



Life After Stroke

Mercy Hospital St. Louis



Your life is our life's work.

Mercy Hospital St. Louis: an advanced stroke facility.

Mercy Hospital St. Louis:

- Level I Stroke Center in Missouri (the most advanced Stroke Center designation) as designated by the Missouri Department of Health and Senior Services Time Critical Diagnosis
- Designated as an Advanced Thrombectomy-Capable Stroke Center by The Joint Commission
- Earned Target: Stroke Elite Plus status from the American Heart Association (indicating we are among the fastest centers in the treatment of acute stroke)



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What is a Stroke?

A stroke occurs when a blood vessel in the brain is blocked or bursts. Without blood and the oxygen it carries, part of the brain starts to die. The part of the body controlled by the damaged area of the brain can't work properly.

Brain damage can begin within minutes. That's why it's so important to know the symptoms of stroke and to act fast. Quick treatment can help limit damage to the brain and increase the chance of a full recovery.

Stroke Symptoms

These are the typical warning signs and symptoms of a stroke:

- Dimness or loss of vision in one or both eyes.
- Unexplained dizziness, trouble walking, or loss of balance or coordination.
- Weakness and/or numbness on one side of the body.
- Difficulty talking or understanding speech.
- Sudden severe headache.

Diagnosing a Stroke

The first thing the doctor needs to find out is what kind of stroke it is: ischemic or hemorrhagic. This is important, because the medicine given to treat a stroke caused by a blood clot could be deadly if used for a stroke caused by bleeding in the brain.

To find out what kind of stroke it is, the doctor will do a CT scan of the brain, which can show if there is bleeding. The doctor may order other tests to find the location of the clot or bleeding, check the amount of brain damage, and check for other conditions that can cause symptoms similar to a stroke.



BEFAST!

If you think someone you're with may be having a stroke, follow these BEFAST steps:

B Balance

Does the person complain of sudden unsteadiness, dizziness or difficulty walking?

E Eyes

Does the person complain of blurred vision, double vision or loss of vision in one or both eyes?

F Face (facial droop)

Ask the person to smile.
Does the face look uneven?

A Arms (arm weakness)

Ask the person to raise both arms.
Does one drift down?

S Speech

Ask the person to repeat a simple phrase.
Does their speech sound strange?

T Time (time last seen normal)

Knowing when the person was last seen "normal" helps determine treatment and improves outcomes.

Time lost is Brain lost!



Types of Stroke and Treatments

The term stroke refers to a sudden loss of brain activity usually causing paralysis of an arm or leg, impairment of speech and consciousness. Depending on the type of stroke, other brain activity can be affected, but paralysis and speech problems are the most common.

Ischemic stroke

The most common form of stroke is an ischemic stroke (“ih-skee-mik”) occurring when a blood clot blocks blood flow to a region of a brain tissue. The blocking blood clot can form inside a brain blood vessel or more commonly can form elsewhere in the body and then travel to the brain. Ischemic stroke occurs most often in older adults.

A transient ischemic attack (TIA) occurs when blood flow to a region of the brain is temporarily blocked by a clot. The blocked blood flow causes short episodes of stroke-like symptoms. Rapid recovery occurs because the body quickly dissolves the clot restoring brain blood flow.

TIA’s are a very important warning sign of a future major stroke. Early treatment can help prevent a stroke.

Types of ischemic strokes

- **Thrombotic strokes** are caused by a blood clot forming and blocking the inside of a brain blood vessel, shutting off blood flow to a region of the brain.
- **Embolic strokes** are caused by a wandering clot forming elsewhere and traveling to and blocking a brain blood vessel. The traveling blood clot may come from a blood vessel in the neck or from the heart.
- **Low blood pressure** happens when the heart cannot pump enough blood to the brain or if medications cause low blood pressure.

Treatment

Ischemic stroke treatment focuses on restoring blood flow to the brain. If you get to the hospital right away after symptoms begin, doctors may use a medicine that dissolves blood clots. Research shows that this medicine can improve recovery from a stroke, especially if given within 60 minutes of the first symptoms.

IV and IA treatment

Intravenous thrombolytics (IV) delivers the clot-busting drug through your vein. To qualify for this treatment, you must arrive at the hospital within three hours after experiencing the first stroke symptom. You must also meet certain criteria as determined by your attending doctor.

Intra-arterial thrombolytics (IA) may be given as long as eight hours after the first stroke symptom. In this procedure, the doctor inserts a catheter into your leg and guides it through the arteries and into the brain to the site of the clot. The clot-busting drug is then delivered directly onto the clot and, in some cases, a mechanical clot extraction device may be used to remove the blood clot, helping to restore blood flow.

Your doctor may give you other medicines to prevent blood clots and control symptoms.

□ Hemorrhagic stroke

A hemorrhagic (“hem-uh-raj-ik”) stroke develops when an artery in the brain leaks or bursts. This causes bleeding inside the brain or near the surface of the brain. Hemorrhagic strokes are less common but more deadly than ischemic strokes.

There are two types of hemorrhagic strokes:

- **Intracerebral hemorrhage** occurs when a blood vessel bleeds or ruptures into the tissue deep within the brain. This type of hemorrhage causes sudden bleeding within the skull. If not treated immediately, the buildup of blood and pressure can destroy tissues in and around the brain and cause long-term damage or even death.

- This type of hemorrhage is often caused by chronically high blood pressure or aging blood vessels.
- It may also result from an arteriovenous malformation (AVM). An AVM is a cluster of abnormally formed blood vessels. Any one of these vessels can rupture, also causing bleeding into the brain.

