



SIGN

Scottish Intercollegiate Guidelines Network

Part of NHS Quality Improvement Scotland



Rehabilitation after a stroke

*A booklet for patients and their
carers and families*



Excludes 'Fast' information
on back cover.

**If you start to feel unwell and your GP surgery
is closed, phone NHS 24 on 08454 24 24 24**

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purpose of implementation in NHSScotland

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Who is this booklet for?

This booklet is for you if you have had a stroke. Your family, friends or carers may also find it useful.

It is based on the recommendations from the Scottish Intercollegiate Guidelines Network (SIGN) national clinical guideline on **management of patients with stroke: rehabilitation, prevention and management of complications, and discharge planning.**

Our guidelines are based on medical and scientific research, which involves comparing different treatments and methods of care. The guideline development group is a group of people from across Scotland who wrote the clinical guideline on which we have based this booklet. They include NHS staff, staff from other areas such as research, and patients and members of the public.

The group looked at the research evidence available on how different treatments work, and we used this evidence to make recommendations for healthcare professionals on the best way to treat patients who have had a stroke.

What is this booklet about?

This booklet explains:

- ⊙ what happens to your body when you have a stroke;
- ⊙ how healthcare professionals can work with you to try to prevent or manage any complications caused by your stroke;
- ⊙ what treatment and support health-care professionals can offer you to make the best of your recovery from a stroke;
- ⊙ how you will be involved in preparations for leaving hospital; and
- ⊙ where you can get more information about a stroke.

The booklet does not cover:

- ⊙ information on assessments and investigations used to diagnose a stroke;
- ⊙ treatment for a stroke within the first few days; or
- ⊙ advice on preventing another stroke.

You can find that information in the SIGN booklet on stroke assessment at www.sign.ac.uk/pat108 or you can ask us for a hard copy by phoning 0131 623 4720.

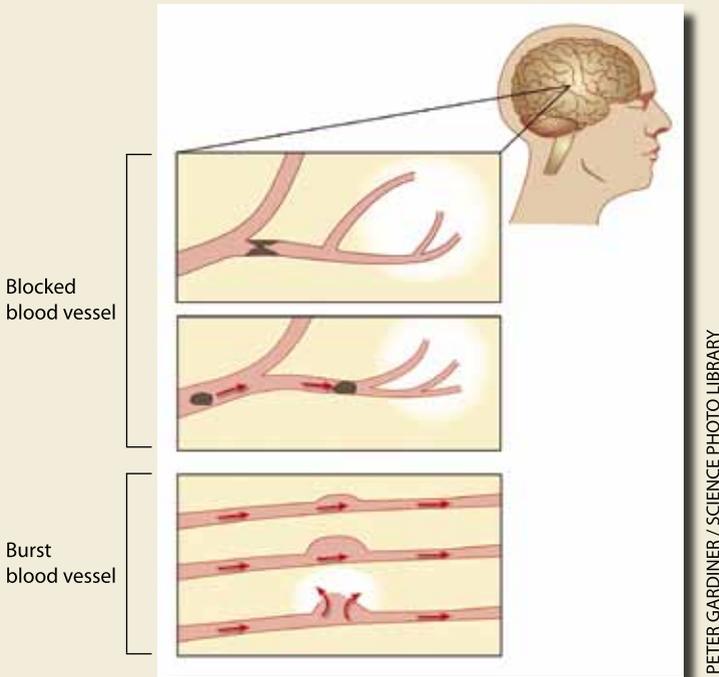
What happens to my body when I have a stroke?

Your brain is made up of cells and nerves that are finely tuned to control your body. They are responsible for activities which:

- ⊙ you control, such as walking, thinking and talking; and
- ⊙ you are not aware of, such as seeing and involuntary movements like blinking.

A stroke is caused when the flow of blood to the brain is stopped by:

- ⊙ a blocked blood vessel (ischaemic stroke); or
- ⊙ a burst blood vessel causing a bleed (haemorrhage) into the brain.



As a result, brain cells and nerves do not receive the oxygen and nutrients they need to work normally. Some brain cells become damaged and others die. It is not always possible to find out what caused a stroke.

How might a stroke affect me?

