

# Ischemic Stroke

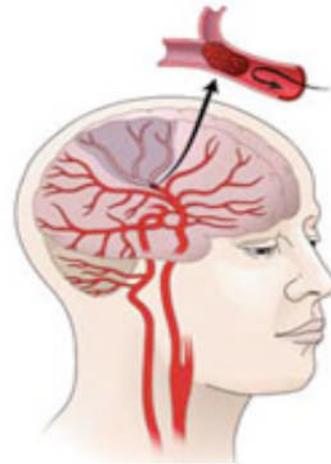
## What You Need to Know

### UNM HOSPITAL STROKE CENTER

### New Mexico's Only Dedicated Stroke Team

There are 2 kinds of stroke: Ischemic and Hemorrhagic. This booklet is about Ischemic Stroke.

Ischemic stroke happens when a blood vessel to the brain gets blocked. A blood clot prevents blood from getting to the brain. When this happens, brain cells do not get oxygen and nutrients, and these brain cells die.



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Stroke Program Coordinator

(505) 272-6105

Stroke Clinic

(505) 272-3160

# Warning Signs of Stroke

## Signs of a Stroke:

- Numbness or weakness (on one side of the body)
- Confusion
- Trouble talking or understanding speech
- Dizziness, loss of balance
- Trouble walking
- Bad headache
- Trouble seeing in one or both eyes
- Nausea or vomiting that comes on very fast
- Feeling tired, in combination with other symptoms on this list

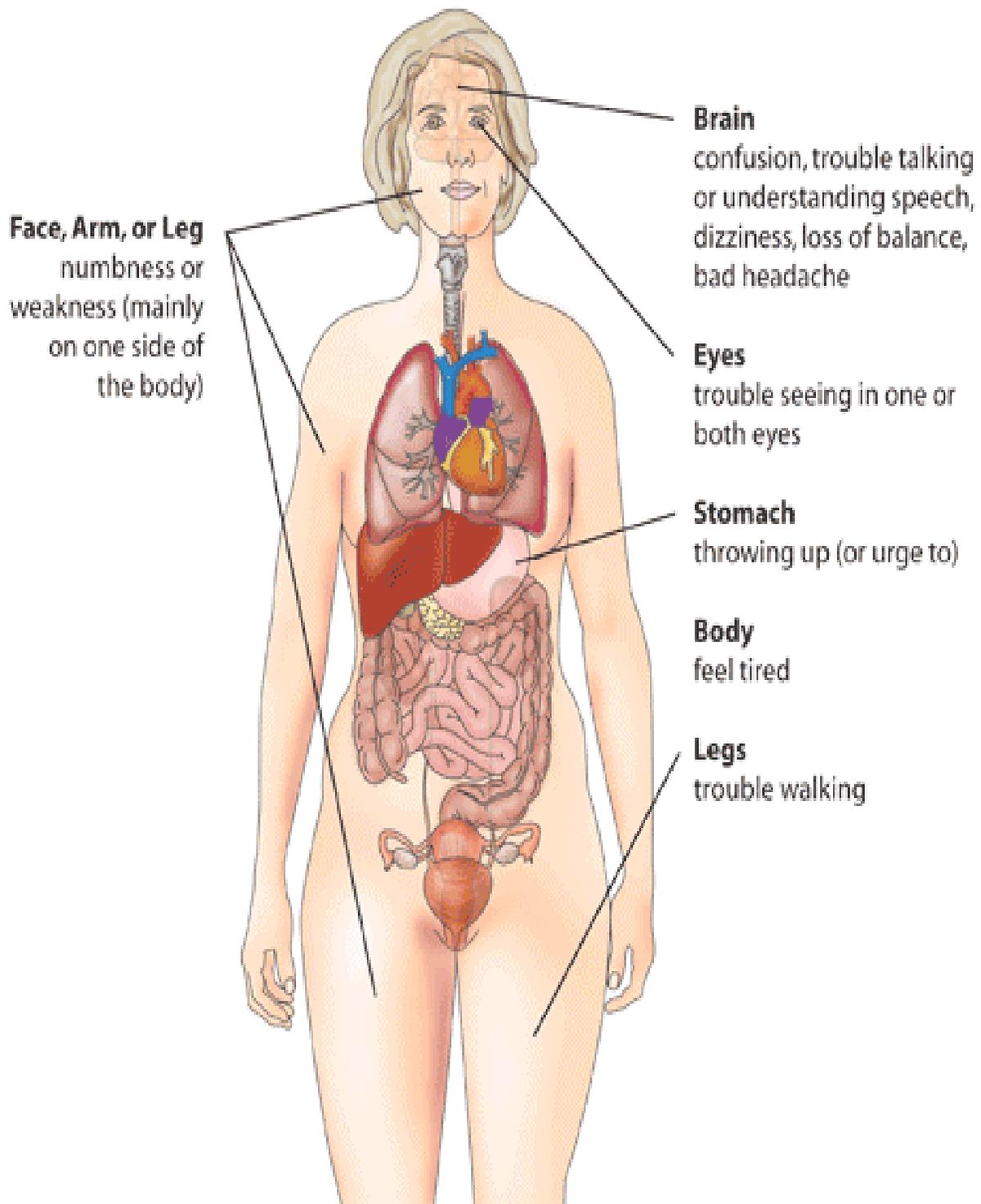
**Every second counts in the treatment of a stroke. The faster that a person gets help, the better their chances for recovery.**

