Stroke Education for You and Your Family

Information and Resources
Your Stroke Checklist

All About Stroke
- TIA (transient ischemic attack)
- Ischemic stroke
- Hemorrhagic stroke

Risk Factors
- High blood pressure (hypertension)
  Recent blood pressure _____ / _____  Goal blood pressure _____ / _____
- Diabetes
  Hgb A1C _____
- High blood cholesterol (hyperlipidemia)
  Total cholesterol _____  LDL _____  HDL _____  Triglycerides _____
- Atrial fibrillation (irregular heartbeat)
- Carotid or other artery disease
- Cigarette smoking
- Poor diet
- Physical inactivity and obesity
- Stress
- Substance abuse

Stroke education
2 Stroke warning signs and symptoms
3 What are the types of stroke?
8 Effects of stroke
9 Risk factors that cannot be changed
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Few Americans know the symptoms of stroke. Learning them—and acting FAST when they occur—could save your life or the life of a loved one. Remember: Stroke strikes FAST. You should too. Call 911.

**Common stroke symptoms:**
- Sudden numbness or weakness of face, arm or leg—especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

**If you think someone may be having a stroke, do this simple test:**

<table>
<thead>
<tr>
<th>Face</th>
<th>Does one side of the face droop? Ask the person to smile.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arms</td>
<td>Is one arm weak or numb? Ask the person to raise both arms. Does one drift downward?</td>
</tr>
<tr>
<td>Speech</td>
<td>Is speech slurred? Ask the person to repeat a simple sentence. Is the sentence repeated correctly?</td>
</tr>
<tr>
<td>Time</td>
<td>If the person shows any of these symptoms, call 911</td>
</tr>
</tbody>
</table>

Stroke is an emergency! Every minute counts. Act FAST.

**What are the types of stroke?**

**A stroke or “brain attack” occurs when blood flow to brain tissue is disrupted. This can happen one of two ways:**
- A clot develops in a blood vessel that carries blood from the heart to the brain, preventing blood from reaching brain cells (ischemic stroke)
- A blood vessel in the brain ruptures, causing blood to leak into the brain (hemorrhagic stroke)

When either of these things happens, brain cells begin to die, and brain damage occurs. When brain cells die during a stroke, abilities controlled by that area of the brain are lost. These abilities might include speech, movement and memory. How a stroke affects a patient depends on where the stroke occurred in the brain and how much the brain was damaged.

**Transient ischemic attacks**

A transient ischemic attack (TIA) is an event, with stroke symptoms that last fewer than 24 hours before disappearing. This is sometimes called a warning stroke. TIsAs generally do not cause permanent brain damage, they are a serious warning sign of stroke and should not be ignored!

TIA symptoms resolve on their own; therefore, no treatment is required. However, more than one-third of all people who have experienced a TIA will go on to have an actual stroke.

Ask your healthcare provider about the best stroke prevention options for you. Then take responsibility and enjoy a healthful lifestyle. The lifestyle adjustments—you make today such as eating healthful foods and quitting smoking—may reduce your stroke risk tomorrow.
Hemorrhagic Stroke accounts for less than 20 percent of all cases. It results from a weakened vessel that ruptures and bleeds into the surrounding brain. The blood builds up and compresses the surrounding brain tissue. Hemorrhagic stroke can be caused by uncontrolled high blood pressure, aneurysms or abnormal blood vessels.

Aneurysm clipping
As an aneurysm grows, the artery wall becomes thinner and weaker. It can eventually leak or rupture, releasing blood into the spaces around the brain. This is called a subarachnoid hemorrhage. To stop or prevent an aneurysm from bleeding, a neurosurgeon can perform a procedure called aneurysm clipping, in which a tiny clip is placed across the neck of the aneurysm.

Mechanical thrombectomy system
Mechanical thrombectomy allows for safe reopening of blocked vessels after an ischemic stroke in some patients. These devices help restore brain blood flow by removing blood clots in the brain, but are not appropriate for all patients.