Symptoms of an intracerebral hemorrhage usually develop suddenly and become progressively worse within minutes to hours. Symptoms often include headache, nausea and vomiting, and loss of consciousness. Other symptoms, which depend upon the part of the brain affected, may include paralysis, vertigo, numbness, inability to speak (aphasia), or trouble speaking or understanding speech.

- **Subarachnoid hemorrhage** occurs when an aneurysm (a blood-filled pouch that balloons out from an artery) on or near the surface of the brain ruptures and bleeds into the space between the brain and the skull.

This type of hemorrhage causes sudden bleeding into the space between the middle lining of the brain (arachnoid membrane) and the brain itself.

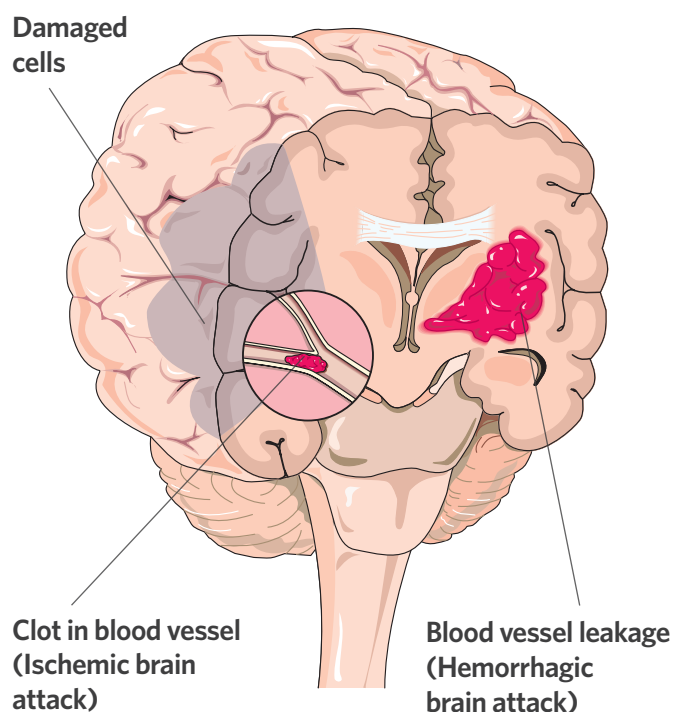
This type of hemorrhage is often caused by:

- High blood pressure
- Cigarette smoking
- Use of oral contraceptives (particularly those with high estrogen content)
- Excessive alcohol intake
- Use of illegal drugs

You might feel sudden, severe head pain. This condition requires immediate medical care to prevent brain injury and death.

Treatment

A hemorrhagic stroke can be hard to treat. Doctors may do surgery or use other treatments to stop bleeding or reduce pressure on the brain. Medicines may be used to control blood pressure, brain swelling and other problems.



How Stroke Affects You

You may experience a number of changes after a stroke. Those changes depend on what part of the brain has been damaged.

After **Frontal Lobe Damage**, you may:

- Have trouble thinking in sequence
- Keep repeating words, gestures or actions
- Have a shorter attention span
- Experience personality changes
- Have difficulty problem-solving
- Find it hard to express yourself verbally
- Be less spontaneous
- Be inflexible in your thinking
- Notice changes in emotional, social and sexual behavior
- Have difficulty making voluntary movements

After **Occipital Lobe Damage**, you may:

- Have a reduced field of vision
- Have trouble finding objects by sight
- Have trouble seeing colors
- Hallucinate or see distorted images
- Have trouble reading and writing
- Have trouble seeing objects move

After **Temporal Lobe Damage**, you may:

- Have trouble understanding spoken words
- Have trouble concentrating
- Find it difficult to identify and categorize objects
- Find it difficult to recognize faces and locate objects
- Have short-term memory loss
- Experience changes in sexual desire or function
- Talk persistently
- Act more aggressively

After **Brain Stem Damage**, you may:

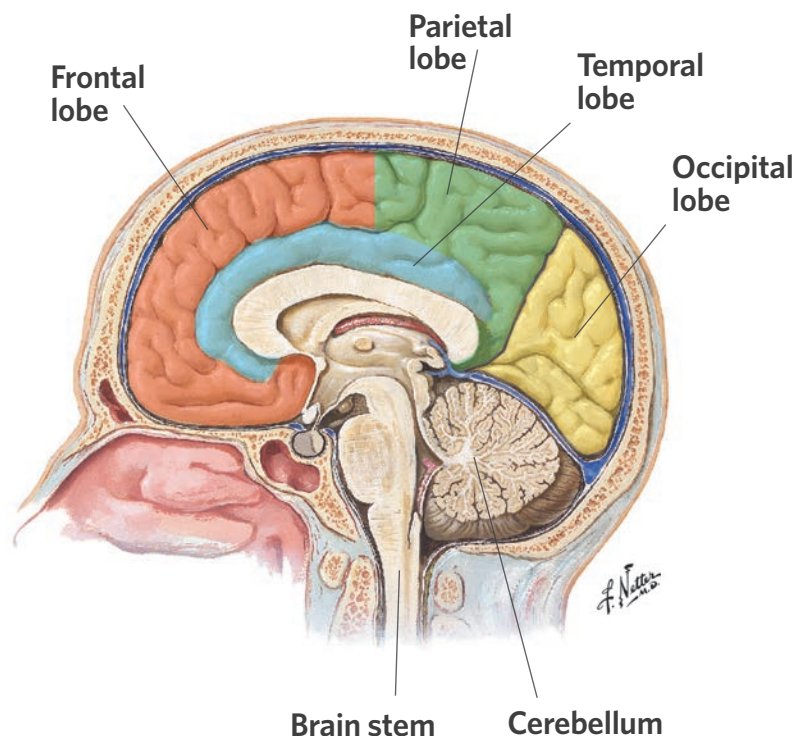
- Have trouble regulating temperature, heart rate and breathing
- Have difficulty swallowing food and liquids
- Have trouble with balance and movement
- Feel nauseous and dizzy (vertigo)
- Have difficulty with sleep and waking patterns

