroke.
HIGH CHOLESTEROL	Cholesterol is a fatty substance which is essential to normal functioning of the body. If there is too much LDL cholesterol in the blood, the body is unable to get rid of it and cholesterol is deposited along the walls of the arteries. Overtime these deposits can build up and narrow the arteries that supply the heart and brain with blood and may result in a heart attack or stroke.
DIABETES	There is a combination of factors that people living with diabetes are more at risk to stroke and cardiovascular disease. Having diabetes can contribute to the development of atherosclerosis, which is the narrowing of blood vessels due to plaque buildup. Blockages to our vessels can restrict blood flow and lead to a stroke.



HOW IS STROKE DIAGNOSED?

A stroke is diagnosed based on your symptoms, your physical examination and CT scan report.

Important information is the time symptoms were noticed. When you arrive at the hospital, the emergency team will work quickly to take a brief history from you and your family while organising the stroke emergency team and scheduling a CT scan as soon as possible. You may be asked the same questions several times to ensure that healthcare providers are continuously monitoring you for any changes in your condition.



DIAGNOSTIC TESTS AND PROCEDURES

Your doctor may recommend one or more of the following tests to diagnose a stroke or TIA.

CT scan (Computed Tomography)

A brain CT scan, is a painless test that uses x-rays to create multiple images to build up a more detailed, three-dimensional picture of your brain to help your doctor identify any problem areas.

During the scan, you may be given an injection of a special dye into one of the veins in your arm to help improve the clarity of the CT image and look at the blood vessels that supply the brain.

A scan may show what type of stroke you have had and what area of the brain has been affected.



MRI Scan (Magnetic Resonance Imaging)

MRI uses magnets and radio waves to create more detailed pictures of your brain. This test may detect changes in brain tissue and damage to brain cells from a stroke. It is usually used in people with more complex symptoms, where the extent or location of the damage is unknown. It is also used in people who have recovered from a TIA. An MRI may be used instead of, or in addition to, a CT scan to diagnose a stroke. MRI is better than CT to detect acute ischemic stroke in the early phase.

Computed Tomography Arteriogram and Magnetic Resonance Arteriogram

A CT arteriogram (CTA) and magnetic resonance arteriogram (MRA) can show the large blood vessels in the brain. These tests may give your doctor more information about the site of a blood clot and the flow of blood through your brain.

Carotid Ultrasound

Carotid ultrasound is a test that uses sound waves to create pictures of the insides of your carotid arteries which are located in your neck. These arteries supply oxygen-rich blood to your brain.

Carotid ultrasound shows whether plaque has narrowed or blocked your carotid arteries.

Your carotid ultrasound test may include a Doppler ultrasound. Doppler ultrasound is a special test that shows the speed and direction of blood moving through your blood vessels.

ECG (Electrocardiogram)

An ECG is a simple test that records the heart's electrical activity. The test shows how fast the heart is beating and its rhythm (steady or irregular). An ECG also records the strength and timing of electrical signals as they pass through each part of the heart. An ECG can help detect heart problems that may have led to a stroke. For example, the test can help diagnose atrial fibrillation or a previous heart attack.

Echocardiography

Echocardiography or ECHO, is a test that uses sound waves to create pictures of your heart. The test gives information about the size and shape of your heart and how well your heart's chambers and valves are working. An ECHO can detect possible blood clots inside the heart and

problems with the aorta. The aorta is the main artery that carries oxygen-rich blood from your heart to all parts of your body.



Blood Tests

Blood tests will be ordered by your doctor and are useful in helping to identify risk factors for your stroke and to eliminate other medical conditions that may be causing stroke-like symptoms. They are a standard and common procedure.

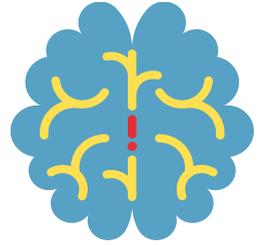
Holter Monitor/ R-test/ Implantable loop recorder

These are devices used to detect intermittent atrial fibrillation. A wearable device such as a Holter monitor or R-test, may be required to diagnose an arrhythmia. These monitors will record your heart rate and rhythm continuously for 24-48 hours, sometimes a few days.

An implantable loop recorder is a small device inserted superficially under the skin of the chest wall. A procedure done under local anaesthetic. It records the heart rate and rhythm continuously for up to 3 years. This device may be recommended to you if you are at high risk of recurrent strokes.

HOW IS STROKE TREATED?