**ACT FAST!**

**If you have any of these signs or if you see them in someone else, call 9-1-1 or get to the ER right away!**



# Signs of a Stroke



# How to Lower Your Risk of Stroke



## Lower your blood pressure

High blood pressure is the most common cause of a stroke. It damages the heart, brain, and other organs. Normal blood pressure is about 120/80. If you have high blood pressure, your nurse or doctor may ask you to make changes in your diet and to exercise more. You also may need to take medications to lower your blood pressure.



## Do not smoke!

Smoking doubles the risk for stroke. For help, call the QUIT line at 1-800-QUIT-NOW or the American Lung Association at 1-800-LUNG-USA (1-800-586-4872).



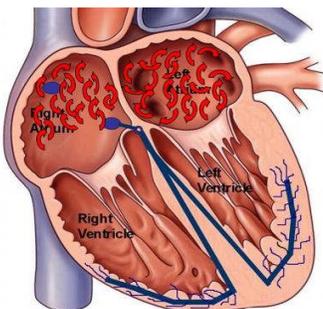
## Limit alcohol

Limit alcohol to 2 drinks per day for men and 1 drink per day for women.



## Manage your cholesterol

Cholesterol can clog arteries. LDL and HDL are the two types of cholesterol. Your LDL should be lower than 100. Your nurse practitioner or doctor may prescribe medication to help lower your cholesterol.



## Find out if you have atrial fibrillation

This is an irregular heartbeat that can cause blood to form clots. Your doctor can tell you if you have this problem. You may need medications to lower the chance of a blood clot.

# How to Lower Your Risk of Stroke



## Control your diabetes

High blood sugars cause damage to the blood vessels that can lead to blood clots. Take medication for diabetes and follow a healthy eating plan.



## Watch your weight

Being overweight puts stress on the body. Make healthy food choices and get regular physical activity. Ask your nurse or doctor about what your weight should be and about a proper diet.



## Do not use street drugs

Taking drugs such as cocaine and methamphetamine increases the risk of stroke. This is because these drugs increase your heart rate and blood pressure, causing damage to the arteries in the brain. If you use drugs, get help to quit. Call UNM Hospitals Addictions and Substance Abuse Program (ASAP) at (505) 925-2400.



## Get physical exercise

Get about 30 minutes of moderate exercise — such as walking — at least 3 times per week. Ask your nurse or doctor about other exercise that would be helpful to you.

# Healthy Lifestyle Choices

You can reduce your risk of another stroke by making healthy lifestyle choices:

- Exercise at least 30 minutes three times per week.
- Do not smoke or abuse drugs, and limit alcohol use.
- Keep your diabetes under control.
- Manage your cholesterol and blood pressure.
- Watch your weight and eat a healthy diet.