After **Parietal Lobe Damage**, you may:

- Have trouble with academic skills
- Struggle with naming objects
- Be unable to tell right from left
- Have trouble processing tactile (touch) input
- Be unable to focus attention visually
- Lack eye-hand coordination
- Lack awareness of body parts

After **Cerebellum Damage**, you may:

- Lose gross and fine motor coordination
- Be unable to walk
- Have less control over posture
- Be unable to make rapid movements
- Lack control of eye movements
- Experience tremors and/or dizziness
- Feel nauseated and dizzy (vertigo)
- Have trouble with balance and movement
- Slur your words
- Have trouble breathing
- Have difficulty swallowing food and liquids
- Be difficult to wake up



Hospital Admission

What you can expect.

Once you've been admitted as an inpatient, our stroke team will work together to achieve the following goals:

1. Complete a "stroke work-up" to assist with identifying the cause of stroke/TIA.
2. Make appropriate adjustments and recommendations to medications/diet/activity and other lifestyle choices to prevent future or recurrent stroke.
3. Order therapy evaluations and treatment to improve current functional level.
4. Ensure safe and appropriate follow-up with additional medical professionals including, but not limited to, a primary care doctor, neurologist or cardiologist.

Your evaluation may include the following:

Imaging:

- CT scan of your head: performed in the ER AND 24 hours after any IV tPA/interventional therapy for acute ischemic stroke.
- CTA (CT angiogram) or MRA (MR angiogram) of your head/neck: to look for blood vessels that are narrowed or blocked.
- CT perfusion of your head/neck: performed if you arrived to the ER in time for IV tPA or interventional therapy for ischemic stroke to see how much viable brain tissue is present (penumbra).
- MRI of brain: can show if you had a stroke or if there could be another cause of your symptoms.
- Carotid ultrasound: ultrasound of your carotid arteries to evaluate for narrowing/blockage of vessels.
- Echocardiogram: ultrasound of your heart to look for abnormalities.

Blood work:

- CBC: complete blood count.
- CMP/BMP: chemistry panel or electrolytes.
- Lipid panel: will include cholesterol levels - HDL, LDL, triglycerides.
- HgA1C: average blood sugar reading over past 6-8 weeks.

Therapy evaluations:

- Physical therapy: evaluate physical strength and abilities.
- Occupational therapy: evaluate functional ability to perform activities of daily living.

- Speech therapy: evaluate swallowing ability, speech and capability of processing language.

Stroke education:

- Signs/symptoms of stroke: FASST.
- Call 911 or emergency medical services immediately for any signs or symptoms of stroke.
- Personal risk factors and risk factor management.
- Prescribed medications.
- Follow up with doctor.



NIHSS:

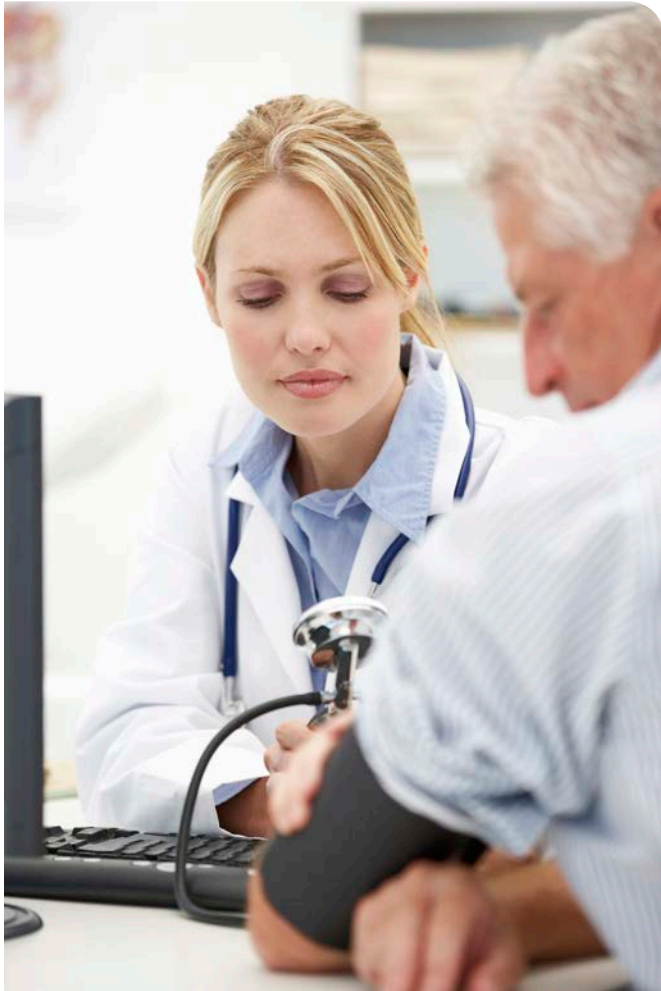
National Institute of Health Stroke Scale - provides a number indicating the severity of your stroke. To determine your score, we will ask your age and the month, to raise your arms and legs, to smile, report how well you see, speak and feel. This will be performed frequently by your care team.

Dysphagia screen:

- If you pass this bedside swallowing test, you'll be placed on a diet. If you fail, for your safety, you won't be allowed to eat or drink anything (including oral medications, candy and gum) until a speech therapist evaluates you. This is to prevent food, drink or saliva from going into your lungs.