Thrombolytics
Tissue plasminogen activator (t-PA) is an enzyme found naturally in the body that converts or activates plasminogen into another enzyme to dissolve a clot. T-PA, approved by the Food and Drug Administration (FDA) in 1996, was the first acute treatment for ischemic stroke.

T-PA is not appropriate for all patients. The most common complication associated with t-PA is brain hemorrhage. However, studies have shown that t-PA does not increase the death rate of stroke patients when compared with the placebo.

Patient with atrial fibrillation and stroke
Atrial fibrillation is a condition where the heart rhythm is irregular, allowing clots to form more easily in the heart. These clots can break loose and travel to the brain, where they can cause a stroke.

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Thrombolytics help to open up closed arteries

Hemorrhagic Stroke
Blood leaks into brain tissue.

Aneurysm clip

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Blood clot

Atherosclerotic clot

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Treatment of ischemic stroke
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Aneurysm coiling

Endovascular therapy is a minimally invasive procedure that accesses the treatment area from within the blood vessel. In the case of aneurysms, this treatment is called coil embolization, or "coiling."

In contrast to surgery, endovascular coiling does not require open surgery. Instead, physicians use real-time X-ray technology, called fluoroscopic imaging, to visualize the patient’s vascular system and treat the disease from inside the blood vessel. A catheter (small plastic tube) is inserted into the femoral artery of the patient’s leg and is navigated through the vascular system into the head and into the aneurysm. Tiny platinum coils are threaded through the catheter and deployed into the aneurysm. The coils block blood flow into the aneurysm, preventing rupture. The coils are made of platinum so that they can be visible via X-ray and be flexible enough to conform to the aneurysm shape.

Coiling is not recommended for all patients. Your healthcare provider will discuss the treatment options with you.
Effects of stroke

Arteries supply oxygenated blood to all areas of the brain, so any area can be affected by a stroke. If a stroke occurs in the right side of the brain, you will see symptoms on the left side of the body. If a stroke occurs in the left side of the brain, you will see symptoms on the right side of the body. The degree of damage depends on the size of the stroke and the area of the brain that is impacted. You may have paralysis or weakness of one side of the body in the face, arm and/or leg. You may not think clearly. You may have difficulty with vision, speech or understanding. You may feel helpless, frustrated, irritable or depressed. The effects are worse initially and may fade or completely disappear over time.

Different sides of the brain control different functions. The effect of stroke depends on where it occurs in the brain.

**THE LEFT BRAIN**
- Uses logic
- Is detail-oriented
- Focusses on facts
- Understands words and language
- Grasps present and past
- Understands math and science
- Can comprehend
- Knowns and acknowledges
- Perceives patterns
- Knowns object names
- Is rooted in reality
- Forms strategies
- Is practical

**THE RIGHT BRAIN**
- Uses feeling
- Sees the big picture
- Drives imagination
- Recognizes symbols and images
- Focusses on present and future
- Understands philosophy and religion
- Can “get it” (i.e., meaning)
- Believes
- Appreciates
- Controls spatial perception
- Knows object functions
- Embraces fantasy
- Presents possibilities
- Can be impetuous
- Is willing to take risks

Risk factors that cannot be changed

**Age**
The chance of having a stroke increases with age. While stroke is common among the elderly, many people younger than 65 also have strokes.

**Family history and race**
Your stroke risk is greater if a parent, grandparent, sister or brother has had a stroke. African-Americans have a much higher risk of death from a stroke. This is partly because African-Americans have higher risks of high blood pressure, diabetes and obesity.

**Gender**
Stroke is more common in women than in men. In most age groups, more women than men will have a stroke in a given year. Use of birth control pills and pregnancy pose special stroke risks for women.