Every stroke is different. How a stroke affects you will depend on which area of the brain has been damaged and how badly it has been damaged. It will also depend on how well you respond to treatment and to rehabilitation. Rehabilitation is a programme of care and activities to help people recover from an accident or an illness.

A stroke may cause a loss of movement, for example it may affect an arm or a leg, one side of your face or one side of your body. You may experience odd sensations including numbness down one side of your body or a tingling feeling leading to problems or difficulties with:

- ⊙ using your arms or hands;
- ⊙ keeping your balance and walking;
- ⊙ swallowing and eating;
- ⊙ speaking (including slurring words or not being able to find the right words to say) and understanding what other people are saying;
- ⊙ thinking (cognition);
- ⊙ seeing properly;
- ⊙ pain;
- ⊙ controlling your bladder or bowels;
- ⊙ your mood or being very emotional; and
- ⊙ your confidence.

These problems or difficulties may affect your ability to carry out everyday activities, such as:

- ⊙ washing and dressing;
- ⊙ eating and drinking;
- ⊙ going to the toilet;
- ⊙ reading and writing;
- ⊙ thinking clearly and making decisions;
- ⊙ having sex;
- ⊙ going to work;



- ⊙ driving;
- ⊙ socialising; and
- ⊙ enjoying your hobbies.

Where will I be cared for?

Everyone who has a stroke will be referred as an urgent case to stroke services. This will happen whether you've had a mild stroke or a severe stroke.

Almost everyone who has a stroke needs to be admitted to hospital for urgent tests and treatment. You will need to be admitted to hospital if your stroke is 'disabling', for example you have problems moving or swallowing. Depending on the services offered at your local hospital and the type of stroke you have had, you are likely to be cared for in a specialist stroke unit. If this is not possible, you will be cared for in a general or rehabilitation ward. If you have had a mild stroke, care and rehabilitation may also be arranged in an outpatient ward or in your own home.

After a stroke, the aim of rehabilitation is to help you overcome or cope with the damage caused by your stroke. You will be helped to relearn or adapt skills so that you can be as independent as possible. Your rehabilitation team will regularly review your progress with you.

Health-care professionals will make sure they discuss your care and rehabilitation with you, your family and carers. They will also make sure that the care and rehabilitation you receive is based on your own needs.

Everyone's experience of a stroke is different and it is difficult to know how long it will take you to recover. The team looking after you will be happy to discuss this with you and your family or carers.

Who will be involved in my care?

You will be cared for by a rehabilitation team. This is a team of health-care and social-care professionals (often called a multidisciplinary team) who are specially trained in caring for people who have had a stroke. They will work with you and your family or carers.



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Your team should include:

- ⊙ nurses;
- ⊙ doctors;
- ⊙ physiotherapists;
- ⊙ occupational therapists;
- ⊙ speech and language therapists;
- ⊙ dietitians;
- ⊙ psychologists; and
- ⊙ social workers.

Your team can also involve other specialists.

Your rehabilitation team will work with you to plan a programme of activities. The programme will be based on your needs. Rehabilitation will continue when you leave hospital. Your rehabilitation team will meet regularly to discuss:

- ⊙ how you're improving;
- ⊙ setting goals for your rehabilitation;
- ⊙ any problems you may be having; and
- ⊙ planning to discharge you when you no longer need care.

It's important that you and your family or carers are involved in your rehabilitation. It may be helpful to meet with your team to talk about goals you would like to set and any problems you might be having.

How can complications be prevented?

Some people may have complications after a stroke. Complications can include:

- ⊙ blood clots in your legs;
- ⊙ pressure ulcers (bed sores); and
- ⊙ chest and urinary tract infections.

Your rehabilitation team will work with you to prevent or manage any complications.

They will pay close attention to the position of your body while you are unable to get out of bed. They will help you to move your arms and legs as soon as possible after your stroke. This will help keep your muscles toned and prevent complications.

Blood clots

If your stroke was caused by a blocked blood vessel (ischaemic stroke), you will be given aspirin for the first two weeks after your stroke. Aspirin is a blood-thinning medicine that helps to prevent your blood from clotting.