Treatment depends on the type of stroke that you have been diagnosed with – Ischaemic or haemorrhagic.



With an ischemic stroke, blood vessels in the brain are blocked or narrowed.

With a haemorrhagic stroke, there's bleeding into the brain.

TYPE OF STROKE	TREATMENT	AIM	TIME
Ischaemic	<p>Thrombolysis. After confirming the diagnosis, a medication called Tissue plasminogen activator, r-tPA, / Alteplase aka "clot busting drug" is injected.</p> <p>Thrombectomy. Blood clot removal using a device or through suction, usually done under local anaesthetic</p> <p>Antiplatelets. Blood-thinning medication, usually aspirin, to prevent blood clotting together.</p>	Restore blood flow to the brain.	There is a 4 and a half hour window for this treatment, from the time when the symptoms start. Therefore it is important to seek help as soon as possible.
Haemorrhagic	<p>Medication. To prevent brain vasospasm (reduced blood flow in the brain).</p> <p>Surgery. To stop the bleeding by sealing the weak area of the ruptured blood vessel.</p>	Control the bleeding in the brain and reduce the pressure build up caused by extra fluid.	The aim is to manage the bleed within 6 hours of onset of symptoms.

MEDICATIONS FOLLOWING A STROKE

Understanding your medication and why you need to take it is an important part of your recovery journey. There are many different types of medications used to treat and prevent further strokes from happening again.



Anti-platelet

Commonly prescribed versions include: Aspirin Clopidogrel (Plavix) Prasugrel (Effient) Ticagrelor (Brilique).

What the medication does: Reduces clot formation by stopping certain blood cells (platelets) from sticking together.

Anticoagulant

Commonly prescribed anticoagulants include: Warfarin Rivaroxaban (Xarelto) Dabigatran (Pradaxa) Apixaban (Eliquis) Edoxaban (Lixiana).

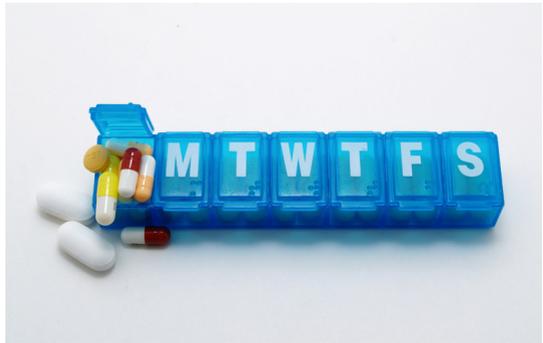
What the medication does: Anticoagulants are used to prevent and treat blood clots, which are linked to serious complications, such as stroke. You are also likely to be prescribed medication to **lower your heart rate, lower your blood pressure and lower your cholesterol.**

IMPORTANT TO KEEP YOUR OWN RECORD WHEN TAKING MEDICATION	Example
NAME OF MEDICATION	Aspirin
THE STRENGTH OF MEDICATION	75 mgs
WHAT IS THE MEDICATION FOR	Stop clots
HOW AND WHEN TO TAKE IT	Once a day

You should never stop taking a medicine and never change your dose or frequency without first consulting your health care provider.

Taking medication is not an easy task, here are a few tips to help make this a little easier for you:

- Get a weekly pill box – ask a family member to help you set it up.
- Ask your pharmacist to dispense your medication in a blister pack format.
- Start to take your medications at the same time every day eg: with breakfast.
- Keep your medication near where you prepare your breakfast – so you don't have to go looking for it.
- If it's a night time medication – keep this a your bedside locker.
- Set an alarm on your phone to remind you when to take them.
- Use the dates on the package – so that you can know that you actually took the medication.
- Always have at least 2 weeks supply of your medication.
- Try to build a positive relationship with you and your medication – if you are worried about taking your medication speak to your pharmacist/ doctor or the Croí Connects Nurse Helpline on **091 544310**.



Never ever share your medication with anybody

You can also refer to the Patient information guide to Heart medication booklet in Croí Resources www.croi.ie

COMMON PROBLEMS AFTER STROKE

Communication

After a stroke, you might have trouble communicating. Communication involves both language (the words we use) and speech (how we sound). Either or both of these centres can be affected by stroke. A speech and language therapist will work with you and your family to communicate as effectively as possible.

Language

Language difficulties after a stroke are known as aphasia. You may struggle to find the right words, form complete sentences, or put words together coherently. Understanding conversations, especially in groups, may be challenging. You might also have issues with memory and clear thinking. Reading and writing can be affected too. However, aphasia does not affect intelligence, and new ways of communicating can help reduce frustration. Speech and language therapists can assist you in learning how to communicate again.