**Prior stroke, TIA or heart attack**
The risk of stroke for someone who has already had one is many times that of a person who has not. Transient ischemic attacks (TIAs) are “warning strokes” that produce stroke-like symptoms but no lasting damage. TIAs are strong predictors of stroke. A person who’s had one or more TIAs is almost 10 times more likely to have a stroke than someone of the same age and sex who hasn’t. Recognizing and treating TIAs can reduce your risk of a major stroke. If you’ve had a heart attack, you are also at a higher risk of having a stroke.
High blood cholesterol
People with high blood cholesterol have an increased risk for stroke. Also, it appears that low HDL ("good") cholesterol is a risk factor for stroke in men, but more data is needed to verify its effect in women.

To lower your cholesterol, your healthcare provider may recommend changes such as:
- Reduce your saturated fat intake to 7 percent of your daily calories
- Reduce your total fat intake to 25 to 35 percent of your daily calories
- Limit your dietary cholesterol to less than 200 mg per day
- Eat 20 to 30 grams a day of soluble fiber, which is found in oats, peas, beans and certain fruits
- Take prescribed medications as directed

Atrial fibrillation
If you have atrial fibrillation, the chaotic heart rhythm may cause blood to pool in your atria and form clots. If a blood clot forms, it could dislodge from your heart and travel to your brain where it might block arterial blood flow and cause a stroke. Most people with atrial fibrillation have a much greater risk of stroke than do those who do not have atrial fibrillation. Medications such as blood thinners can greatly lower your risk of stroke caused by blood clots.

Carotid or other artery disease
The carotid arteries in your neck supply blood to your brain. A carotid artery narrowed by fatty deposits from atherosclerosis (plaque buildups in artery walls) may become blocked by a blood clot. Carotid artery disease is also called carotid artery stenosis.

Ways to help prevent carotid artery disease
- Quit smoking
- Exercise regularly
- Eat a healthy diet
- Maintain a healthy weight
- Control factors that increase risk, such as diabetes, high blood pressure and high cholesterol

Risk factors that can be changed, treated or controlled

High blood pressure
High blood pressure is the most important controllable risk factor for stroke. The effective treatment of high blood pressure is a key reason for the decline in the death rates for stroke.

How can I lower my high blood pressure?
- Maintain a healthy weight
- Be physically active
- Follow a healthy eating plan that includes foods lower in salt
- If you drink alcoholic beverages, do so in moderation
- If you have high blood pressure and are taking medication, take it as directed

Diabetes mellitus
Diabetes is an independent risk factor for stroke. Many people with diabetes also have high blood pressure and high blood cholesterol, and are overweight. These conditions increase their risk even more. While diabetes is treatable, simply having diabetes increases your risk of stroke.

How can I control my diabetes?
- Take medications—oral and injectible diabetes medications including insulin as prescribed
- Monitor blood glucose
- Keep excess weight off
- Improve diet—eat more vegetables, fruits, complex carbohydrates and whole grains. Eat fewer processed, fatty, starchy, sugary foods
- Exercise daily

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Physical inactivity and obesity
Being inactive and/or obese can increase your risk of high blood pressure, high blood cholesterol, diabetes, heart disease and stroke. Go on a brisk walk, take the stairs and do whatever you can to make your life more active. Try to get in a total of 30 minutes of activity on most or all days of the week.

Tips for increasing activity
Talk to your physician before starting an exercise program
Incorporate activity into your everyday life — park farther away, take the stairs, take short walks at lunch or after dinner
Encourage your loved ones to join you in adopting a more active lifestyle
Warm up for 5 to 10 minutes prior to exercise
Strive to get at least 30 minutes of exercise daily
Sweating is a good indicator of adequate intensity
Cool down 10 minutes after exercising
Consider adding light weight training to your routine

Stress
If you think you are stressed, you probably are. Stress tends to make everything worse. When you are anxious, your heart rate and blood pressure increase. Over time, the heart and arteries become damaged. This leads to an increased risk for heart attack and stroke. Exercise, deep breathing techniques and talking with friends are healthy ways to reduce stress and blood pressure.