Venous thromboembolism prevention:

Venous thromboembolism occurs when a blood clot forms in a vein - often in the leg. To prevent this, your care team may use a combination of sequential compression devices that inflate around your legs to improve blood flow.



Your Stroke Risk Factors

High blood pressure

Your target blood pressure should be 120/80. Take your blood pressure twice a day and record the measurement. Take this to your next appointment to show your doctor how your blood pressure is doing at home. If you have two or more readings of 150/90 or greater, contact your care team.

Medicine can be an important part of controlling your blood pressure. Make sure you take your medicine as prescribed.

Diabetes

Hemoglobin A1c is a test used to measure your average blood sugar over the past three months. A normal reading is typically less than 6.0. If your number is higher it could indicate that you are diabetic. Diabetes can be managed with diet changes and medicine. You'll receive an inpatient consult with the Diabetic Educator to help you learn how to manage this issue if your lab indicates this is necessary.

Your Hemoglobin A1c is _____

Cholesterol

Cholesterol is broken down into three different values:

- HDL ("helpful cholesterol" or good cholesterol)
This number should be above 50
- LDL ("bad cholesterol")
This number should be below 70
- Triglycerides
This number should be less than 150

Your Cholesterol is:

HDL _____ LDL _____

Triglycerides: _____ Total Cholesterol _____

Your doctor may prescribe a statin medicine to help reduce your LDL. This medicine can also help by "softening" the arteries and reducing your risk of having a stroke.

Atrial fibrillation

If you're diagnosed with this cardiac arrhythmia while here, you will be referred to a cardiologist for management. You may need to be placed on an anticoagulant such as Coumadin (warfarin) or other medicine to control your heart rate.

Your cardiologist may also order 24-hour monitoring of your heart even while you're away from the hospital. Mobile (ambulatory) monitors can be a piece of equipment that you wear, or they can be implanted in your chest. They are referred to by several names, including ambulatory electrocardiogram, ambulatory EKG, Holter monitoring, 24-hour EKG, or cardiac event monitoring. Your doctor will recommend the monitor that's most appropriate for you and your condition.

Many heart problems become noticeable only during activity, such as exercise, eating, sex, stress, bowel movements or even sleeping. Continuous 24-hour recording is more likely to detect any abnormal heartbeats that occur during these activities.

Carotid stenosis

A carotid Doppler study or possibly a CT scan was performed to look at the arteries of your neck that supply your brain. Your doctor will discuss the treatment options if narrowing is found in your arteries.

Your results are: _____

Smoking

Many diseases are linked to smoking including: heart disease, stroke, lung cancer, and respiratory problems. Stopping smoking greatly reduces your risk of these diseases. The U.S. government offers many resources to help you quit. Visit smokefree.gov or call the Oklahoma Tobacco Helpline at 1-800-QUIT NOW (1-800-784-8669).

Lifestyle

Being inactive or obese can increase your risk of stroke, high blood pressure, diabetes, high cholesterol and heart disease. Increasing your activity by even 30 minutes daily can provide many health benefits and reduce your risk of these diseases.

Blood disorders

A high red blood cell count increases your chances of having clots, which can lead to stroke. Sickle cell anemia can cause blocked arteries, which also increases your risk for stroke.

Excessive alcohol use

Binge drinking can lead to stroke, as can regular alcohol use. Higher blood pressure occurs in women who average more than one drink per day, and men who drink an average of more than two drinks per day.

Illegal drug use

People who use intravenous drugs, cocaine and other illegal drugs are at high risk for stroke, especially hemorrhagic stroke.



Other risk factors

Preventing Another Stroke

After you've had a stroke, you may be worried that you could have another one. The good news is that there are things you can do to reduce your risk of having another stroke.

Take your medicines.

You'll need to take medicines to help prevent another stroke. Be sure to take your medicines exactly as prescribed. And don't stop taking them unless your doctor tells you to. If you stop taking your medicines, you can increase your risk of having another stroke.

Some of the medicines your doctor may prescribe include:

- Aspirin and other antiplatelet medicines to prevent blood clots.
- Anticoagulants to prevent blood clots, especially for people who have atrial fibrillation (an irregular heartbeat).
- Statins to lower high cholesterol. Statins can even protect against stroke in people who don't have heart disease or high cholesterol.
- Medications to lower your blood pressure, including ACE inhibitors, beta blockers, ARBs (angiotensin II receptor blockers) or diuretics.

Make healthy lifestyle changes.

Healthy lifestyle changes can help lower your risk of having another stroke. And they may help you feel better and live longer.

Here are some things you can do:

- **Quit smoking, and avoid secondhand smoke.** If you smoke, try to quit. Medicines and counseling can help you quit for good.
- **Be active.** You can still be physically active after a stroke. Doctors recommend ½ to 1½ hours a week of moderate exercise. One way to do this is to be active 30 minutes a day, one to three days a week. It's okay to be active in 10-minute blocks throughout the day. Your doctor can suggest a safe level of exercise for you.
- **Stay at a healthy weight.** Being overweight makes you more likely to have high blood pressure, heart problems, and diabetes. These conditions make a stroke more likely.
- **Limit alcohol** to two drinks a day for men and one drink a day for women.

- **Eat heart-healthy foods.** These include fruits, vegetables, high-fiber foods, and foods that are low in sodium, saturated fat, trans fat, and cholesterol. Eat fish at least two times each week. Oily fish, which contain omega-3 fatty acids, are best. These fish include salmon, mackerel, lake trout, herring, and sardines.

Manage your cholesterol

Controlling the types and amounts of fat in your diet is the first step. Harmful fats should be avoided because they can raise your cholesterol levels and your risk of cardiovascular disease.