## Limit fat, salt and sugar

Avoid foods with trans fat and limit saturated fat in your diet.

Saturated fat comes from animal products. Limit red meat, processed meats, ice cream and cheese. Choose foods with low sodium to help keep your blood pressure low.

To limit sugar, avoid soft drinks. Look for products with 3 or more grams of fiber per serving.

<b>Nutrition Facts</b>	
Serving Size 1 cup (228g) Serving Per Container 2	
Amount Per Serving	
<b>Calories</b> 250	Calories from Fat 110
% Daily Value*	
<b>Total Fat</b> 12g	<b>18%</b>
Saturated Fat 3g	<b>15%</b>
Trans Fat 1.5g	
<b>Cholesterol</b> 30mg	<b>10%</b>
<b>Sodium</b> 450mg	<b>20%</b>
<b>Total Carbohydrate</b> 31g	<b>10%</b>
Dietary Fiber 3g	<b>0%</b>
Sugars 5g	
<b>Protein</b> 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

\* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

Use the 10% rule:  
Look for products where each of these numbers is less than 10%.

# Healthy Lifestyle Choices

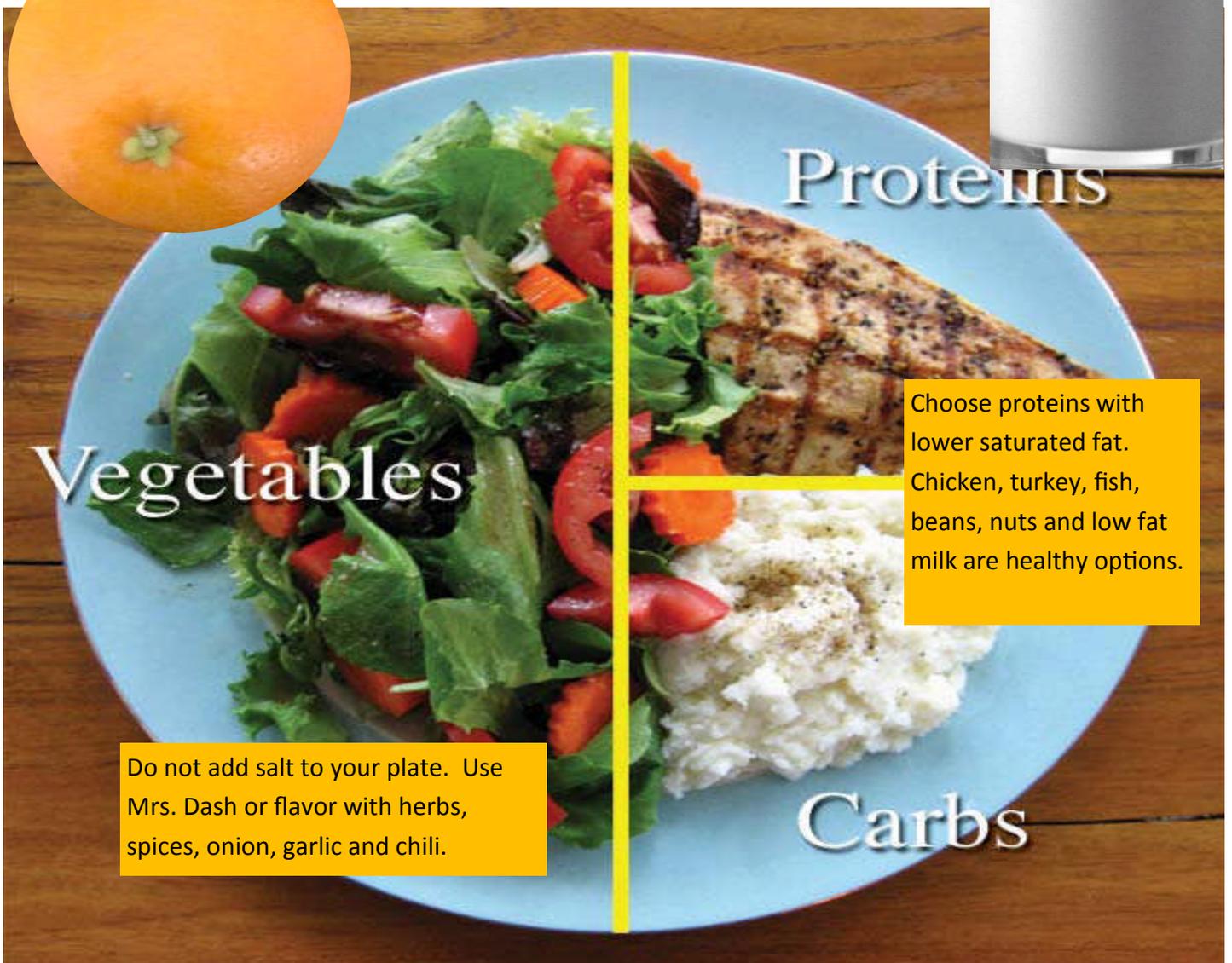
## The Healthy Plate

Think of your plate as having 3 different sections:

One section for vegetables

One section for protein

One section for carbohydrates (carbs)



Choose proteins with lower saturated fat. Chicken, turkey, fish, beans, nuts and low fat milk are healthy options.

Do not add salt to your plate. Use Mrs. Dash or flavor with herbs, spices, onion, garlic and chili.

Reproduced from: Living with Diabetes: An Everyday Guide for You and Your Family.

<http://foundation.acponline.org/hl/diabguide.htm> ©2009 American College of Physicians Foundation.

# Where You Can Find Help



Stroke Coordinator

Stroke Physician

Physical or Occupational  
Therapist

Nurse

Stroke survivor

## Stroke Support Meetings at UNMH

are held twice every month. Patients, families and caregivers are welcome. Ask your nurse or call the stroke program coordinator for more information (505-272-6105)

- Albuquerque Stroke Club: (505) 268-5685
