

What to Expect in the Hospital

Stroke patients usually require admission to a hospital for further investigation and treatment. Stroke Unit is a designated area in the hospital managed by a specialised multi-disciplinary stroke care team, where early treatment for stroke is provided.

STROKE CARE TEAM

The members of the stroke care team may include:



* Refer to page 21, for you to note the names of your stroke care team members.

MONITORING

During your hospital stay, your condition will be monitored periodically. This may include regular checks of blood pressure and assessment of your stroke signs every few hours.

SCREENING

You will be assessed by various stroke care team members followed by an appropriate intervention or referral to a healthcare professional.

- ✓ Swallowing test to assess for dysphagia
- ✓ Risk of deep vein thrombosis due to immobility
- ✓ Current mobility and functional status
- ✓ Fall risk
- ✓ Risk for developing pressure sores



INVESTIGATION

You will undergo various tests which may include:

BRAIN SCAN



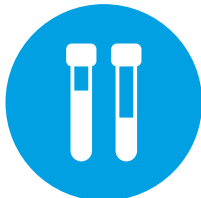
- Either **Computerised tomography (CT)** scan or **Magnetic Resonance Imaging (MRI)** scan
- This will help to identify the type, location and size of the stroke area.

ULTRASOUND



- Ultrasound of the neck and brain blood vessels to assess the blood supply in the brain.

BLOOD TESTS



- To screen for new risk factor(s) or measurement control of existing risk factor(s).
- To measure your blood counts and check the function of your other organs such as kidneys and liver.

HEART TESTS



- **Electrocardiogram (ECG)** checks for any abnormal heart rhythm.
- **Echocardiogram** is an ultrasound to check for the presence of any clots or abnormal communications between the chambers of your heart.
- **Holter** monitors the heart rhythm with continuous ECG over 24 or 48 hours to detect any heart rhythm abnormalities.

MEDICATIONS

Your doctor will prescribe you with medications. This may be taken orally or given by injection. Do inform your stroke care team if you are taking any medication(s), over-the-counter drug(s) or traditional chinese medication (TCM). You are advised not to self-medicate without speaking to your doctor.

EARLY MOBILISATION

Your stroke care team will encourage early mobilisation once it is safe. This is to promote early recovery and prevention of complications. Your safety is our priority, always ask your stroke care team for assistance if needed.

SCREENING AND PREVENTION OF POST STROKE ACUTE COMPLICATIONS

You will be monitored closely for any post stroke acute complications during your hospital stay.





PLANNING FOR REHABILITATION

Your stroke care team will assess your current mobility function and find out about your social situation. Rehabilitation planning will be a team-based decision together with you and your family.

Your caregiver may be required to undergo caregiver training depending on your care requirement.

DISCHARGE CARE PLAN

Starting a discharge plan as soon as possible is important. If needed, the stroke care team will help to organise services and make contact with key providers before you leave the hospital.

Discharge planning may include:

- Written communication to your primary care doctor at the General Practitioner / Polyclinic.
- Referral to Agency of Integrated Care (AIC) to arrange for services at community hospitals, day rehabilitation centres, day care centres, home nursing, home medical programme and nursing homes.
- Recommendation of medical equipment, mobility equipment and home modifications.
- Coordination of outpatient medical clinic appointments after discharge.

Risk Factors Control

After having a stroke or TIA, your risk of having another stroke or TIA is higher. About 1 in 5 people who have had stroke will suffer another stroke in 5 years. Poor control of risk factors will increase your chance of having another stroke.

It is important to reduce your risk by:

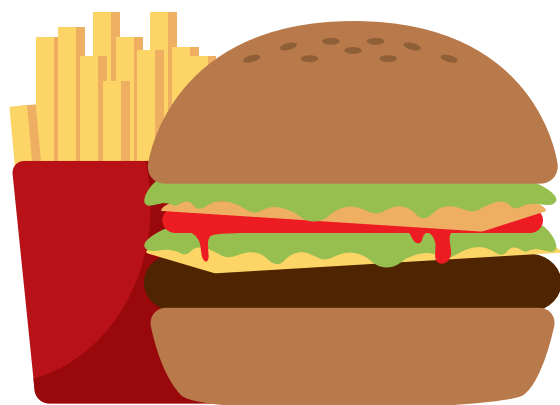
- knowing your risk factors for stroke
- controlling these risk factors

WHAT ARE THE RISK FACTORS FOR STROKE? HOW CAN I CONTROL MY RISK FACTORS?