Here's an easy way to remember what fats to avoid: saturated fats (bad) solidify or remain solid at room temperature. Unsaturated fats (good) don't; they're liquid at room temperature. Check the Nutrition Facts panel and ingredients list to look for hydrogenated fats and "partially hydrogenated vegetable oils."

Special considerations

- Remove the salt shaker from the table. Make meals tasty and flavorful with spices and herbs. Never use salt substitutes unless your physician approves it.
- Limit high-sodium processed foods. This includes cured and smoked meats, some pre-packaged frozen and canned foods, most soups and condiments. Avoid fast food restaurants because the foods served there tend to be very high in sodium.
- Read ingredient labels. Sodium compounds are often added to commercially processed foods. Select foods labeled low sodium, very low sodium or salt free. Watch out for ingredients that indicate a high sodium content (any ingredient with the word sodium in it). Baked goods made with baking powder or baking soda may also be high in sodium. Common medications contain sodium compounds. Ask your pharmacist for alternatives.

How to modify recipes.

Using low-fat, low-cholesterol recipes makes it easier to cook healthful meals. However you can control the amount of fat and cholesterol in your favorite recipes by substituting low-fat ingredients when you cook.

The Mediterranean Diet

Truth be told, there's no one Mediterranean diet. However, the countries that border the Mediterranean Sea share similar ideas when it comes to food preparation and eating. So instead of being a typical "diet," the Mediterranean way of eating is actually a lifestyle that can be enjoyed forever. In the process, it may help you lose weight.

One more thing: the scientific community agrees that the Mediterranean diet is one of the world's healthiest ways to eat.

Research has shown that eating a Mediterranean style diet can:

- Lower your risk of heart attack and stroke.
- Reduce your chances of having a second stroke.
- Reduce total cholesterol levels.

- Lower LDL cholesterol (the bad kind).
- Raise HDL cholesterol (the good kind).
- Likely reduce the risk of dementia and memory problems.

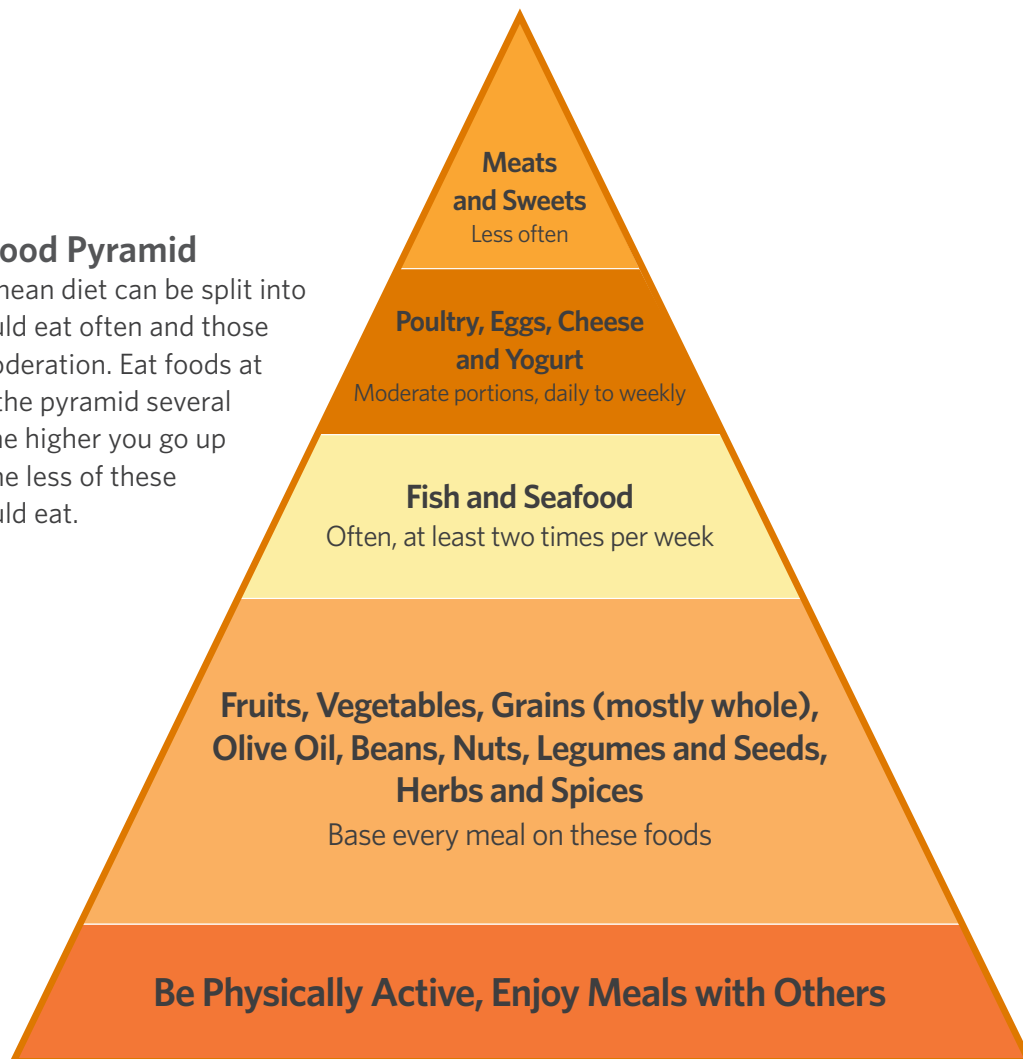
The Mediterranean diet emphasizes:

- Eating mostly plant-based foods such as fruits and vegetables, whole grains, seeds, nuts and legumes.
- Olive oil as the main source of fat.
- Limited amounts of meats and sweets.
- Enjoying meals with family and friends.

