

Chapter 4: Hospital Stay and Recovery

Medicines

Important

Call your health care provider if you have severe or unusual reactions to your medicine(s).

Taking your medicine as directed is important. Your health care provider will decide which medicines you should take. This depends on your:

- medical history
- cause of stroke
- allergies.

The following are some medicines you may take. Your health care provider will give you more information about your medicine.

Medicines to help prevent blood clots

You may have other medicines prescribed during your hospital stay not listed here. Take them as directed.

Anti-platelets

Platelets circulate (move) in your blood and help form blood clots. Anti-platelet medicines help keep the blood from clotting. These medicines are known as blood thinners. Some types of anti-platelets include:

Aspirin

Aspirin is often the first choice to prevent another stroke. Over-the-counter medicines like Tylenol®, Advil® or Aleve® do not keep the blood from clotting. Only aspirin can keep your blood from clotting.

If aspirin upsets your stomach, you may take a coated aspirin.

Extended release dipyridamole and aspirin combination (Aggrenox®), clopidogrel (Plavix®), ticlopidine (Ticlid®) and others

Like aspirin, these medicines keep your blood from clotting. You can only get these medicines with a prescription. Your health care provider will decide if any of these medicines will work better for you than aspirin.

Tip

Your health care provider will tell you how to get your medicine. You can buy some medicine over-the-counter. You will need a prescription to get other types of medicine.

❑ Anticoagulants

Other parts of your blood (besides platelets) can cause blood clots. Anticoagulant medicines keep you from getting blood clots and help break up blood clots that form. These medicines are known as blood thinners. Some types of anticoagulants include:

❑ Warfarin (Jantoven®)

Warfarin is a common medicine to prevent stroke.

You will need to have a blood test called the international normalized ration (INR) to decide the best dose for you.

You will need to have regular blood tests to determine the best dose for you. If you have questions about warfarin, ask your health care provider.

❑ Other anticoagulants

If warfarin is not the best anticoagulant medicine for you, your health care provider may recommend a different anticoagulant. Other common anticoagulants include apixaban (Eliquis®), dabigatran (Pradaxa®) or rivaroxaban (Xarelto®).

You do not need to have a blood test with these medicines.

Medicines to lower cholesterol

❑ Anti-hyperlipidemics

These medicines lower the cholesterol levels in your blood. This has many benefits. One group of these medicines, known as “statins,” has been shown to help reduce the risk for stroke in people who have high cholesterol.

Common statins include atorvastatin (Lipitor®), fluvastatin (Lescol®, Lescol XL®), rosuvastatin (Crestor®), simvastatin (Zocor®).

If you are taking a different anti-hyperlipidemic medicine and have a stroke, a statin medicine might be added to your current medicines to help prevent another stroke.

Medicine Dos and Don'ts

What to do

- Learn the generic and brand names of your medicines. For example, acetaminophen is the generic name and Tylenol® is the brand name.
- Understand why you are taking your medicines.
- Ask your doctor or pharmacist if there are foods or other medicines you should not have while taking this medicine. Some foods and medicines may affect your medicine.
- Take your medicine at about the same time each day.
- Have all of your medicines filled at one pharmacy.
- Talk with your doctor, nurse or pharmacist if you have any questions about your medicine.
- Use a pill box or guide to manage your medicines.
- Ask your health care provider or pharmacist what to do if you miss a dose.
- Keep **all** medicines (prescription, over-the-counter, herbals and vitamins) out of reach of children and pets.
- Keep all medicines in their original bottles or in a pill box.
- Keep all medicines away from heat, light and humidity. Do not keep medicines in the bathroom or near the kitchen sink.
- Plan ahead for vacations. Check how much medicine you have and call your pharmacy to refill your prescription, if needed. Do not be caught without enough of your medicines when you are away from home.
- Allow extra time for refills if you use a mail order pharmacy.
- If you are flying, check with your airline for details about bringing medicines on board.
- If you are seeing more than one health care provider, be sure to tell each one which medicines you are taking.

What not to do

- Do not let your medicines run out. Make sure you call your pharmacy at least 1 week before you need a refill.
- Do not take medicines prescribed for someone else.
- Do not take any more or less than the prescribed dose of any medicine.
- Do not keep outdated medicine.
- Do not stop taking your medicines unless you have talked with your health care provider.

Bring Your Medicines to Your Doctor Appointments

Tip

Keep a current list of your medicines in your wallet or purse.

Bring all of your medicines or a list of them to your doctor appointments. Put your medicine bottles and boxes into a bag and bring it with you to your appointments or use the *My Medicine List* (see pages 107-108).

Include all:

- prescription medicines
- over-the-counter medicines
- herbals
- natural products.