- American Stroke Association: 1-888-4-STROKE; [www.stroke.org](http://www.stroke.org)
- National Stroke Association: 1-800-STROKES ; [www.strokeassociation.org](http://www.strokeassociation.org)
- New Mexico Agency on Aging: 1-800-432-2080; [www.nmaging.state.nm.us](http://www.nmaging.state.nm.us)

**Did you know? University Hospital has programs to help you:**

The Diabetes Education Program can help you manage this disease. Ask your doctor for a referral or call 505-272-2340 for more information.

# Tests and Treatment After a Stroke

Your doctor may order one or more of these tests to find out more about your stroke.

**Ultrasound:** This test shows blockages in the blood vessels in your neck and in the base of your brain.

**Echocardiography:** This is a type of ultrasound that shows clots that are inside your heart.

**CT scan:** This test takes X-rays from different points around your head.

**CT angiography:** This test shows the areas of a stroke.

**MRI:** This test uses a powerful magnet to take pictures of the brain.



**Cerebral angiography:** A long tiny tube called a catheter is inserted into a blood vessel at the inside top of the leg and guided up to arteries in the brain. A dye is injected to show the flow of blood through the arteries.

In some cases, a surgical procedure can help to prevent another stroke:

**Carotid endarterectomy or stent:** The carotid arteries are on each side of the neck and bring blood up to the brain. There are different procedures used to open a blockage in one of these arteries.

# Medications After a Stroke

## How to take your medications:

- Call your doctor or nurse if you have side effects.
- Call for medication refills 2 weeks before you run out.
- Keep taking your medications even after you feel better.
- Tell your doctor if you use over-the-counter medications.
- Use a pillbox to organize your medications.
- Tell your doctor if you use herbs.