The Mediterranean diet is a delicious and wholesome way to eat, especially when meals are shared around the table with friends and family.

Your New Food Pyramid

The Mediterranean diet can be split into foods you should eat often and those that call for moderation. Eat foods at the bottom of the pyramid several times a day. The higher you go up the pyramid, the less of these foods you should eat.



Source: © 2009 Oldways Preservation and Exchange Trust

Healthy and Tasty Food Choices



Fruits and vegetables:

Fill your plate at every meal. Full of fiber, vitamins, minerals and antioxidants, fruits and vegetables are perhaps the best food you can possibly eat. Raw or steamed, fresh or frozen—colorful, nutrient-packed produce should play the main part of every meal.



Whole grains:

A wholesome foundation. Foods like rice, whole grain pasta and bread provide fiber, B vitamins, phosphorus and magnesium—nutrients bodies need. Be sure to choose whole grain versions of bread and pasta and make sure they don't contain added sugar or trans fats.



Nuts and seeds:

Grab a handful. Nuts and seeds are the rock stars of the Mediterranean diet. They provide heart-healthy fats, protein and fiber—quite the nutritional bang for your buck. Although all nuts are excellent, walnuts, almonds, hazelnuts and pecans provide the most benefits to the heart. Just be sure to choose salt-free or low sodium options and limit yourself to two tablespoons a day.



Legumes:

A funny name for a super food. Legumes include peas, beans, chickpeas, lentils, soybeans and peanuts, for starters. They are easy to prepare and very affordable. So stock up and try some different recipes.

There's a whole world of reasons you should eat legumes. They are:

- High in fiber, to keep you feeling fuller and prevent constipation.
- Rich in insoluble fiber to help sweep bad cholesterol out of the body.
- An excellent source of protein when paired with whole grains.



Fish and shellfish:

Swimming in benefits. Seafood contains unsaturated fats that can lower your cholesterol when you swap it for meat. Eating a minimum of one to two servings of fish a week appears to reduce the risk of heart disease.

Choose fatty fish with the highest omega-3 content, such as:

- Mackerel
- Lake trout
- Herring
- Sardines
- Salmon

The omega-3s found in fish are good for you in so many ways. They are considered anti-inflammatory because they reduce the swelling that causes damage to blood vessels. They can also help decrease triglycerides (stored fat), lower blood pressure, reduce blood clotting, decrease the risk for stroke and heart failure and reduce irregular heartbeats. If you want to get your omega-3s from supplements, check with your doctor first.

Cooking Beans 101

As eating enough beans is so crucial to following the Mediterranean diet, it is just as important to know how to prepare them. If you can't cook it, there's no way you will be able to enjoy it.

Fortunately, cooking beans can be as easy as 1-2-3.

- 1) Soak your beans overnight
- 2) Combine drained beans with water (use 2 cups of water for every cup of beans)
- 3) Simmer on low-medium heat for 45 minutes-2 hours

Note: Chickpeas need a little more water - use 3 cups water for every cup of beans

Good for Mind and Body



Olive oil:

Good tasting, good for you. Olive oil is one of the richest sources of monounsaturated fats found in nature. These fats are able to help lower your bad cholesterol (LDL) while keeping your body's level of good cholesterol (HDL) in check.

Stick to four tablespoons of olive oil throughout the day in your cooking and swap it for butter, margarine or salad dressing. Treat yourself to extra virgin olive oil for its high quality and delicious flavor.



Dairy:

Enjoy in moderation. When choosing dairy, make sure to pick fat free or low fat options. These contain less saturated fat, which can be hard on the heart. And remember that serving size matters.

A serving of dairy depends on the product:

- ½ cup milk
- 1 oz. cheese
- 6 oz. yogurt



Eggs:

A little is a lot. Enjoy your eggs, but limit them to no more than four per week. Try hard-boiled eggs instead of frying them.



Red meat:

Make it a treat. On the Mediterranean diet, red meat takes a backseat to other foods. Red meat is high in saturated fat that can increase your chance of suffering from heart-related problems. By limiting red meat to once or twice a month, you're doing your heart a favor. When you do choose to celebrate, choose leaner cuts and trim off all visible fat before eating.



Poultry:

Keep it lean. Choose this excellent protein source no more than once a day. A serving size is 3-4 ounces or about the size of a deck of cards.

Start eating healthier today...the Mediterranean way. And remember, you didn't create your eating habits in one day, so you aren't expected to change them overnight!