Speech

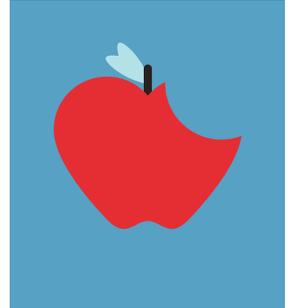
Speech difficulties after a stroke are called dysarthria, caused by muscle weakness, particularly in the lips and tongue. If one side of your face is weak, your speech may not be as clear as it was before. You might frequently need to repeat yourself, which can be tiring and frustrating. Speech and language therapists can provide exercises and strategies to improve your speech clarity.

Bladder and Bowel Problems

Stroke can affect the muscles and nerves that control the bladder and bowels. You may feel the urge to pass urine frequently, even if your bladder isn't full. Medications and a bladder or bowel specialist can help manage these issues.

Swallowing and Eating Problems

Dysphagia is the term used for swallowing difficulties, which you may experience after a stroke. Signs include coughing or choking during or after eating and drinking. A speech and language therapist will assess your swallowing ability to ensure it's safe for you to eat and drink. If swallowing is difficult, you might need to be on a drip or fed through a tube initially to prevent pneumonia caused by aspiration (food or drink entering the lungs). Over the first few days or weeks, most people see improvements. Your therapist might recommend softer foods, thickened fluids, or swallowing exercises to make eating and drinking safer and easier.



Limb Weakness and Sensation Loss

A stroke is a brain injury and can impact heavily on our musculoskeletal and nervous systems. In some instances, stroke can lead to paralysis, muscle weakness, or loss of sensation on one side of the body. This can affect an entire side or part of one side, often causing “neglect” or “inattention” where you might ignore or forget about your weaker side. This can result in:

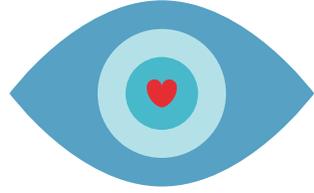
- Ignoring items on the affected side
- Difficulty reading.
- Dressing only one side of the body and thinking you're fully dressed.
- Bumping into furniture or doorways when walking or using a mobility aid.

Neglect is most common on the left side when the injury is to the right side of the brain. Problems with balance and coordination can make sitting, standing, or walking difficult, even if your muscles are strong enough.

Pain, numbness, or unusual sensations can make it hard to relax and feel comfortable. Physiotherapists and occupational therapists can help strengthen your muscles and teach you how to perform daily activities, such as dressing, eating and bathing.

Visual Problems

Visual problems are common after a stroke and can vary based on the area of the brain affected. While many of these issues may resolve over time as the brain heals, some may persist and require adjustment.



Central Vision Loss:

Partial or complete loss of vision in one or both eyes.

Visual Field Loss: Inability to see properly either to the left or right of the centre of your field of vision.

Visual Processing Problems: Difficulty recognising colours, faces, or objects.

Eye Movement Problems

Eye movement problems are particularly common after a stroke and can include:

- Impaired eye movements.
- Inability to move both eyes up, down, or sideways.

Exercises can help improve eye movements when there's difficulty looking at objects held close to the face. Prisms can be used to correct double vision or adjust the visual field if you're unable to look to one side. A patch can also be used to eliminate troublesome double vision.

Visual problems after a stroke can be challenging, but with the right support and interventions, many people can adapt and improve their quality of life.

EMOTIONAL ISSUES AND SUPPORT

Accepting that you have had a stroke can be difficult to process initially. However, it is a crucial step needed to make the most of your recovery. Acceptance can take time, especially if you are having to acknowledge and recognise the limitations that you may now have as a result of your stroke. It is important to link in with close family, friends, healthcare professionals and your local stroke support group to help you deal with your post stroke emotions. It is normal to experience mixed emotions post-stroke, therefore seeking support will help enhance your recovery.

After a stroke, you may experience changes in your mood or behaviour. For example, you may have frequent mood swings, and little to no control over your emotional responses. Potentially, you may laugh or cry for no reason. You may also feel scared, anxious and depressed, but **you are not alone**. Coping emotionally post stroke can be difficult for some people. Therefore, it is valuable to link in with someone who will listen and support you through these emotions.