Blood clots can happen because a stroke makes you less active. As you start to become active again, the risk of blood clots reduces. You should have another assessment after the first two weeks to find out if you are still at risk of developing a clot. If there is still a risk and you need to keep taking a blood-thinning medicine, you may be given extra blood-thinning medicine such as heparin. Heparin is given to you by an injection.

Pressure ulcers (bed sores)

One of the most common effects of a stroke is not being able to move part or all of your body. Not being able to move can increase the chance of pressure ulcers forming. If you find it difficult to move when you are in bed, a member of your rehabilitation team will help you.

To assess your risk of developing pressure ulcers, your rehabilitation team will examine your skin regularly.

Infections

Infections such as chest infection and urinary tract infections are common during stroke rehabilitation. Health-care professionals will make sure any suspected infections are investigated and treated straight away.

What if I find it difficult to move my arm or hand?

One of the common symptoms of a stroke is losing the movement of part of your body. You may find that you have difficulty moving one arm, or one leg, or all of one side of your body. This can make something that used to be easy, such as dressing, very difficult. Your rehabilitation team will give you exercises and work with you to help you to get back control of your arm movements. Exercises will also prevent your muscles from becoming stiff and tense.



There are different types of therapies which you may be offered to help you get back the movement of your arm including:

- ⦿ constraint-induced movement therapy - carrying out daily tasks and exercises with the affected arm while wearing a sling to prevent movement in your unaffected arm; and
- ⦿ mental practice - imagining and feeling that you're doing the movement in your head.

If you have problems moving your shoulder, your shoulder joint may become partially dislocated. Your rehabilitation team can assess whether this is likely to happen to you. If there is a chance your shoulder might become partially dislocated, the rehabilitation team will take steps to prevent it from happening.

What if I have trouble with balance and walking?

You may find that keeping your balance and walking are difficult after a stroke. Your physiotherapist may suggest some different types of training or devices that can help you become confident about walking.

Some of these types of treatment and devices are shown in the table below. You will be asked to take part in an assessment to find out which will be best for you.



Types of therapy that may improve walking	
Ankle foot orthoses	braces placed on the ankle and foot to improve balance and walking
Physical fitness training	a regular, planned exercise routine, for example, walking or weight training
Treadmill training	increasing your walking speed, if you are able to walk at the start of your treatment
Muscle strength training	exercises to build up muscle strength
Repetitive task training	repeated everyday tasks such as going from sitting in a chair to standing
Functional electrical stimulation	small electrical currents activate nerves in parts of the body affected by a stroke to improve drop-foot (difficulty in moving the ankle and toes upward)

What if I have difficulty swallowing and eating?

Sometimes the physical effects of a stroke can cause people to have difficulty swallowing and eating. Before you have anything to eat or drink, a health-care professional will give you a water-swallowing test to see if you can swallow water. If you do have problems swallowing, you may be given fluids through an intravenous (IV) drip into a blood vessel in your arm.

You will be referred to a health-care professional skilled in managing swallowing problems. In most cases this will be a speech and language therapist. They will carry out a more detailed assessment to decide the best way to manage your swallowing difficulty. In some cases it is not safe to eat or drink at all and you may have to be given food through a nasogastric (NG) tube which goes up your nose and down your throat into your stomach.

Sometimes it is safe to continue eating and drinking some, but not all, consistencies of food and drink. You will be given information about how to make food easier to eat and details of what you should avoid to make your swallowing safer and prevent choking. If after one week you are still having difficulty swallowing, you will be assessed to see if you should be referred to a swallowing rehabilitation programme. This involves exercises to strengthen the muscles used in swallowing.

If you find it difficult to eat, there is a risk of becoming undernourished (not getting the right types or amount of food). Within 48 hours of arriving in hospital, you should be assessed to check if you are at risk of becoming undernourished. This will be checked again at regular times during your recovery. If you are undernourished, you should be referred to a dietitian who can advise you on what food you need. You may also be considered for food supplements.

What if I have trouble speaking and understanding?

Aphasia

Sometimes people find it difficult to communicate after having a stroke. It can be difficult to talk and express yourself. It can also be hard for you to understand what people are saying to you. This is called aphasia.