Substance abuse
Alcohol abuse can lead to multiple medical complications, including stroke. Men who drink alcohol should have no more than two drinks per day. Non-pregnant women should have no more than one drink per day.
Illicit drug use should be avoided. Drug addiction is often a chronic disorder associated with a number of health-related problems. Drugs that are abused, including cocaine, amphetamines and heroin, have been associated with an increased risk of stroke.
Resources

**Northwestern Medicine Central DuPage Hospital**

Below are phone numbers that you may need after being discharged:

- **Central DuPage Hospital (CDH)**  630.933.1600
  25 North Winfield Road, Winfield

- **Northwestern Medicine Neuorology**  630.933.4056
  25 North Winfield Road, Suite 424, Winfield

- **Northwestern Medicine Rehabilitation Services**  630.933.1500

- **Diabetes Education Services**  630.933.5000
  7 Blanchard Circle, Suite 202, Wheaton

- **Physician Finder**  630.933.4234

**Follow-up testing**  630.933.5000
If you need further tests such as an MRI or blood work, please call the registration line to schedule.

**Medical records**  630.933.1900
If you need copies of your medical records for yourself or another healthcare provider, please contact our medical records department. The department is located on the lower level of the main hospital.

**TTY for the hearing impaired**  630.933.4833

**Northwestern Medicine Delnor Hospital**

Below are phone numbers that you may need after being discharged:

- **Delnor Hospital**  630.208.3000
  300 Randall Road, Geneva

- **Northwestern Medicine Neuorology**  630.933.4056
  302 Randall Road, Suite 104A, Geneva

- **Northwestern Medicine Rehabilitation Services**  630.938.6400

- **Diabetes Education Services**  630.938.5000
  Northwestern Medicine Delnor Health & Fitness Center
  296 Randall Road, Geneva

- **Physician Finder**  630.933.4234

**Follow-up testing**  630.933.5000
If you need further tests such as an MRI or blood work, please call the registration line to schedule.

**Medical records**  630.933.1900
If you need copies of your medical records for yourself or another healthcare provider, please contact our medical records department. The department is located on the lower level of the main hospital.

**TTY for the hearing impaired**  630.933.4833

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**Rehabilitation services**

**Northwestern Medicine**

**Central DuPage Hospital**

Offered include:

- Occupational therapy
- Physical therapy
- Speech therapy
- Aquatic therapy
- Chronic pain syndrome therapies
- Cognitive rehabilitation
- Ergonomic assessment
- Hand therapy
- Language therapy, including articulation
- Neurological rehabilitation
- Sensory integration and processing
- Swallowing disorders assessment and treatment, including videofluoroscopic evaluation and VitalStim therapy
- Tracheotomy rehabilitation
- Ventilator-dependency rehabilitation
- Vestibular and balance disorders treatment
- Voice assessment and treatment
- Wound care

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Stroke Support Group

For patients and their caregivers
Recovery after a stroke is often a lifelong process for everyone impacted. Some people recover fully from a stroke while others face challenges for the rest of their lives. Just as every stroke is different, life after stroke is different for everyone.

The Northwestern Medicine Stroke Support Group provides support, education and an opportunity for survivors, caregivers and family members to share their own experiences. Facilitated by members of our comprehensive stroke team, meetings include expert discussions on different aspects of post-stroke care as well as time for questions and open forum.

Available sessions
Fourth Wednesday of every month
Time
4–5 pm
RSVP:
630.933.3278 (FAST)
TTY for the hearing impaired 630.933.4833

Brain Aneurysm Support Group

Every other month, CDH hosts a support group for patients diagnosed with a brain aneurysm and their caregivers.

Facilitated by an aneurysm survivor and a nurse expert, this group provides support, education, awareness and an opportunity to share your own experience.

Each meeting includes time for questions and open discussion.

Available sessions
First Wednesday of every other month
Time
6:30–7:30 pm
Location
CDH
Winfield Room
25 North Winfield Road
Winfield
RSVP
630.933.2191
TTY for the hearing impaired 630.933.4833