

Treatment

Clot busting drug treatment is available that can reverse some of the effects of stroke (thrombolysis with tPA), but this needs to be given URGENTLY (within four ½ hours of onset of symptoms).

Stroke clot retrieval is another treatment used to return blood flow to the brain, often in conjunction with clot busting drug treatment. After the clot has been pinpointed by a brain scan, a tiny tube is fed into the blocked blood vessel, usually inserted through an artery in the leg and fed up through the body into the brain. A wire stent or suction device captures the blood clot and allows it to be pulled back out.

Unfortunately not all patients are appropriate for this treatment. However it is a medical emergency and all patients should seek immediate help, such as calling emergency services on 111.

Initial treatment

The aims of initial treatment are to:

- possibly limit the size and effects of the stroke
- prevent further stroke
- re-establish blood circulation to the brain
- prevent any complications due to weakness, e.g. pneumonia, pressure sores, limb contractures and pain
- ensure sufficient fluid and food intake.

Limiting the size and effects of the stroke

Depending on the nature of the stroke, drug treatment may be given to:

- unblock some of the arteries (clot busting drugs such as tPA
- needs to be done very early)

- avoid blood pressure being either too high or too low
- reduce the risk of blood clots forming
- help protect nerve cells near the stroke area from being damaged
- reduce swelling in the brain
- stop bleeding into the brain.

Research programmes

Sometimes a person with a stroke and/or family are asked to participate in a research project – that is related to stroke such as the cause, medical treatment, rehabilitation, goal setting, well-being. A full written explanation of what is involved must be provided. You should be given adequate time to read and understand the information and be given an opportunity to ask questions about the project. You have the right to agree or to refuse to participate in the research project. If you agree you will be asked to sign a consent form: however, it is your right to withdraw from the project at any time. Withdrawing from the research project should not have a negative effect on the usual treatment you receive.

Preventing further stroke

Measures to prevent further stroke may include:

- regulating high blood pressure
- correcting bleeding disorders
- removing deposits on the wall of an artery that have caused blockage of blood flow
- reducing risk factors (**see page 25**) by controlling medical disorders and starting a programme to change diet and habits that may have contributed to the stroke, e.g. smoking. The team can give you advice on stopping smoking, and there are medications that can make this easier

The person with stroke or TIA may be given a variety of medicines to reduce the risk of another stroke. These could include drugs to reduce blood pressure or

cholesterol, and blood thinning treatments, e.g. aspirin or combinations of aspirin and other drugs. Whatever drugs are prescribed it is most important that you continue taking the medications for as long as your doctor recommends, even if you are overseas or travelling.

(For guidelines on preventing strokes, [see page 165](#)).

Ensuring sufficient food and fluid intake

In the initial stages after a stroke, if the person cannot swallow properly they are often given supplementary fluids through a thin tube running into a vein or under the skin. If swallowing remains affected, the texture or thickness of food and fluid can be modified to make it easier to swallow. In some patients, swallowing is more severely affected and then a tube may be passed through the nose into the stomach (nasogastric tube) so that suitable nutrition and fluid can be given safely.

If the swallowing problem continues, a decision has to be made about inserting a feeding tube directly into the stomach through the abdomen to avoid irritation and discomfort from the nasogastric tube.

Surgery

In a few cases surgery may be beneficial to drain blood that has collected in the brain or to repair a weak blood vessel.

Consent for surgery

The doctor would explain what was involved in the operation, the risks and benefits, and the person with stroke and/or family would be asked to give their consent.

At this stage the person or caregiver is likely to be in shock after the stroke and may find it difficult to understand or remember the doctor's explanation. Ask the doctor to explain again, and if necessary write down the information. Ask for a pamphlet about the surgery. Take the time to check the details and feel

comfortable with whatever decision is made. Discussing the situation with other family members will help.

Ongoing treatment

As soon as practical, the person with stroke will be able to start rehabilitation, with therapy which will help them to recover as completely as possible (see page 87).

The person and the family/whānau will participate in establishing goals and planning therapy. While the person is in hospital, from time to time a family meeting may be called (see page 40) where progress and concerns can be talked over with the rehabilitation team.

Rehabilitation is discussed fully in Section 3 (starting on page 83).