There are risk factors that you can control. These include:

High Blood Pressure (Hypertension)

- The most important known risk factor for stroke.
- Uncontrolled hypertension increases the risk of stroke by 4 times.

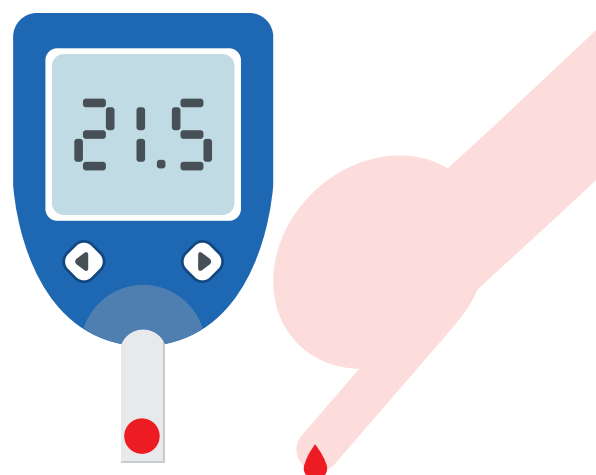


High Cholesterol (Hyperlipidemia)

- The main cause of high cholesterol is having a diet high in saturated fats (fats from animal foods).
- High cholesterol have about 2 times the risk of heart disease, a contributor to stroke risk.

Diabetes

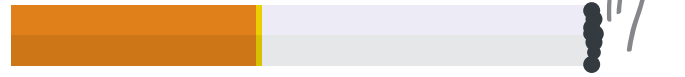
- Uncontrolled diabetes over a long period of time can cause damage to your blood vessels and nerves. The risk of stroke is 1.5 times more in diabetic patients.



Smoking

- If you smoke 20 cigarettes a day, you are six times more likely to have a stroke compared to a non-smoker.

* Refer to *Smoking and Stroke fact sheet* for more information.



Irregular heart beat (Atrial fibrillation or AF)

- As a result of the irregular heart beating, the heart does not pump and empty the blood smoothly or completely. This increases the risk of clots forming in the heart and travelling to the brain.
- AF increases the risk of stroke by 5 times.

* Refer to *Atrial Fibrillation fact sheet* for more information.

Unhealthy Lifestyle

- Being inactive, having an unhealthy diet, obesity and excessive alcohol consumption can increase the risk of high blood pressure, high cholesterol, diabetes, heart disease and further strokes.

* Refer to *Alcohol fact sheet* for more information.



Some risk factors are not within our control. These include:

- **Age**
 - ▶ Stroke affects people of all ages. The chance of having a stroke approximately doubles every 10 years of life after age 55.
- **Gender**
 - ▶ Men have a higher risk of stroke than women. The risk of stroke increases in women after menopause.
- **Heredity Factors**
 - ▶ There are some genetic causes of stroke.
- **Previous Stroke, Transient Ischaemic Attack (TIA) or Heart Attack**
 - ▶ If you previously had a stroke, TIA or heart attack, you are at greater risk than someone who has not.

Treatments for reducing risk of another stroke

There are strategies to help reduce the risk of another stroke.



Anti-Platelet

Eg. Clopidogrel, Aspirin, Dipyridamole

- An anti-platelet makes the blood 'less sticky' by preventing blood cells called platelets from sticking together to form a clot.

Anti-Coagulant

Eg. Warfarin, Novel-Oral Anti-coagulants (Rivaroxaban, Dabigatran and Apixaban)

- An anti-coagulation is a blood thinner that helps prevent formation of new blood clots and keeps existing blood clots from getting larger. They work by interfering with the function of certain blood clotting factors that are needed to form clots.
- It is usually prescribed to patients with atrial fibrillation (AF) and some other heart and blood disorders.

Cholesterol Lowering Medicines

Eg. Simvastatin, Atorvastatin, Rosuvastatin, Ezetimibe, Fenofibrate, Gemfibrozil

- There are medications to lower your cholesterol level.
- Statin medications helps to lower your risk of stroke and heart disease.

Lifestyle Modification

- Quit smoking
- Limit alcohol consumption
- Have healthy and well-balanced diet
- Exercise regularly
- Maintain healthy body weight
- Take your medications as prescribed by your doctor
- Attend medical appointments with your doctor as scheduled