Mediterranean Diet - Three Day Sample Menu

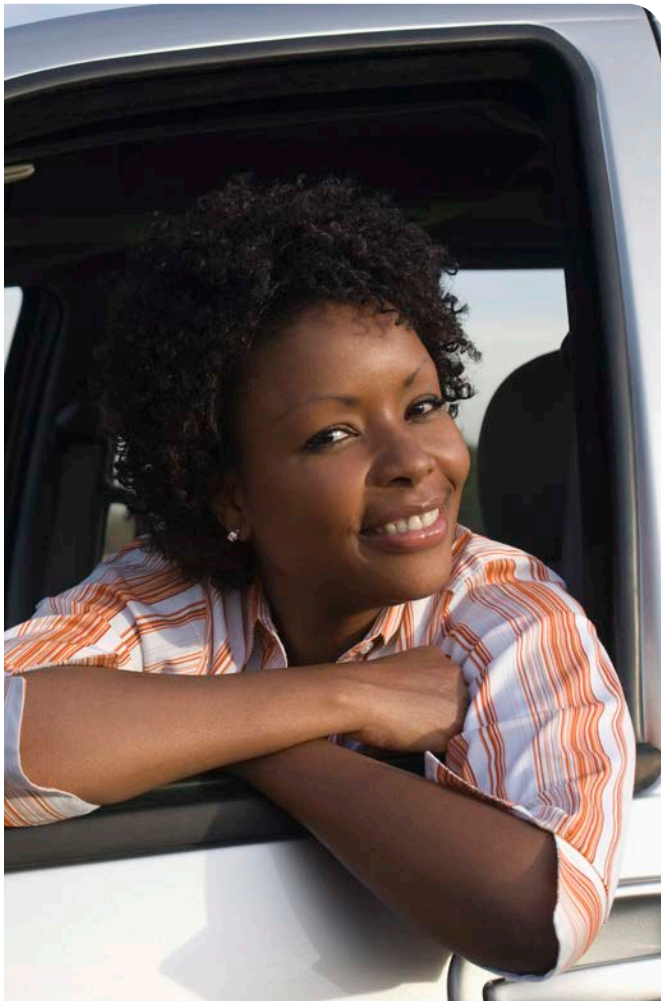
Day	Breakfast	Lunch	Dinner	Snack
1	<p>Yogurt Parfait: 6 oz Greek or fat free yogurt</p> <p>1 cup fruit of choice</p> <p>½ cup granola</p>	<p>Chicken Pesto Sandwich: 3 oz grilled chicken</p> <p>1 whole wheat bun</p> <p>Lettuce, tomato pesto + fat free mayonnaise</p>	<p>Shrimp Stir-Fry: 3-4 oz shrimp</p> <p>1 Tbsp olive oil</p> <p>1 cup chopped vegetables</p> <p>1 cup brown rice</p>	<p>1 apple</p> <p>2 Tbsp almond butter</p>
2	<p>Omelet: 1 whole egg + 2 egg whites</p> <p>1 slice Swiss cheese</p> <p>½ cup vegetables of choice</p>	<p>Salmon Salad: 2 cups spring mix</p> <p>½ cup sweet corn</p> <p>2 Tbsp shredded Italian cheese</p> <p>3 oz grilled salmon</p> <p>2 Tbsp vinaigrette dressing</p>	<p>Chicken Pasta: 1 cup whole wheat pasta</p> <p>1 Tbsp olive oil</p> <p>3 oz grilled chicken</p> <p>½ cup red pasta sauce</p> <p>1 cup vegetable of choice</p>	<p>1 cup berries</p> <p>½ cup yogurt (Greek or fat free)</p>
3	<p>Breakfast Waffle: 2 whole grain waffles or pancakes</p> <p>2 Tbsp almond butter</p> <p>½ cup strawberries</p>	<p>Fish Filet: 3 oz grilled or baked fish (salmon, tilapia)</p> <p>1 medium sweet potato topped with sautéed vegetables and Greek yogurt</p>	<p>Chicken Kabob: 3 oz chicken, cubed</p> <p>¼ cup pineapple</p> <p>1 cup vegetables of choice</p> <p>2 Tbsp olive oil + spices, skewered and grilled</p>	<p>¼ cup hummus</p> <p>1 cup vegetables of choice</p>

What comes next

You may take part in a stroke rehabilitation (rehab) program. These programs help you to regain skills you lost due to stroke or make the most of your remaining abilities. They also help you take steps to prevent another stroke. In the program, a team of health professionals provides education and support to help you build new, healthy habits.

In stroke rehab, you'll learn how to manage any other health problems that you might have, such as high blood pressure, high cholesterol, diabetes, and depression. You'll also learn how to exercise safely, eat a healthy diet and quit smoking if you smoke. You'll work with your team to decide what lifestyle choices are best for you.

If your doctor hasn't already suggested it, ask him or her if stroke rehab is right for you.



Driving after a stroke.

Consult your Mercy physician about when it's safe for you to drive.

If you can't drive because of problems from your stroke, check with your stroke rehab center about programs that offer special vans that can take you to and from places. Senior groups and volunteer agencies may also offer transportation services.

Possible changes.

After a stroke you may not act or feel the way you did before. Changes depend on what part of your brain was affected and how much damage the stroke caused.

People who have had a stroke often have problems with:

- **Movement and sensation.** You may have:
 - Pain, numbness, or tingling in your arms and legs
 - Muscle stiffness or spasms
 - Weakness, and trouble with walking and moving
 - Problems with your sense of touch or how well you feel hot and cold
 - Trouble swallowing and eating
 - Urinary or bowel problems.

- **Vision.** You may have problems seeing in some or all of the normal areas of vision.

- **Not being aware of one side of your body.** If you don't look to that side, you may forget or ignore that side of your body.

- **Language and thinking.** You may not be able to understand written or spoken language, read or write, or express your thoughts. You may also have problems with memory and learning.

- **Feeling tired.** After a stroke, almost all stroke survivors feel tired at some point. Stroke survivors often must work harder to make up for the loss of normal functions (such as being unable to use an arm or hand). But you'll probably start feeling less tired after a few months. For some people, tiredness may continue for years after a stroke, but they usually find ways to make the most of the energy they have.

It's important to pinpoint what's causing you to be tired. Then you can take action to manage it. Consult with your health care provider to rule out any medical conditions that might cause tiredness or make it worse. You may feel tired after a stroke for four major reasons:

1. You may have less energy than before because of sleeping poorly, not getting enough exercise, poor nutrition or the side effects of medicine.
2. You have as much energy as before, but you're using it differently. Because of the effects of your stroke, things, like dressing, talking or walking, take a lot more effort. Changes in thinking and memory take more concentration. You have to stay "on alert" all the time — and this takes energy.
3. You also may feel more tired due to emotional changes. Coping with frustration, anxiety, anger and sadness can be draining. Depressed feelings are common after a stroke. Often, loss of energy, interest or enthusiasm occurs along with a depressed mood.
4. You may feel more tired because of depression. Depression is very common after a stroke. Clinical depression is a treatable illness that happens to many stroke survivors. Symptoms include significant lack of energy, lack of motivation, and problems concentrating or finding enjoyment in anything. Talk to your doctor about an evaluation for clinical depression if tiredness continues.