### Medications to Prevent Blood Clots

Type of Medicine	Name of Medicine	How It Helps	Possible Side Effects
Anticoagulants (sometimes called Blood Thinners)	<input type="checkbox"/> warfarin (Coumadin) <input type="checkbox"/> heparin (other) <input type="checkbox"/> dabigatran (Pradaxa)	Lowers the clotting ability of the blood. Does not dissolve existing blood clots.	Increased risk of bleeding. Easy bruising.
Antiplatelet agents	<input type="checkbox"/> aspirin (Bayer, others) <input type="checkbox"/> clopidogrel (Plavix) <input type="checkbox"/> ticlopidine (Ticlid) <input type="checkbox"/> aspirin/dipyridamole (Aggrenox)	Helps to prevent blood clots.  Lowers risk for a heart attack or stroke	Increased risk of bleeding.  Easy bruising

### Medications to Lower Cholesterol

Statin	<input type="checkbox"/> atorvastatin (Lipitor) <input type="checkbox"/> lovastatin (Mevacor, Altoprev) <input type="checkbox"/> pravastatin (Pravachol) <input type="checkbox"/> rosuvastatin calcium (Crestor) <input type="checkbox"/> simvastatin (Zocor)	Works in the liver to lower the LDL (bad) cholesterol and boost HDL (good) cholesterol	Muscle and liver problems are rare. Your doctor will order regular liver function tests to be safe.  Call your health care provider right away if you have muscle pain or weakness.
Fibrate	<input type="checkbox"/> gemfibrozil (Lopid) <input type="checkbox"/> fenofibrate (Tricor, Triglide) <input type="checkbox"/> clofibrate (Atromid-S)	Helps to lower triglycerides and in some cases increase HDL (good) cholesterol	Diarrhea
Niacin	<input type="checkbox"/> niacin (nicotinic acid)	Helps to lower triglycerides and LDL (bad) cholesterol and raise HDL (good) cholesterol.	Flushing, itching, upset stomach. Do not take niacin supplement as a substitute for prescription.
Absorption Inhibitor	<input type="checkbox"/> ezetimibe (Zetia)	Blocks the absorption of cholesterol from the intestine.	
Bile-acid binding drugs	<input type="checkbox"/> cholestyramine (Questran, Prevalite) <input type="checkbox"/> colestipol (Colestid) <input type="checkbox"/> colesvelam HCl (WelChol)	Lower the amount of cholesterol left in the bloodstream.	

## Medications After a Stroke

Medications to Lower Blood Pressure			
Type of Medicine	Name of Medicine	How It Helps	Possible Side Effects
ACE Inhibitors	<input type="checkbox"/> lisinopril (Prinivil, Zestril) <input type="checkbox"/> benazepril (Lotensin) <input type="checkbox"/> capotril (Capoten) <input type="checkbox"/> enalapril (Vasotec) <input type="checkbox"/> fosinopril (Monopril) <input type="checkbox"/> quinapril (Accurpril)	Widens the blood vessels to increase blood flow. Helps to lower blood pressure.	Dizziness, weakness, dry cough, decreased taste, metallic taste
ARB (Angiotensin Receptor Blocker)	<input type="checkbox"/> candesartan (Atacand) <input type="checkbox"/> irbesartan (Avapro) <input type="checkbox"/> losartan (Cazaar) <input type="checkbox"/> olmesartan (Benicar) <input type="checkbox"/> telmisartan (Micardis) <input type="checkbox"/> valsartan (Diovan)	Widens the blood vessels to increase blood flow. Helps to lower blood pressure.	Dizziness, weakness, diarrhea
Beta Blockers	<input type="checkbox"/> carvedilol (Coreg) <input type="checkbox"/> metoprolol (Toprol XL)	Helps the heart to relax and work better. Helps to lower blood pressure.	Dizziness, slow heart rate, low blood pressure, feeling tired
Diuretic (Water pill)	<input type="checkbox"/> furosemide ((Lasix) (Take Lasix in the morning 30 minutes before you eat.) <input type="checkbox"/> hydrochlorothiazide (HCTZ) <input type="checkbox"/> bumetanide (Bumex) <input type="checkbox"/> metolazone (Mykrox, Zaroxolyn) <input type="checkbox"/> spironolactone (Aldactone)	Helps get rid of extra fluid in your lungs, legs, and feet. May also lower blood pressure.	Dizziness, weakness, muscle cramps
Calcium Channel Blockers	<input type="checkbox"/> Amlodipine (Norvasc) <input type="checkbox"/> Diltiazem (Cardizem, Tiazac) <input type="checkbox"/> Felodipine (Plendil)	Helps the heart work better. Can help lower blood pressure and pulse.	Headache, flushing of face, dizziness, ankle swelling

# Recovery After a Stroke

Different therapies may help you recover after a stroke. Therapists will recommend the best type of rehabilitation for your recovery.

