

When will thrombolysis NOT be offered to a patient with acute ischaemic stroke?

Only 15% of patients who are admitted to hospital with an acute ischaemic stroke are eligible for thrombolysis. Some of the reasons why you may not be offered thrombolysis include:

- Your stroke was caused by bleeding in the brain, not a blood clot.
- You do not know or cannot tell doctors when your symptoms began.
- You do not reach hospital in time.
- You have a known bleeding disorder.
- You have recently (within the past 14 days) had major surgery.
- You have had another stroke or head injury within the past three months.
- Your current medication is not compatible with alteplase.
- Your blood pressure is too high (the doctors may try to reduce your blood pressure in time to give you thrombolysis).

What happens afterwards?

You will be monitored on the hyper-acute stroke unit (Ward 54) by specialist nurses. They will monitor your heart rate, blood pressure and your symptoms. Initially you will be seen twice a day by a consultant in stroke medicine or more frequently if needed.

If you have any questions, please do not hesitate to ask your nurses and doctors.

References:

www.stroke.org.uk

<http://img.medscapestatic.com/pi/meds/ckb/90/7090tn.jpg>

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service:

King's Mill Hospital: 01623 672222

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net. This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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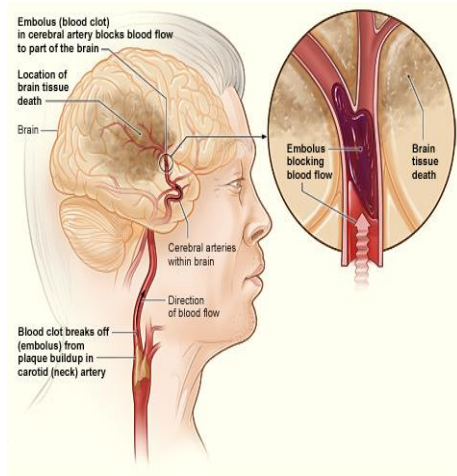
INFORMATION FOR PATIENTS

Thrombolysis for acute ischaemic stroke



What is acute ischaemic stroke?

A stroke is a **medical emergency**; 85% of strokes are caused by a **blood clot** in an artery (blood vessel) in the brain. This starves a part of the brain of the oxygen it needs and causes brain cells to die. This leads to the symptoms that are seen when patients have a stroke.



What is the treatment?

In some patients with acute ischaemic stroke, a treatment called **thrombolysis** may be offered.

What is thrombolysis?

Thrombolysis literally means, '**the breakdown of a blood clot**'. A drug called **TPA** (Alteplase) is given in two stages to dissolve the blood clot that is blocking the artery in the brain.

An initial dose of the drug (a bolus) is given by a doctor into one of your veins through a cannula (drip) in your arm. Following this, a second drip (infusion) is set up to give a further dose of TPA. This lasts for 1 hour.

Thrombolysis is a **time critical** treatment. It must be given as soon as possible after the diagnosis of acute ischaemic stroke to maximise the benefits of the treatment.

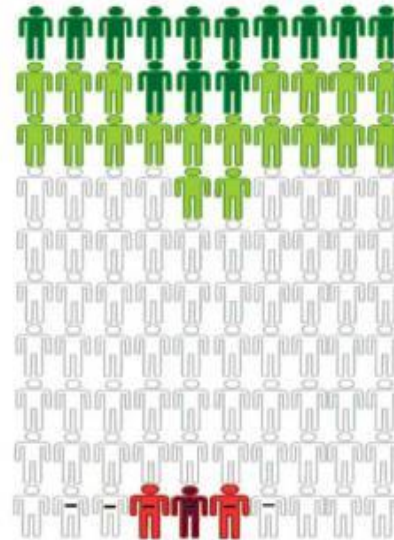
It is usually only given up to **4.5 hours** after the initial onset of the symptoms of stroke. In exceptional circumstances, it may be given up to 6 hours after the onset of symptoms

What are the benefits?

The aim of thrombolysis is to **restore the blood supply** to the area of the brain that has been affected by the blood clot. We hope to see an improvement in symptoms and in some cases a full recovery (over a period of time). For every 100 patients treated with thrombolysis:

- 32 patients will experience a full or better recovery than if they had not received the treatment (*shown in green*).
- 65 patients will experience no major change (*shown in white*)
- 2 patients will have a worse outcome.
- 1 extra patient may die.

TPA for Cerebral Ischemia within 3 Hours of Onset-Changes in Outcome Due to Treatment



Changes in final outcome as a result of treatment:

- Normal or nearly normal
- Better
- No major change
- Worse
- Severely disabled or dead

Early course

- No early worsening with brain bleeding
- Early worsening with brain bleeding

What are the risks?

The major risk of thrombolysis is **bleeding**.

TPA works by making the blood thinner. This can lead to bleeding, which can be minor, for example bruising or bleeding for longer after a blood test.

In rare circumstances, the bleeding can be more severe and require additional treatments.

Rarely, bleeding can also occur within the brain. For 100 patients treated with thrombolysis, 6 patients may have bleeding complications.

As with all drugs, there is a risk of **allergy**. This is a rare complication.

Who will decide?

As much as possible, we include patients and relatives in making the decision to treat a patient with thrombolysis.

However, it remains a medical decision made by the consultant in stroke medicine who is responsible for your care.

If you come into hospital overnight or at the weekend, you may not meet your consultant until later in the day. During this time, you will be seen by the medical registrar on call, who will liaise with the consultant.