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What is a stroke?

An ischemic stroke is similar to a heart attack, except it occurs in the blood vessels of the brain. Clots can form in the brain's blood vessels, in blood vessels leading to the brain, or even in blood vessels elsewhere in the body and then travel to the brain. These clots block blood flow to the brain's cells. Ischemic stroke can also occur when too much plaque (fatty deposits and cholesterol) clogs the brain's blood vessels. About 80% of all strokes are ischemic.

A hemorrhagic strokes occur when a blood vessel in the brain breaks or ruptures. The result is blood seeping into the brain tissue, causing damage to brain cells. The most common causes of hemorrhagic stroke are high blood pressure and brain aneurysms. An aneurysm is a weakness or thinness in the blood vessel wall.

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How to identify a stroke

ACT FAST: is an easy way to remember and identify the most common symptoms of a stroke. Recognition of stroke and calling the emergency services may determine how quickly someone will receive help and treatment. Getting to a hospital rapidly will more likely lead to a better recovery.

FACE: Ask the person to smile. Does one side of the face droop?

ARMS: Ask the person to raise both arms. Does one arm drift downward?

SPEECH: Ask the person to repeat a simple phrase. Is their speech slurred or strange?

TIME: If you observe any of these signs, call for help immediately.

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What happens after the initial stabilising phase in a hospital?

A stroke may have lasting consequences which may require on-going care, physical rehabilitation and hard work. If you suffered a stroke, you may have to learn how to perform all the basic functions of life again. All activities of daily living such as dressing, washing and even thinking skills may need to be learned all over again. Rehabilitation requires teamwork between the rehabilitation professionals and your family. Remember that each stroke is different and therefore the recovery is different too.

Your recovery will depend on many factors such as the cause, severity and location of the stroke, other contributing or chronic diseases, your age and your response to the rehabilitation programme. The team of professionals attending to you will include a combination of the following: a doctor, dietician, occupational therapist, physiotherapist, psychologist, social worker, rehabilitation nurses and speech-language therapist.

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How does Life Rehabilitation fit into this?

If you have a medical aid:

- Get a referral letter from your doctor (and supporting documentation – brain scan reports or therapy letters).
- Contact the unit of your choice (see map of facilities).
- A rehabilitation admission consultant will contact you and an assessment will be arranged free of charge (telephonically / inperson).
- A motivation for rehabilitation will be sent to your medical aid.
- If approved, your admission will be scheduled – please refer to the patient information brochure for more information on what you can expect once you are admitted.

If you are paying privately:

- Get a referral letter from your doctor (and supporting documentation – brain scan reports or therapy letters).
- Contact the unit of your choice (see map of facilities).
- A rehabilitation admission consultant will contact you and an assessment will be arranged free of charge (telephonically / in-person).
- A quotation for private admission will be scheduled please refer to the patient information brochure for more information on what you can expect once you are admitted.
- Once payment is received, your admission will be scheduled – please refer to the patient information brochure for more information on what you can expect once you are admitted.

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What happens after I am admitted?

1. Assessment by all members of the interdisciplinary team
2. A specific rehabilitation plan will be designed for each patient.
3. Family meeting
4. Therapy as needed – individual and group intervention (each patient is different)
5. Patient and family education
6. Practicing skills learnt in therapy in the ward environment supervised by nursing staff
7. Discharge planning
 - a. Carer identification and training
 - b. Assistive devices motivation
 - c. Home accessibility recommendation
 - d. Weekend ability of absence
8. Out-patient follow up
 - a. Referral or option to continue as out-patient at facility (if possible)

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What happens after rehabilitation?

Patient success stories

Out-patient care

Management of spasticity

Links to NGO's and support groups

Links to resourceful sites