## Physical Therapy (PT)

Physical therapy helps with walking, getting in and out of bed, and balance. The therapist will help decide if you need a walker or wheelchair.



## Occupational Therapy (OT)

Occupational therapy helps with activities such as dressing, bathing and eating. OT will help you to be as independent as possible.

## Speech Therapy

Speech therapy helps with making and understanding words and with swallowing. Speech therapy also will help with memory and thought processes.



# Recovery After a Stroke

Most people need follow up care called rehabilitation (rehab) after a stroke. Rehab helps to build strength, work on balance, improve speech, and meet other goals. Your doctor will work with rehab therapists to decide what type of follow up care is best for you. A hospital social worker will help with your rehab placement.

## **Rehabilitation Hospital**

This is a hospital for short-term rehab. Usually people get therapy for 3 to 5 hours per day. There are many types of therapy and rehab staff available.

## **Skilled Nursing Facilities**

These are nursing homes with rehab services. They offer short or long-term care. Usually people have about an hour and a half of therapy per day. This is a good choice for people who may not be strong enough for longer therapy.

## **Outpatient Rehabilitation**

These are places to come during the day for therapy. A person must be able to live at home and travel to the facility.

## **Rehabilitation at home**

Home health services can provide a therapist who visits a patient at home. This is good for people who need only one type of therapy and are not able to travel for outpatient rehab.

## UNM HOSPITAL SERVICES

Listed below are some hospital services you can call to find information, help and support.

### The Stroke Program Coordinator

**(505) 272—6105**

The Stroke Program Coordinator is here to provide information and to help you find hospital services that can help you.

