# Complications after a stroke

## Shoulder and other pain

The shoulder is the most mobile joint in the body and has virtually no ligaments to support the joint. If the stroke has caused shoulder muscles to become weak, pulling on the joint causes stretching and inflammation.

All pain should be reported to the doctor.

- The shoulder on the weak side needs careful support and can be painful
- Immobility can cause 'rheumatic' pains, eg, in limbs or back
- A small number of people with stroke develop 'central' pain, sometimes months or years after the stroke. This pain is sometimes described as 'burning' or 'shooting' and may affect half or only a small part of the body. Sensation in the painful area is not normal – sometimes very light rubbing will be very painful. This occurs because stroke damage causes the brain to 'think' the area is painful.

### *What helps*

Preventing shoulder pain is important:

- The shoulder on the weak side should always be handled with care. Support it with a sling, pillows or armrests whenever possible
- Asks the physiotherapist, occupational therapist or nurses for advice on how to support the shoulder
- Never pull on the weak arm
- Don't lift the person by pulling up under their affected armpit
- Don't let the weak arm 'flop' down.
- Exercise as much as possible.

Shoulder pain can be helped by:

- simple pain-relief tablets
- heat packs (be careful not to burn the skin)
- massage
- physiotherapy
- for persistent pain, the doctor may use injections into the painful area for relief.

## Pressure sores

Pressure sores (ulcers) occur when the skin over a bony part of the body breaks down from having the person's weight pressing it onto a surface such as a bed or chair for long periods at a time.

Common areas for pressure sores are: the bottom of the back (sacrum), buttocks, hips, shoulders, heels, elbows. Pressure sores are painful and difficult to heal – prevention is much better than cure.

### *What helps*

- If the person is relatively immobile, make sure their position is changed every 2 hours (even if you have to wake them from sleep)
- If the person has some mobility, remind them to change position (usually someone would start to feel uncomfortable after a long time in the same position, but if the stroke has caused loss of sensation they may not feel discomfort)
- Protect areas at risk with aids such as a specially designed mattress, cushions, sheepskin boots and rugs (**see page 173**)
- Keep the skin clean and dry
- Nurses, occupational therapists or physiotherapists will show you how to position the person in a bed or chair to minimise the risk of pressure sores.

# Seizures (epileptic fits)

In a few cases, damage to the brain caused by stroke can lead to the person having a seizure or fit which can happen several months after the stroke. Although seizures are generally not a serious problem, usually they are unexpected and can be very frightening. Any or all of the following may occur:

- Losing consciousness and falling to the ground
- Stiffening of the body, followed by strong shaking or jerking
- Saliva bubbling from the mouth (this may be mixed with blood if the tongue or mouth has been bitten)
- Losing bladder and bowel control during the fit
- A short period of 'detachment'; the person seems unaware of what is happening around them, and may then go into a deep sleep
- Brief repetitive episodes of apparent worsening of the stroke symptoms.

## *What to do*

- Keep calm; the seizure usually will last only a few minutes
- Clear the area of anything hard or dangerous that might injure the person
- Put something soft under their head, roll the person onto their side with the upper knee bent forward and resting on the ground
- Remove glasses; loosen any clothing that is making breathing difficult
- Gently tilt the chin up to make sure the person can breathe adequately
- Call the doctor
- If the seizure lasts more than 10 minutes, or one fit follows another, call an ambulance
- It is important that even a mild seizure is reported to the doctor and that any medication prescribed for this is taken regularly.

## *Driving and epilepsy*

There are clear guidelines about the risks of driving after a seizure – the person should NOT drive until they have been free of seizures for 12 months. **The doctor must be consulted about this.** (**See also page 173.**)