

## 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.

## 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.**

## Further sources of information:

- The Stroke Association website
- NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)
- Our website: [www.sfh-tr.nhs.uk](http://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](mailto: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](mailto: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](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

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## INFORMATION FOR PATIENTS

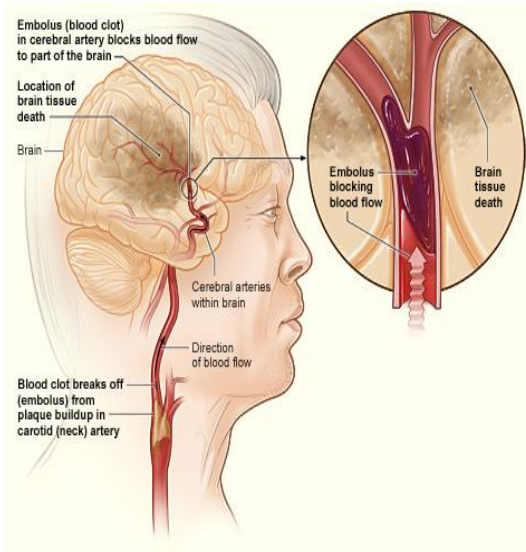
# Thrombolysis for acute ischaemic stroke



Outstanding Care,  
Compassionate People,  
Healthier Communities

## 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 clot busting drug (Alteplase or Tenecteplase) is given to dissolve the blood clot that is blocking the artery in the brain.

Tenecteplase is given as a single injection (bolus) into a vein through a cannula (drip) in your arm. Alteplase is given in two parts. An initial dose (bolus) is injected into a vein through a cannula in your arm. This is followed by a second dose given as a continuous infusion (drip) over 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.

Thrombolysis is usually given within 4½ hours of the start of stroke symptoms. In some circumstances, advanced brain scans can identify patients who may still benefit from treatment up to 9 hours after symptoms began.

If you wake up with stroke symptoms and the exact time the stroke started is unknown, special brain imaging may be used to determine whether treatment is safe and likely to help. For these 'wake-up strokes' (the midpoint between when you were last known to be well and when you woke up with symptoms) may be used when considering treatment.

## 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.
- 65 patients will experience no major change.
- 2 patients will have a worse outcome.
- 1 extra patient may die.

## What are the risks?

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

Clot-busting drugs work by breaking down the clot that is blocking blood flow to the brain. As a result, there is an increased risk of bleeding. This is usually minor, such as bruising or prolonged bleeding after a blood test or injection. 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.