Aphasia can affect your ability to talk, write and understand speech and writing. If you have aphasia, you will be referred to a speech and language therapist. You should have speech and language therapy for at least two hours a week. You may need therapy for at least six months. Your rehabilitation team could refer you to voluntary groups such as Chest Heart and Stroke Scotland (CHSS) volunteer stroke service, if you want. The volunteers help people improve their communication. Other voluntary groups may offer help too. You can find a list of groups that can help on page 30.

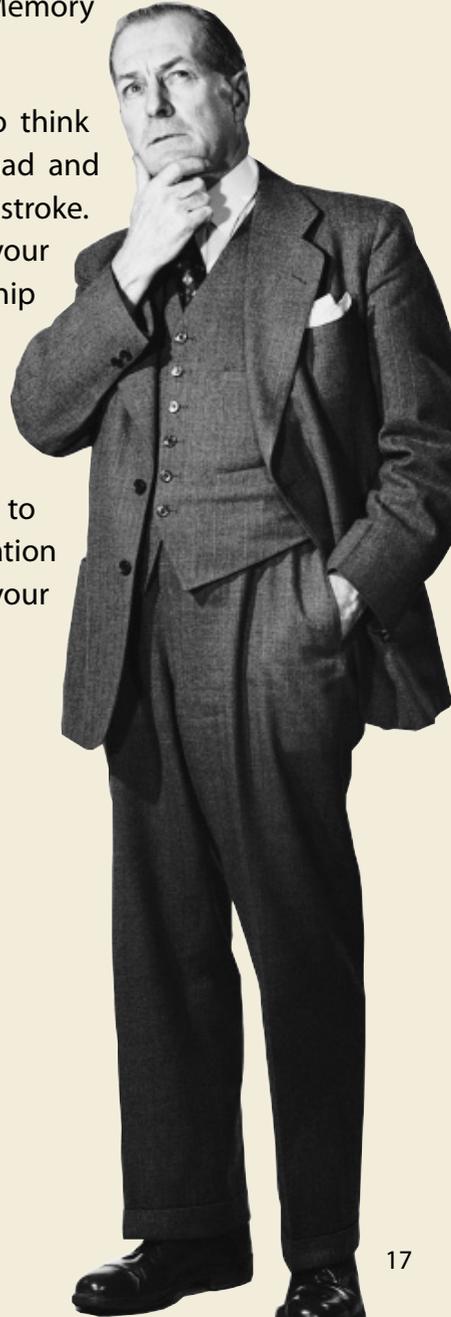
Dysarthria

Some people experience a condition called dysarthria after a stroke. Dysarthria is slow, distorted or slurred speech caused by weak muscles. If you have dysarthria, you should be referred to speech and language therapy. This will help to improve your speech.

What if I have problems with my ability to think?

Stroke can affect people's ability to think (cognition). Skills such as language, recognising familiar faces and objects and the ability to learn new information can be affected. Memory and concentration can also be affected.

The effect a stroke has on your ability to think will depend on the type of stroke you had and your general health before you had a stroke. Neuropsychological services may assess your thinking skills by looking at the relationship between your brain and mental functions such as language and memory. The information from the assessment will help your rehabilitation team to understand your strengths and weaknesses in relation to thinking. This will help when the rehabilitation team work with you to set goals as part of your rehabilitation plan.



What if I have problems with my eyesight?

Problems with eyesight are common after a stroke. There are different types of problems. You might not be able to see everything. You may be able to see things on one side, but not on the other. You might have blurred or double vision. You may have difficulty reading.



Eyesight problems not caused by your stroke can also make your recovery more difficult. Eyesight problems can make it more difficult to move about, get on with day-to-day tasks and to carry out your rehabilitation properly.

Health-care professionals should check if you have any eyesight problems and refer you to a specialist if this is necessary. They should also check to make sure that you are wearing the correct type of glasses.

If I have pain, how will it be managed?

Some people experience pain after a stroke. You may have pain because you cannot move easily. Health-care professionals should ask you if you have pain and find out how severe your pain is. They should treat your pain as soon as possible.

Central post-stroke pain

A small number of stroke patients notice a shooting, throbbing pain known as central post-stroke pain (CPSP) for some time after they have had a stroke. CPSP is felt in the area of your body affected by your stroke. This can include your face, arm, leg or your trunk. This pain does not always appear straight after a stroke. Sometimes there is a gap between the stroke and when this type of pain appears.