The signs to look out for if you suspect yourself or a stroke survivor is depressed or low in mood:

- Loss of appetite or unexplained weight loss
- Feeling anxious, sad or tearful all that the same time
- Difficulty sleeping, or sleeping too much
- Lack of interest or no desire to engage in social settings



Recognising these signs early and seeking supporting can significantly aid your emotional recovery. When processing your emotions, it is important that you do not compare your stroke recovery journey to someone else. **Everyone's recovery is different**, and you need to allow your body and mind time to adjust. The multidisciplinary team, in particular the therapists, will guide you towards recovery. Having patience with yourself and others will aid for a better recovery.

What can you do if you feel depressed?

Talk about how you feel with your healthcare team. Sometimes it can help to talk about what is making you sad. It can make you feel better if your friends and family know how you feel however it can be difficult to do this if you have aphasia (difficulty in expressing oneself when speaking, trouble understanding speech, and difficulty with reading and writing). You may feel cut off and lonely if you have aphasia.

So, it may help to try and meet with others in the same situation.

Please enquire about Croi's Stroke Support Groups via **091 544310** or email **healthteam@croi.ie**. Joining a support group may help you adjust to life after a stroke.

FATIGUE AFTER STROKE

Post-stroke fatigue is a common experience for many stroke survivors. It differs from regular tiredness because it doesn't necessarily improve with rest. Here are some reasons why it occurs:

1. Physical Impact: After a stroke, your brain and body are still healing. The rehabilitation process, which involves learning new ways of doing things or doing exercises can very exhausting. Even if you have made a full recovery or your stroke was some time ago, fatigue can still be an issue.



2. Brain Adaptation: The uninjured parts of your brain take over tasks that the injured parts used to handle. However, as these new functions are less efficient, they require more concentration, leading to increased tiredness.

Remember, managing fatigue involves seeking support, understanding triggers and trying techniques to improve your recovery. If you're experiencing fatigue, consider discussing it with your GP or therapist for personalised advice. Below are some methods that might help manage your fatigue better.

What Can Help?

- Try and practice the tasks therapists have taught you between sessions – but don't exhaust yourself.
- Understand why each task has been set, they will help to keep you motivated.
- Make a note of when you get tired and what makes you tired.
- Don't take on too much at once, pace yourself when doing tasks.
- Make time to rest.
- Arrange to do things when you are at your best, perhaps this is in the morning or early part of the day.
- Some people find complimentary therapies useful such as mindfulness, deep breathing and relaxation techniques for example.
- Talk to your therapists about any concerns or questions you may have.
- Try and eat a healthy diet and if you can try and get some exercise within your limitations.
- Remember that progress can be slow as recovery is a gradual thing.

Croi Connects, Croi's nurse telephone helpline is available weekdays from 9am – 5:30pm on **091 544310** or by email at **healthteam@croi.ie**

DRIVING AFTER YOUR STROKE

Having a stroke/TIA has implications for driving, therefore, getting back to driving can vary for everyone. You may need to be assessed by your doctor to confirm your capabilities to return to driving. You should discuss this with your doctor or occupational therapist. Importantly, before you

return to the road, your motor vehicle licence authority and your insurance company need to be informed that you have had a stroke and will need a medical report from your doctor to state you are safe to return to driving.



For more information, please visit www.rsa.ie

SUPPORT IN YOUR HOME

Some people who have had a stroke may not have close relatives to help with their care and caregivers may also need support. There are different services in different areas, but may include:

- Home help
- Care assistants
- Meals on wheels
- Respite in a respite centre to give carers a short break



Sometimes a person may need more care than they can receive at home. If this is the case, your social worker can help you to think about the type of care which would be suitable for you, from sheltered accommodation, to residential care in a nursing home to 24-hour nursing care.

WHO IS IN THE MULTIDISCIPLINARY TEAM?

After having a stroke, it often requires comprehensive support of a multidisciplinary team. This is to ensure that a holistic approach is applied when managing a person post stroke during their hospital stay and once discharged. The rehab team in particular, can support stroke survivors and their families to find practical solutions to challenges stroke survivors tend to face post stroke. Using specific meaningful rehabilitation goals, the team collaborates to enhance independence, relearn lost skills, acquire new abilities and adjust to a life after stroke.

Consultant Neurologist: The consultant oversees your medical treatment and coordinates your care. A neurologist is a doctor who specialises in treating diseases of the brain, spinal cord and nerves. They will be supported by a medical team, which is usually made up of registrars and doctors, they manage your day-to-day medical needs during your hospital stay and will organise outpatient follow-ups if required.