How can I increase my energy?

- Tell your doctor how you feel and make sure you have had an up-to-date physical. Your doctor can evaluate any medical reasons for your tiredness.
- Celebrate your successes. Give yourself credit when you accomplish something. Look at your progress, not at what's left to be done.
- Try naps, or schedule rest periods throughout the day. Rest as long as you need to feel refreshed.
- Learn to relax. Sometimes the harder you try to do something, the harder it is to do. You become tense, anxious and frustrated. All this takes more energy. Being relaxed lets you use your energy more efficiently.
- Do something you enjoy every day. A positive attitude or experience helps a lot to boost energy levels.
- Be social. Go out into the community and interact with friends, family and other people.

- Physical activity is important. With permission from your doctor, consider joining a health and wellness program.
- **Emotional changes.** A stroke can cause you to feel afraid, anxious, angry or sad, whether you're the stroke survivor or their loved one. Some changes are a result of the actual injury and chemical changes to the brain. Others are natural reactions to the challenges of dealing with a stroke's effects.

Many stroke survivors experience the Pseudobulbar Affect (also called "emotional lability," "reflex crying," or "labile mood"). This involves:

- Rapid mood changes - sudden, unexplained crying followed just as suddenly by laughter
- Crying when happy or laughing when sad
- Crying or laughing that seems inappropriate or seems to go on too long

Depression after stroke can cause:

- Feelings of sadness
- Hopelessness or helplessness
- Irritability
- Changes in eating, sleeping and thinking

Medicine may be needed to help control emotional responses and treat depression. It's important to ask for help if you think you're depressed. Talk with your doctor to see if medicines may help with any of these problems.

Other ways to cope with emotional changes include:

- Using positive self-talk
- Talking with people who understand; ask about a support group
- Exercise and activities you enjoy
- Psychological counseling
- Resting when tired and getting enough sleep

Talk with your doctor to see if medicine may help with any of these problems.

Blood Sugar and Blood Pressure Log Sheet

IDEAL WEIGHT:		MONTH:			
DAY OF MONTH	WEIGHT	BLOOD SUGAR	FASTING	BLOOD PRESSURE	PULSE
1			YES / NO		
2			YES / NO		
3			YES / NO		
4			YES / NO		
5			YES / NO		
6			YES / NO		
7			YES / NO		
8			YES / NO		
9			YES / NO		
10			YES / NO		
11			YES / NO		
12			YES / NO		
13			YES / NO		
14			YES / NO		
15			YES / NO		
16			YES / NO		
17			YES / NO		
18			YES / NO		
19			YES / NO		
20			YES / NO		
21			YES / NO		
22			YES / NO		
23			YES / NO		
24			YES / NO		
25			YES / NO		
26			YES / NO		
27			YES / NO		
28			YES / NO		
29			YES / NO		
30			YES / NO		
31			YES / NO		

DOCTOR: _____

PHONE NUMBER: _____

Diagnosis

The cause and nature of your stroke is: _____

CT or MRI results and location of your stroke: _____

Other test results: _____

Follow-up Care Team Information

Your follow up appointments are with: _____

Doctor: _____

Date/time: _____ Phone: _____

Doctor: _____

Date/time: _____ Phone: _____

Doctor: _____

Date/time: _____ Phone: _____

Emmi access code: _____

Resources/support groups

Miracles In Progress Stroke Support Group

For stroke survivors and caregivers
Mercy Rehabilitation Hospital St. Louis
14561 North Outer Forty Dr.
Chesterfield, MO 63017

Regular meetings:

1st Saturday of each month, 10:30 a.m.

3rd Monday of each month, 3 p.m.

For more information: call 314.881.4000 or email mipstrokesupport@hotmail.com.

Find “Miracles in Progress” on Facebook and click “like”
to receive information and updates.

Other resources:

- 314.251.7183 - Inpatient Clinical Dieticians
- 314.251.3965 - Mercy St. Louis Tobacco Free Information Line
- 314.647.3677 - Alcoholics Anonymous
- www.heart.org/nomorestroke
American Heart Association St. Louis Stroke Committee
- supportnetwork.heart.org/stroke
American Heart Association/American Stroke Association Support Network

Driver's assessment and training program

Mercy offers a program to help assure that injured or impaired drivers, including stroke survivors, are ready to take the wheel again. Our occupational therapists will assess the driver's readiness by evaluating these factors:

- Physical capabilities
- Cognitive and perceptual motor abilities
- Reaction time
- Visual acuity, including night vision
- Decision-making skills

The evaluation includes a behind-the-wheel skills assessment. Results are sent to the referring physician, as well as recommendations for special equipment or additional training sessions, if needed.

Call us for more information or an appointment.
Mercy Therapy Services ▪ 636.893.1100

Tell us how we're doing:

You may be contacted by phone, email or postal mail with a survey asking about your experience at Mercy. Please take a moment to fill out the survey. It's important we know where we've succeeded and where we can improve so we can provide the best possible care to all of our patients.

**Mercy Hospital St. Louis
Stroke Center**

615 S. New Ballas Rd.
St. Louis, MO 63141
314.251.7262

mercy.net/STLStrokeCenter