CPSP cannot easily be treated with painkillers but other medicines may help. For example, antidepressants (drugs used to treat depression) particularly amitriptyline can also help to control pain. If this does not help or if you can't take amitriptyline, your health-care professional may suggest a different medicine, for example lamotrigine or carbamazepine. These medicines are used to treat epilepsy but can also help to control pain. Your health-care professionals should discuss the side effects with you.

Shoulder pain

Some people develop a type of shoulder pain called hemiplegic shoulder pain after a stroke. Hemiplegic shoulder pain can happen when one side of your body becomes paralysed or weak. You should be offered a treatment that suits you and the type of shoulder pain you have.

What if I cannot control my bladder and bowels?

Urinary incontinence (bladder weakness)

Many people experience urinary incontinence after a stroke. Urinary incontinence means you cannot control your bladder. If you have this problem, health-care professionals will assess your condition and suggest appropriate treatment.

Your health-care team will record the results of your urinary incontinence assessment. They should discuss your results and treatment with you and, if appropriate, your family and carers. They should talk about any effects incontinence might have, for example on your daily life.

Faecal incontinence (not being able to control bowel movements)

Faecal incontinence is when you are not able to control bowel movements. Sometimes people have faecal incontinence after a stroke. Health-care professionals will assess this and plan treatment. This treatment should fit in with your life. It should take into account your lifestyle and preferences in terms of care. It is important that health-care professionals give you and those looking after you the information and support you need.

How will I feel?

You may find it difficult to control your emotions after a stroke. It is not unusual to have feelings of anger, despair, frustration, grief, anxiety and depression. These are normal responses to your new situation. If you have these types of feelings all the time, they can affect how well you recover and respond to rehabilitation. It's important to talk to health-care professionals about your feelings so that they can help you.

Health-care professionals will check to see if you have a disorder of your emotions, such as depression. They should check shortly after you've had a stroke and regularly after that. To help them do this, they might ask you to fill in a questionnaire. If health-care professionals think that you might have a disorder of your emotions, they should refer you to a specialist for a full assessment.

If you have been diagnosed with depression, or if you cry or laugh for no reason (emotionalism), you may be offered treatment with antidepressant medicine. The side effects of medicines should be discussed with you. You should also be offered other treatments such as talking-based therapy.



How will I be involved in plans for leaving hospital?

You will be assessed for what support you will need after you leave hospital. Health-care professionals will work with you and your family or carers to plan for when you leave.



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You may need some changes to your home, or you may need to have some specialist equipment installed. This should be done before you leave hospital. If necessary, a health-care professional should visit your home with you before you leave hospital. You can talk about what changes might be needed, for example handrails or support frames for your bath and toilet. Before you leave hospital, your GP and the health-care staff working in your community should receive information (a discharge summary) from the hospital. The discharge summary will give the community team all the information they need to help you at home. You will be offered information and advice about your care at home. You should also be given the phone number of someone, such as a stroke liaison worker to call if you need more help.

After you leave hospital, health-care professionals will continue to support you at home. If you are having any problems, you should contact your stroke liaison worker. They can put you in touch with other health-care professionals.

Early supported discharge

If you had a stroke that was not too severe, you may be offered ESD (early supported discharge). The ESD team is made up of specialist rehabilitation professionals. They help you have a smooth return home. They also help to make sure you can continue your rehabilitation at home.

Rehabilitation at home

If you have not been admitted to hospital or if you have ESD, you will still receive support with your recovery.

Your rehabilitation team will involve you and your family or carers. They will help you to draw up a care plan and decide what rehabilitation support you need, for example physiotherapy. They will also review your long-term rehabilitation needs. When you have made as much recovery as the team think is possible, they will stop seeing you regularly. You will always be able to see them again if you have any questions or problems.

Will I be able to have sex after I've had a stroke?

Having a stroke does not mean that you can no longer have sex.