Clinical Psychologist: The clinical psychologist plays a vital role in assisting you with potential behavioural or cognitive problems stemming from brain damage. Low mood and anxiety can be common post-stroke; therefore, a clinical psychologist can help support you and your family work through these difficulties.



Nursing Staff: Nurses assess your ongoing care needs and promote independence by teaching and supporting you in managing daily tasks as much as possible. The nurses administer medication prescribed to you by the doctor. A stroke nurse specialist provides crucial information, support, and acts as a link to other team members, offering assistance to you, your family, or caregiver. In the community, you may be visited by a public health nurse, to support with things like medication, dressings, catheter care.

Healthcare Assistants: Under the direction of nurses, healthcare assistants support you with daily tasks such as dressing, toileting, showering, and feeding, offering encouragement and assistance as you progress towards independence during your inpatient stay.



Speech and Language

Therapy: Speech therapists assess and treat issues related to communication, swallowing, and eating. They will help you to develop your speech and language post-stroke, whilst aiming to introduce new strategies of how to communicate best suited to your needs.

Physiotherapy: Physiotherapists focus on your physical recovery, tailoring treatments to strengthen weak muscles, improve balance and mobility, and optimise physical function, in particular focus to the affected limb(s).



Occupational Therapy:

Occupational therapists help you regain skills needed for daily living such as dressing, eating, and preparing meals, as well as tasks like work, driving, and socialising. They assess cognitive functions and may evaluate your home environment to aid in your safe return home.

Dietitians: Dietitians evaluate your nutritional needs and can provide personalised diet therapy, education, and advice as needed.

Medical Social Worker: Social workers assist you and your family in adjusting to life post-stroke, offering support, guidance, and information on benefits, services, and community resources. They facilitate communication with community services and can arrange family meetings to address concerns and plan your discharge.

Pastoral Care: The chaplaincy is a support service which responds to the needs of all members of the hospital community, offering pastoral, spiritual and religious support; helping individuals and groups to express and deal with the issues that affect their lives.

RECOVERING FROM THE EFFECTS OF STROKE

Recovering from a stroke takes time and varies for each individual. There is no set timeline or specific method for recovery, each person heals at their own pace, which can take weeks, months, or even years. Some people fully recover, while others may have long-term or lifelong disabilities.

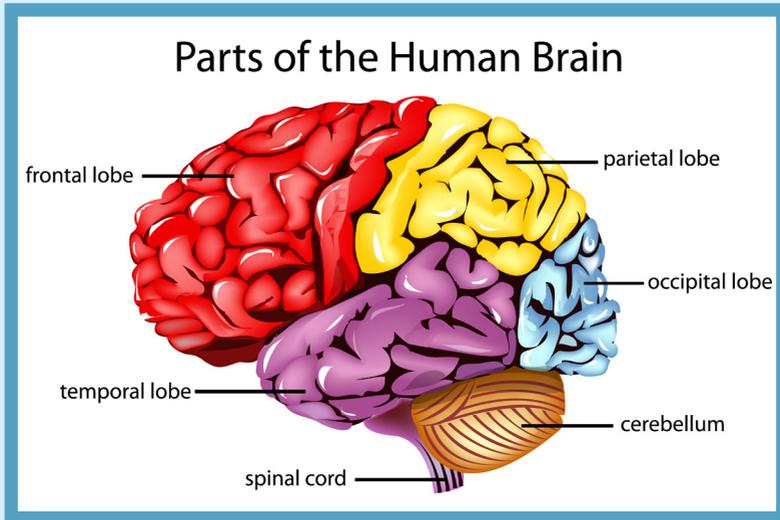


The effects of a stroke depend on the part of the brain affected and the extent of the damage. Even small injuries in certain areas can be serious, while significant damage in other areas may have little visible impact. Your attitude, support from family and friends, and expert help from a stroke rehabilitation team can greatly aid your recovery.

It's difficult to predict how a stroke survivor will be affected at any stage of recovery. Understanding the effects of a stroke and how to manage them is the first step to recovery. While people who have had strokes may experience common effects, no two strokes are exactly alike. Each side of the brain controls the opposite side of the body (the right side of the brain controls the left side of the body, and the left side of the brain controls the right side of the body).



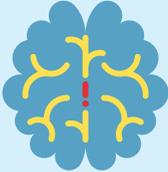
THE AREAS AND FUNCTIONS OF THE BRAIN AFFECTED BY STROKE



The 4 lobes of the brain are highlighted above.