## OTHER HOSPITAL SERVICES

### Financial Services

(505) 272-2521

### Pharmacy

(505) 272-2308

(505) 272-2309

### Neurology Unit (5 South)

(505) 272-9086

### Care Management Services

(505) 272-2328

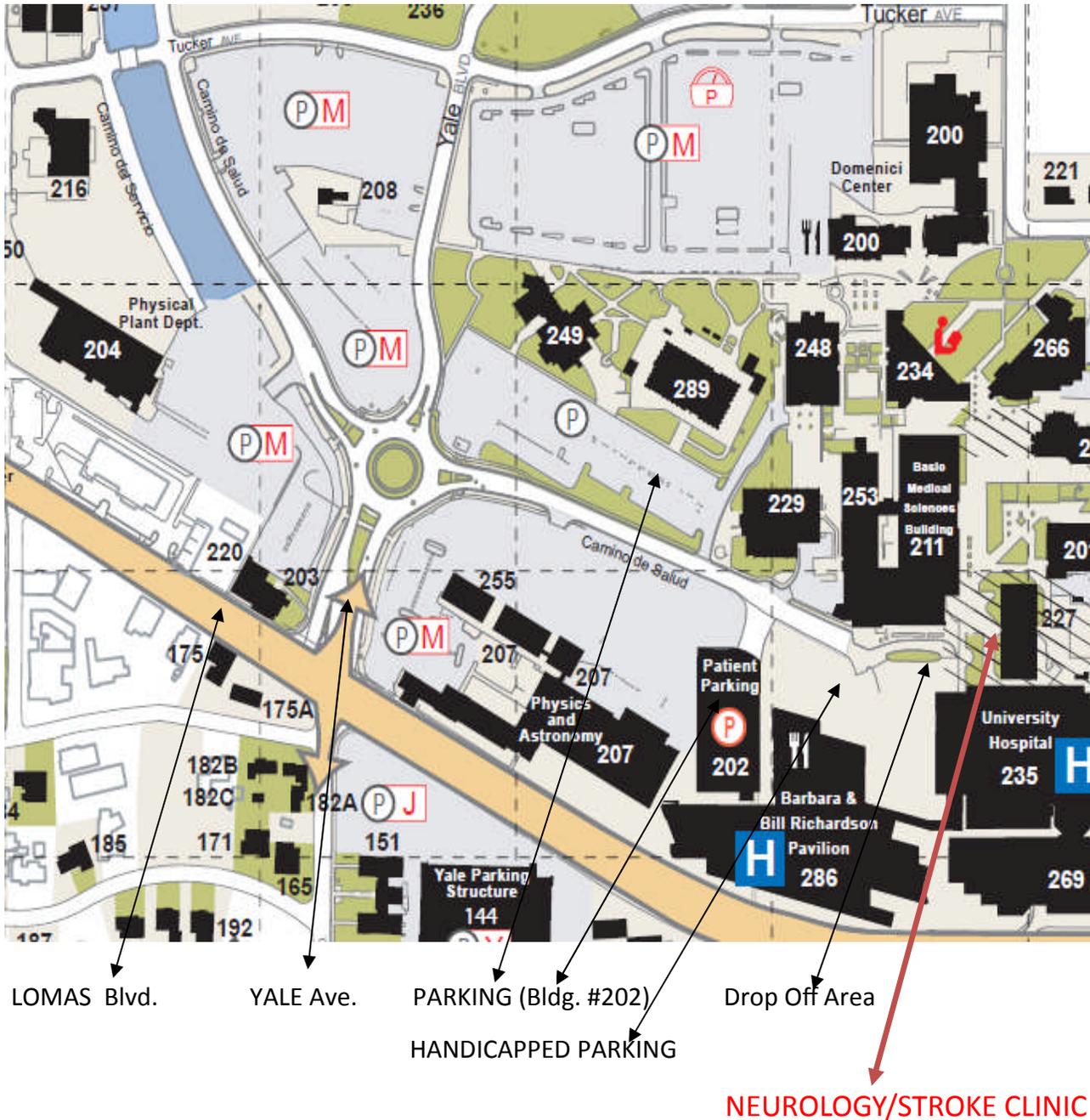
### Neuroscience ICU

(505) 272-2715

### Centralized Scheduling

(505) 272-1623

# MAP TO THE NEUROLOGY/STROKE CLINIC



## DIRECTIONS TO YOUR FOLLOW-UP APPOINTMENT AT THE HOSPITAL:

Go to the intersection of LOMAS and YALE. Go north on Yale to the roundabout. Take the first right off of the roundabout. Park in the public parking structure (Building #202 on the map). NOTE: There is a drop-off area in front of the **NEUROLOGY/STROKE CLINIC** if you want to drop off a patient before parking your car. No parking is allowed in the drop-off area.

PARKING: Parking is available in the parking structure (Bldg. 202) or in the lot marked by the arrow on the map above. There is a shuttle service that will provide rides to patients and visitors from the parking lot or the parking structure to the door of the clinic. There are a few handicapped parking spaces available as marked above.

# Follow Up Care is a MUST

## Things to know about your follow up appointments:

- When you call for a follow up visit, tell the clinic that you were just discharged from the hospital.
- Bring all your medication bottles with you.
- If you are unsure of what your co-pay is, call financial assistance at (505) 272-2521.

## Keep all appointments.

**If you must reschedule, call at least 24 hours before your scheduled appointment.**

## UNM HOSPITAL STROKE CENTER

272-6105

[hospitals.unm.edu](http://hospitals.unm.edu)

Your follow up appointment is with:

Neurology Clinic on (date) \_\_\_\_\_

at (time) \_\_\_\_\_ (505) 272-9086

Stroke Clinic on (date) \_\_\_\_\_

at (time) \_\_\_\_\_ (505) 272-3160

Neuroscience Clinic on (date) \_\_\_\_\_

at (time) \_\_\_\_\_ (505) 272-9494

Your primary care provider

on (date) \_\_\_\_\_ at (time) \_\_\_\_\_

Your primary care provider is:

\_\_\_\_\_

The phone number is \_\_\_\_\_