A stroke can make you feel tired and anxious. It can also affect your confidence, body image and sense of self worth. All these things can affect your sexual relationships. Some medicines may also make you feel less interested in sex. Sometimes people are afraid that having sex will cause them to have another stroke. This is not true. You can have sex again as soon as you feel ready. Health-care professionals will be able to give you information and advice.

How can I get back to work after a stroke?

Early in your rehabilitation you should be able to talk to someone about getting back to work.

With your agreement, health-care professionals can contact your employer. Together, you can decide what assessments and therapy might help you to return to work.

You may be put in touch with a disability employment advisor at a local Job Centre Plus office. There are also voluntary organisations that can provide help and support to get you back to work. You may be referred to a social worker who would give you advice about your legal rights and claiming benefits.

Can I drive after a stroke?

There are laws governing whether people can drive after they've had a stroke. These rules are summarised in a booklet published by the DVLA (Driving and Vehicle Licensing Agency) and are available on their website. You can also phone or write to the DVLA for this information. You can find contact details on page 34.

After a stroke you cannot drive for at least a month. After a month, you can only drive if your doctor is confident that you've made a satisfactory recovery.

If you have not made a satisfactory recovery within one month after a stroke, you must tell the DVLA. They will ask you to fill in a form to find out if it is safe for you to drive. They may ask your GP or another health-care professional for a report on your condition and whether they consider it safe for you to drive. You can only begin driving again after this assessment has been carried out.

If health-care professionals are not sure if you are well enough to drive, they should refer you to the local Disabled Drivers' Assessment Centre. You can get details of where to find this from the DVLA.

You will also need to tell your insurance company that you have had a stroke.

Is there a risk I will have another stroke?

There is a risk that you will have another stroke. If you think that you are having another stroke, you or your family or carer can use the FAST (face, arm, speech, time) test to check if you are having another stroke.

Face Can you smile? Does one side droop?

Arm Can you lift both arms? Is one weak?

Speech Is your speech slurred or muddled?

Time To call 999.

If you already have some of these symptoms because of a first stroke, you should check if they are worse. If they are worse, you should call 999.

What information will I need?

Every person's recovery from a stroke is different. People need different information at different stages of their recovery. You may find it difficult to remember information. Sometimes you may not know what sort of information you need or would like.

Your rehabilitation team should give you information about your stroke and rehabilitation. They should repeat the information as often as you need it. The information should be given in different ways. For example, if you have aphasia or problems with your sight, you should be offered leaflets that are easy to read, or information on CD or DVD.

It is a good idea to make notes about your recovery and about how your stroke has affected you. Making notes can help you:

- ⊙ see how you're getting on;
- ⊙ think about what information you need;
- ⊙ ask questions; and
- ⊙ remember who to contact if you need more help.

Information for families and carers

Health-care professionals should involve your family or carers in your care. The rehabilitation team should find out what help and support families or carers need.

Your family and carers should receive:

- ⊙ advice on where to get support, such as their doctor's surgery and voluntary organisations;
- ⊙ training to help them meet your needs; and
- ⊙ ongoing practical information.

You and your family or carers may find it helpful to talk to someone who knows about strokes or to people who have had a similar experience. Voluntary organisations offer support for people who have had a stroke and for their families. They can also provide more detailed information in different formats.

Contact details for some of these organisations are at the end of the booklet.

Your GP or practice nurse will also be able to give you contact numbers for local voluntary organisations who can help you and your family.

Sources of information

National organisations for people who have had a stroke.

Aphasia Now

Website: www.aphasianow.org

People with aphasia helping each other to become independent, communicate with other people with aphasia and overcome it together.

Aphasia Help

Website: www.aphasiahelp.org

Explains about stroke and aphasia.

Chest, Heart and Stroke Scotland

Third Floor, Rosebery House

9 Haymarket Terrace

Edinburgh EH12 5EZ

Phone: 0131 225 6963 • Fax: 0131 220 6313 • Advice Line: 0845 077 6000

Website: www.chss.org.uk

Email: admin@chss.org.uk

Offers support, advice and information for patients, family members and carers. Booklets, fact sheets, DVDs and videos are available from their website. Some of these are available in other languages.

Connect: the communication disability network

16-18 Marshalsea Road

London SE1 1HL

Phone: 020 7367 0840

Website: www.ukconnect.org

Email: info@ukconnect.org

Work to support and improve the lives of people living with aphasia. They provide information for people with aphasia and those caring for them.