The frontal, parietal, temporal and occipital lobes are responsible for processing different types of information.

**THE AREAS AND FUNCTIONS OF THE BRAIN AFFECTED BY STROKE
CONTINUED ON THE NEXT PAGE..**

LOBE/BRAIN REGION	FUNCTION
<p>Frontal</p>	<ul style="list-style-type: none"> • Controls our behaviour. • Responsible for motivation. • Controls voluntary movement. • Controls decision-making and problem-solving.
<p>Parietal</p>	<ul style="list-style-type: none"> • Integrates sensory information. • Involved in numerical and spatial reasoning.
<p>Temporal</p>	<ul style="list-style-type: none"> • Manages our emotions. • Processes information from our senses. • Home for storing and retrieving memories. • Facial recognition. 
<p>Occipital</p>	<ul style="list-style-type: none"> • Controls our vision. • Visual memory association. • Plays a role in language, reading, recognition and memory.
<p>Cerebellum</p>	<ul style="list-style-type: none"> • Coordinates voluntary movements, balance and posture. • Plays a role in some cognitive functions such as language, attention, memory and vision.
<p>Brainstem</p>	<ul style="list-style-type: none"> • Regulates vital functions such as balance, breathing and heart rate. • Coordinates motor control signals. • Controls life-supporting autonomic functions.

HOW THE AREA IS AFFECTED BY STROKE	LOCATION IN THE BRAIN
<ul style="list-style-type: none"> • Changes in behaviour, aggression, violence, inability to stop saying inappropriate things. • Difficulties in decision-making and problem solving. • Lack of insight into the condition. 	<p>Front of the head, behind the forehead.</p>
<ul style="list-style-type: none"> • Neglect to left-hand side of the body. • Difficulties reading, writing and naming objects. • Problems with sensation, particularly proprioception. 	<p>On top of the brain, between the frontal and occipital lobes.</p>
<p>Damage to either side:</p> <ul style="list-style-type: none"> • Present with aggression. • Sexual inhibition. • Short-term memory problems. <p>Left side:</p> <ul style="list-style-type: none"> • Problems with spoken language – understanding and word recognition. <p>Right side:</p> <ul style="list-style-type: none"> • Struggle with facial recognition. • May talk a lot. 	<p>Left and right sides of the head.</p>
<ul style="list-style-type: none"> • Loss of visual fields. • Inability to recognise objects. • Difficulty recognising colours. 	<p>Located at the back of the head.</p>
<ul style="list-style-type: none"> • Loss of hand-eye coordination. • Inability to perform rapid, alternating movements. • Staggered, or wide-based gait. • Slurred speech. 	<p>Located under the brain.</p>
<ul style="list-style-type: none"> • Loss of power/sensation on either side. • Double vision. • Unsteady gait. • Complete paralysis. 	<p>Located at the base of the brain.</p>

Before you are discharged from the hospital

Before you leave the hospital, you and your family will be given the opportunity to discuss your discharge plan and if you require follow-up care/appointments. Your healthcare team will discuss what will be in your best interest the next stage to your recovery. Your GP will always receive a detailed letter from your healthcare provider, advising them on your diagnosis and plan of care thereafter.

These are some of your options on-discharge:

- The National Rehabilitation Hospital, Dun Laoghaire.
- Stroke Inpatient Rehabilitation Centre, Merlin Park.
- Community Supportive Services: Public Health Nurse / Occupational Therapist / Physiotherapist / Speech and Language Therapist/ Social Worker.
- Home-help.
- Long term care facilities: nursing homes, respite centres.
- Referral into Croí for our stroke programmes: MyStroke, Stroke Rebuild, Activate Your Life.
- Quest.

AFTER YOUR STROKE

Strong support and understanding from family and friends, coupled with intensive rehab from healthcare professionals, can significantly improve a stroke survivor's quality of life. The progression in the first few days after a stroke varies for each individual. Once you receive initial treatment, your doctor and the multidisciplinary team will focus on managing your stroke risk factors to prevent future complications.



Continued support and encouragement from loved ones, combined with dedicated therapy, personal effort and medical guidance, play pivotal roles in achieving the best possible recovery outcomes after a stroke. Every step taken in rehabilitation contributes to rebuilding skills, restoring independence, and enhancing overall well-being.

