



IT'S A STROKE. WHAT HAPPENS NOW?

Someone you know has had a Stroke. This is a very frightening and confusing time for all involved: the person (*who is now called the patient*), their partner (*who is now called their carer*), their family and friends.

Depending on the severity of the Stroke there are many different things that can happen. The initial effects of the Stroke can range from mild disability through to severe disability and, in the worst-case scenario, even death.

Initially, the person will be seen by the staff in Accident and Emergency and undergo a number of medical tests to establish the fact that they have had a Stroke.

It is important to determine whether they have had a **Haemorrhagic** Stroke, or **Ischaemic** Stroke, as medical treatment for these are quite different. (See; What is a Stroke?)

The hospital may ask all types of questions and want information, but none of this may make much sense. You may not take in all of what is occurring, as you will be in a state of shock and anxiety.

“NO TWO STROKES ARE THE SAME”

Remember, if the heart is the pump for your body, the brain is the computer that controls all you think, feel and do. It depends which part of the brain is affected as to what deficits or complications will occur. Therefore, damage to the brain in every Stroke will be different.

It is difficult to provide definite answers about expected progress at any stage of recovery. Medical tests will have been done and the results, particularly in the initial period, are not always conclusive. No one wants to take away hope or give unrealistic expectations. As the individual's Stroke is assessed, it must be remembered that each person's outcome and potential for recovery varies.

STROKE UNITS

A Stroke is a **medical emergency** and rapid access to treatment and care from a specialised team of health professionals is vital. A Stroke Unit is a specialised area in an Acute Hospital setting, similar to that of a Cardiac Unit. The Stroke Unit brings together the specialist doctors, nurses and allied health professionals required to effectively diagnose, treat and rehabilitate the Stroke-affected person.

Stroke Units are located in an ever-increasing number of NSW hospitals. They consist of at least 4 specialised beds in a specific area of a ward (or high dependency unit). Patients have access to staff mentioned above, as well as specialised technology required to be certain that a patient's Stroke is diagnosed and treated correctly. This is to ensure they survive the initial impact of the Stroke.

PLEASE TURN OVER



What to Expect



Every Stroke patient is treated individually and the care depends entirely on the severity and type of Stroke they have had.

Generally, treatment for Stroke is divided into three distinct stages of care:

Stage One - Hospitalisation in an Acute Hospital or Stroke Unit. This will last about 10-14 days. This is high dependency care and the patient will only be discharged from this area when they have been medically stabilised.

During this stage the patient and the family will be going through a lot of emotional turmoil and grief. Will the patient live or die? Will they be able to return home? How will the family cope with someone who is disabled? What are the chances of another Stroke? Will they be able to manage financially?

It is important that a hospital Social Worker assists the family through this stage and the family can also contact the Stroke Recovery Association for user-friendly information and counselling.

Stage Two - Rehabilitation is ongoing care and treatment in a ward or hospital, which specialises in returning the Stroke affected person to maximum functioning. This period can last from 14 days to 6 weeks to 6 months. The length of stay is very much dependent on the progress of the patient and the severity of the Stroke. This will generally be reviewed on a weekly or fortnightly basis by the treatment team. It is a long process and exercise should continue when the person returns home.

During this stage the person may become depressed. Their life has altered so completely and they are unable to do what they used to do. Families might find that it is an effort to motivate them to do anything. They may have fears, and altered feelings about themselves, as well as losses in social activities. The person may see little purpose in living and express thoughts of death. (See; Psychological Effects)

Stage Three - Discharge. This will happen once the medical team has assessed the person. Their stay in the Rehabilitation Centre will depend primarily on how they progress with their recovery. Staff will meet with them and their family at regular intervals to discuss discharge options. Their stay may be longer or shorter than the average, as everyone makes progress at his or her own pace. (See; Going Home - What Now?)

People affected by Stroke often find that all they want to do is return home. This is a wonderful time for the whole family, but the carer needs to be able to ask the family for assistance once the reality of coping has sunk in. The carer will be on 24-hour duty and will need some time to her or himself. It is important, if possible, to ensure that the work does not just fall on one person.

What to Expect