Different Strokes (Scotland)

53 Elmore Avenue

Glasgow G44 5BH

Phone: 0141 569 3200

Helpline: 0845 130 7172; (+44 1908 317618 from outside the UK)

Website: www.differentstrokes.co.uk

Email: glasgow@differentstrokes.co.uk

Help people of working age recover if they have had a stroke. They provide support and information.

Speakability

1 Royal Street

London SE1 7LL

Helpline: 080 8808 9572

Website: www.speakability.org.uk

Email speakability@speakability.org.uk

Offer support and information for people living with aphasia and those caring for them.

Stroke Association

Links House, 15 Links Place

Edinburgh EH6 7EZ

Phone: 0131 555 7240 • Fax: 0131 555 7259

National stroke helpline: 0845 30 33 100

Website: www.stroke.org.uk

Email: scotland@stroke.org.uk

Funds research into stroke and produce information for health-care professionals and patients.

National organisations for carers

Carers Scotland

The Cottage, 21 Pearce Street

Glasgow G51 3UT

Phone: 0141 445 3070

Website: www.carerscotland.org

Email: info@carerscotland.org

They provide information and advice to carers on all aspects of caring.

Carer's UK advice line

Phone: 0808 808 7777

Carer's UK advice line is a free and confidential helpline, offering information to carers.

Crossroads Scotland

24 George Square

Glasgow G2 1EG

Phone: 0141 226 3793

Website: www.crossroads-scotland.co.uk

They provide practical support to carers.

Princess Royal Trust for Carers

Charles Oakley House, 125 West Regent Street

Glasgow G2 2SD

Phone: 0141 221 5066

Website: www.carers.org.uk

Email: infoscotland@carers.org

They provide information, advice and support to carers and young carers in Scotland.

Other organisations

Befriending Network Scotland

45 Queensferry Street Lane

Edinburgh EH2 4PF

Phone: 0131 225 6156

Website: www.befriending.co.uk

Email: info@befriending.co.uk

They provide an online directory of befriending projects in Scotland to help patients and carers find a befriender in their area. Befriending offers supporting, reliable relationships through volunteer benders to people who would otherwise be socially isolated.

Disability Alliance

Universal House, 88-94 Wentworth Street

London E1 7SA

Phone: 020 7247 8776 (voice and minicom) • Fax: 020 7247 8765

Website: www.disabilityalliance.org

Email: office@disabilityalliance.org

They provide information on benefits, tax credits and social care to people with disabilities, their families and carers. They also work to relieve poverty and improve living standards among people with disabilities.

Headway: The Brain Injury Association

Scotland Office, Astley Ainslie Hospital, Grange Loan

Edinburgh EH9 2HL

Phone: 0131 537 9116 • Helpline: 0808 800 2244

Email: helpline@headway.org.uk

Website: www.headway.org.uk

Email: headway.scotland@lineone.net

Headway is a charity set up to give help and support to people affected by a head injury. A network of local groups throughout the UK offer a range of services including rehabilitation programmes, carer support, care provided in the community and respite care.

DVLA Drivers Group

DVLA, Swansea SA99 1TU

Phone: 0300 790 6806 • Fax: 0845 850 0095

Website: www.direct.gov.uk/en/Motoring/DriverLicensing/MedicalRulesForDrivers/index.htm

Email: eftd@dvla.gsi.gov.uk

The DVLA is the UK Government agency that issues driving licences and keeps a database of drivers and vehicles.

Momentum

Pavilion 7, Watermark Park

325 Govan Road

Glasgow G51 2SE

Phone: 0141 419 5299 • Fax: 0141-419- 0821

Website: www.momentumscotland.org

Email: headoffice@momentumscotland.org

They help people with disabilities to stay active through providing support and mainstream employment.

NHS 24

Phone: 0854 24 24 24

Website: www.nhs24.com

This is a 24-hour helpline led by nurses providing confidential health-care advice and information.