STROKE REHABILITATION

After emergency diagnosis and treatment has been given, you will be closely monitored for a few days in the specialist stroke care unit before discharged to the medical wards. The stroke rehabilitation (rehab) team will start to work with you as directed by your stroke team. They will work with you using different therapies to help you relearn skills that may have been lost due to the side effects of your stroke. The aim is to assist you to regain your strength and help you recover as much as possible to return to independent living. The severity of the stroke depends on the area of the brain involved and the amount of tissue damaged. If the stroke affected the right side of the brain, movement and feeling on the left side of your body may be affected. Whereas damage to the left side of the brain, will affect right sided body movements and also may cause speech and language disorders.



Participation in stroke rehabilitation will vary for everyone, as every person's stroke recovery is different. The multidisciplinary team will work with you to create a rehab plan that is tailored to your needs. You may need to be transferred to a different hospital or specialised rehabilitation centre for continued therapy. Alternatively, you may be discharged home with the community rehab team helping you with your rehab from home.



**Join an exercise class at Croí.
For more information,
call 091-544310**

REHABILITATION AND SUPPORT IN THE COMMUNITY

CROÍ HEART AND STROKE CHARITY At Croí, we foster recovery and enhance well-being for individuals following a stroke. We offer a comprehensive range of support services tailored to meet diverse needs.

CROÍ CONNECTS, Croí's telephone helpline and online chats:

Croí's telephone helpline, Croí Connects, is available for those living with or affected by heart disease and stroke. When you call, you will be connected with one of our Cardiac Nurse Specialists or you can join one of our weekly online health chats via Zoom.

Croí Connects is available weekdays from 9 am – 5:30 pm on **091 544310** or by email at **healthteam@croi.ie** For a full list of upcoming online chats, please visit **croi.ie/croiconnects**



When you call Croí Connects, you may be connected to the following services within Croí:

STROKE SUPPORT GROUPS

An opportunity for you as a stroke survivor, your family and friends to join this safe space to gain knowledge, to share your lived experiences (if you wish) and to get connected to other members of the stroke community. We provide tea and coffee and would love for you to join us!

- **Galway:** Every second Thursday of the month, from 2:00-3:30pm at Croí Heart and Stroke Centre.
- **Mayo:** Every last Thursday of the month, in Castlebar from 11:30am - 1:00pm.



Croí Mayo Stroke Support Group



Croí Carers Support Group

Stroke Carers Group: Every second Wednesday of the month, at Croí Heart and Stroke Centre, time alternating between 2pm - 3:30pm and 6:30pm - 8pm. We understand that stroke doesn't just affect the person, it also affects the family, friends and carers involved. Our stroke carers group is a lovely opportunity to decompress, switch off from being a carer, whilst gaining support from other stroke carers.

Communication Group: Led by an experienced speech and language therapist, this group meets every second Friday from 11:00am to 12:30pm at Croí House, offering support and strategies to enhance communication skills.

To enquire about the Communication Group, please contact our speech and language therapist Elizabeth Kinneen at elizabethkinneen@gmail.com or contact the Croí health team at healthteam@croi.ie



Croí Communication Group

CROÍ STROKE SPECIFIC PROGRAMMES

My Stroke: An educational programme that welcomes stroke survivors, their family and friends to feel more prepared to manage life after stroke. Learn about the specifics of your stroke and what is the best area to focus on for your rehabilitation.



Stroke Rebuild Programme: A stroke specific programme that focuses on physical and cognitive rehabilitation. With an additional focus on risk factor management strategies, empowering individuals to make informed decisions regarding their health and lifestyle choices.

Activate Your Life After Stroke: The programme was designed by a clinical psychologist to support the emotional wellbeing and recovery of people and family members affected by stroke and heart disease.



Physical Activity and Exercise Classes:

We provide chair-based activities specifically designed for individuals with physical limitations, ensuring accessibility for all. Also, different exercise classes that enhance balance, coordination, aerobic functional capacity and muscular strength. We have exercise classes available in-person, online or via our website that can be done at home.

Heart & Stroke Voice Ireland

Heart & Stroke Voice Ireland (HSVI) was founded in 2022 and is a patient, survivor and carer led alliance of those living with or affected by heart conditions and stroke in Ireland. It has formed under the auspices of Croí www.croi.ie to provide a platform for the patient and carer voice, and also to inform and support Croí's national heart and stroke advocacy agenda, under one of its key pillars of Advocacy and Empowerment.

For more information on the Heart & Stroke Voice Ireland alliance, please visit our website

www.heartandstrokevoice.ie

If you would like to join the alliance, please complete the short form on the website and one of the team will be in touch shortly.