Royal National Institute for the Blind (RNIB) Scotland

12-14 Hillside Crescent, Edinburgh, EH7 5EA

Phone: 0131 652 3140

Website: www.rnib.org.uk/aboutus/contactdetails/scotland/Pages/scotland.aspx

Email: rnibscotland@rnib.org.uk

They offer information, support and advice to people who have lost their sight.

Scottish Centre of Technology for the Communication Impaired (SCTCI)

WESTMARC, Southern General Hospital

1345 Govan Road

Glasgow G51 4TF

Phone: 0141 201 2619 • Fax: 0141 201 2618

Email: sctci@ggc.scot.nhs.uk

Help people in Scotland who have severe communication disorders, as well as their families and health-care professionals involved with them, to get the most out of alternative communication technology.

Scottish Driving Assessment Service at SMART Centre

Astley Ainslie Hospital

133 Grange Loan

Edinburgh EH9 5HL

Phone: 0131 537 9192

The centre in Scotland which carries out assessments of disabled drivers.

SIGN

Elliott House, 8-10 Hillside Crescent

Edinburgh EH7 5EA

Phone: 0131 623 4720

Email: sign@sign.ac.uk

Website: www.sign.ac.uk

Documents you might find useful

‘For patients: Stroke Assessment’

You can download the above documents free from the website at www.sign.ac.uk or ask for a hard copy by phoning 0131 623 4720.

Smokeline

Phone: 0800 84 84 84. Open 12 noon to 12 midnight.

They offer free advice including the booklet ‘You can stop smoking’.

Useful websites

Citizens Advice Scotland

Website: www.cas.org.uk

Department for Work and Pensions (DWP)

Website: www.dwp.gov.uk

The DWP website can give you details on benefits you may be entitled to.

Exercise after Stroke

Website: www.exerciseafterstroke.org.uk/

Provides information on exercise services for people after a stroke.

Healthtalkonline

Website: www.healthtalkonline.org

Healthtalkonline lets you share in other people's experiences of health and illness. You can watch or listen to videos of interviews, read about people's experiences and find reliable information about conditions, treatment choices and support.

Strokeinfoplus

Website: www.strokeinfoplus.scot.nhs.uk

Useful DVDs or videos

'Stroke matters'- available on the Chest, Heart and Stroke Scotland website (www.chss.org.uk).

Other publications

You can get these from bookshops or you may be able to borrow them from your local library.

My stroke of luck, Kirk Douglas, Piatkus Books (2009)

My year off, Robert McCrum, Pan Macmillan (2008)

The diving bell and the butterfly, Jean-Dominique Bauby, Vintage Books (1998).

The diving bell and the butterfly DVD, Mathieu Amalric (2007)

Time out of mind, Jane Lapotaire, Virago, 2004

Falling and laughing: the restoration of Edwyn Collins, Grace Collins, Ebury Press, 2009







What is SIGN?

The Scottish Intercollegiate Guidelines Network (SIGN) writes guidelines to give advice to health-care professionals and patients about the best treatments that are available. They write these guidelines by working with health-care professionals, other NHS staff, patients, carers and members of the public. The guidelines are based on the most up-to-date scientific evidence.

Other formats

If you would like a copy of this booklet in another language or format (such as large print), please phone Karen Graham, Patient Involvement Officer on 0131 623 4740, or email her at karen.graham@nhs.net.



Think FAST & save a life

A stroke is a medical emergency.

It can happen to anyone and it happens fast.

By calling 999 you help ensure that someone gets diagnosis and treatment as quickly as possible.

This will improve their chances of recovery.

To check if someone is having a stroke, use the F-A-S-T test.

FACE – Can they smile? Does one side droop?

ARM – Can they lift both arms? Is one weak?

SPEECH – Is their speech slurred or muddled?

TIME – To call 999.

If you see these signs call 999 FAST.

The faster you react, the better their chances of recovery.

Chest Heart & Stroke Scotland

For further information please visit our website: www.chss.org.uk or call our Advice Line: 0845 077 6000

Head Office: Rosebery House, 9 Haymarket Terrace, Edinburgh EH1 2 5EZ • Telephone: 0131 225 6963 • Fundraising: 0800 316 0555

Chest Heart & Stroke Scotland and CHSS are operating names of The Chest Heart & Stroke Association Scotland, a registered Charity No. SC018761