**HEART & STROKE
VOICE
IRELAND**



For more information on Croí's stroke support groups or to explore our full range of services, please visit our website at www.croi.ie or contact us at **091 544310**.

CARERS, FAMILY AND FRIENDS

Family and friend support is very important for anyone who has had a stroke. Because stroke survivors often have complex rehabilitation needs, progress and recovery are different for each person. Since every stroke is different, people have different needs for help from carers, depending on their physical, cognitive and mental impairments. It's important that the carer understands the physical and emotional needs of the stroke survivor, and that the stroke survivor understands that the carer is there to support them in providing the necessary care.



Croí Carers Support Group

Difficulties can arise for the carer as family and relationships dynamics often change and it can become more difficult to stay in their employment to be a stroke carer. Those who leave their employment to care for a person who has had a stroke may be entitled to a carer's allowance. You should discuss this with your social worker, local social welfare office and/or local health centre.

After a person has had a stroke, personalities and emotional behaviour can be affected. Inability to perform certain tasks for themselves can lead to disappointment and frustration. Allow time to support your family member to accomplish tasks. Caring for someone who has had a stroke can be a demanding but rewarding role.

It is vital that carers look after their own health and wellbeing and are supported to do so. If at any stage a carer finds the care needs of the person who has had a stroke both physically and emotionally overwhelming, they should speak to their GP and/or social worker for advice and support.

STROKE SUPPORT GROUPS

While everyone's experience of having a stroke is different, meeting other stroke survivors or caregivers who understand what you are going through can help you throughout your recovery. Stroke support groups usually meet on a weekly to monthly basis.



The aims of a stroke support group are:

- To create a positive environment to meet others and share experiences, help each other solve problems, and expand your social life.
- To provide advice, education and support on stroke and good health.
- To encourage participation in enjoyable activities beneficial to your wellbeing.
- To provide information on how to access services local to you.
- Peer support and friendship.

USEFUL INFORMATION

CROÍ, THE HEART & STROKE CHARITY

At Croí, our aim is to promote recovery and wellbeing following stroke.

Tel: 091-544310

Email: info@croi.ie

Website: www.croi.ie

QUEST BRAIN INJURY SERVICES

Counselling After Stroke

Address: The Quest Building, 9A Liosban Business Park, Tuam Rd, Galway

Tel: 091-778850

ACQUIRED BRAIN INJURY IRELAND

Community supports for people affected by acquired brain injury.

Tel: 01-2804164

Website: www.abiireland.ie

NATIONAL REHABILITATION HOSPITAL, DUN LAOGHAIRE

Tel: 01-235500

Website: www.nrh.ie

FAMILY CARERS IRELAND Services nationwide for family carers.

Tel: 1800 240724

Email: info@carersireland.com

Website: www.familycarers.ie



IRISH HEART FOUNDATION

Works to reduce preventable death and disability from heart disease and stroke.

Tel: 01-6685001

Email: info@irishheart.ie

Website: www.irishheart.ie

HEADWAY

Specialises in brain injury rehabilitation after illnesses such as strokes. They try to assist people to rebuild their skills and confidence to achieve the best quality of life that they can.

Tel: 1800 400 478

Email: info@headway.ie

Website: www.headway.ie

CITIZENS INFORMATION PHONE SERVICE (CIPS)

Nationwide service.

Tel: 0818 07 4000, Monday to Friday, 9 am to 8 pm

LIVING WELL PROGRAMME

Free 6-week self-management programme for adults with chronic or long-term health conditions.

Website: www.hse.ie

OTHER LINKS:

- www.rsa.ie
- www.hse.ie/eng/services/list/3/carerssupport/

DONATE TO CROÍ

As an independent not-for-profit organisation, all our activities are funded from our own fundraising initiatives and revenue generating activities. We are not a state-funded organisation so each year we have to generate enough revenue to ensure we can continue to lead the fight against heart disease and stroke in the region.

MAKE A GIFT TODAY AND HELP US SAVE LIVES

BY PHONE: Call us on 091-544310, Monday - Friday from 9am - 5:30pm

ONLINE: Visit www.croi.ie/donate or scan the QR code.

Thank you for supporting Croí and the fight against heart disease and stroke.



Croí Team and Volunteers





Fighting Heart Disease & Stroke

Croí, The West of Ireland Cardiac and Stroke Foundation

Moyola Lane, Newcastle, Galway, H91 FF68

Tel: 091 544310 | Email: healthteam@croi.ie

www.croi.ie | RCN: 20016616

     @croiheartstroke