Medicines can work against each other so your health care provider needs to know what you are taking.

How to Read Your Prescription Label

The label on your prescription medicine has a lot of information on it. To learn how to read it, see the label on the next page.

How to Read Your Prescription Label

pharmacy name, address and phone number

Allina Health
 Allina Health HeartHospitalPharmacy
 920 E 28th St, Ste H2005, MINNEAPOLIS, MN 55407
 612-775-3100

prescription number and your name

Rx: 8-055516-16
 Patient Name
 10/6/2017
 Doctor, JaneDoe

how and when to take the medicine

Take 1 capsule by mouth 3 times daily if needed.

name and strength of medicine

diphenhydramINE 25 mg capsule
 Generic for: BENADRYL

number of refills left, number of pills and the name of the company that made the pills

No refills remaining
 MA/MA
 QTY: 30 capsules MFG: SANDOZ

scan code

CP
 [QR Code]

warnings or major side effects

May cause drowsiness. Alcohol may intensify this effect. Use care when operating a vehicle, vessel (e.g., boat), or machinery.
 May cause dizziness
 May cause blurred vision

what the pills look like

pink and clear colored, oblong shaped capsule with...

CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

Tests

The following are some of the tests you may have during your hospital stay.

Blood tests

These tests are used to look for stroke risks or conditions that may have led to your stroke. Blood tests are done to check:

- your cholesterol levels
- how your blood clots, such as partial thromboplastin time test (PTT) and international normalized ratio (INR)
- if you have diabetes by looking at your blood glucose levels
- the level(s) of medicine in your blood.

Swallow tests

You may have problems with swallowing or moving your mouth. This can make you cough or choke on food or drinks. Swallow tests are used to help find the cause of these problems.

There are two types of swallow tests:

- **at your hospital bed:**
A speech-language pathologist or nurse will watch you eat foods and drink liquids. This will help tell if other tests are needed or what foods and liquids are safest for you.
- **video swallow:**
You will swallow some barium (a white liquid that shows up on X-ray) to simulate “normal” eating. A video X-ray is taken as you swallow the barium.

A radiologist and speech-language pathologist can study your ability to swallow. He or she will check for aspiration (if food and liquids are going into your windpipe).

Tip

Members of your health care team will make you as comfortable as possible. Tell someone if you are uncomfortable in closed-in spaces.

Imaging tests

These are done to find the area of the brain affected by the stroke, make an early prognosis and rule out other medical conditions.

MRI (magnetic resonance imaging)

This is a painless way to look inside your body without using X-rays. MRI does not use radiation.

MRI uses a magnetic field to make three-dimensional (3-D) images of your brain. These images show the injured areas of your brain. This can help your health care team determine how serious your stroke was.

If you have a pacemaker or if you have metal fragments in your head, you may not be able to have this scan.

Carotid ultrasound

This painless, safe test uses high-frequency sound waves to create an image of your arteries and blood flow on a computer screen. This lets your health care provider see if your arteries are narrowed or damaged.

Ultrasound is most often done on the carotid arteries in your neck. Ultrasound does not use radiation and has no side effects.

Trans cranial doppler

This is an ultrasound that measures blood flow through the major vessels in your brain.

Magnetic resonance angiogram

This test uses MRI technology to get a 3-D view of your blood vessels.

Angiogram

This uses X-ray to see your blood vessels. A radiologist (doctor of X-ray) inserts a tube (catheter) into an artery in your groin and threads it to the arteries in your neck and head. He or she injects contrast into your blood vessels to help them show up on the X-ray. This test helps rule out problems with blood vessels in the neck and brain.

Heart tests

Heart problems increase your risk of having a stroke. Common heart problems include:

- atrial fibrillation (irregular heartbeat)
- heart attack
- heart failure
- if you have an artificial heart valve.

Some of the most common tests used to check your heart are:

❑ Blood tests

Certain enzymes and proteins are released when your heart is damaged. Your health care provider can use these tests to tell if you had a heart attack.

❑ Echocardiogram (echo)

This is an ultrasound study of your heart muscle, heart valves and pericardium (the sac surrounding your heart). This painless test uses sound waves to see how well your heart is working.

A wand-like instrument makes the sound waves. As the ultrasound wand is moved over your chest, pictures of your heart appear on a screen and are recorded.

❑ Electrocardiogram (EKG)

This test records the electrical activity of your heart. Small patches (discs) attached to your chest “pick up” the electrical activity from your heart. This activity goes through wires to the EKG machine where it is recorded on a moving strip of paper. This test is painless.

❑ Transesophageal echocardiogram (TEE)

This records ultrasound images of your heart. The transducer, about the size of a normal piece of food, is mounted on the end of a flexible tube, about the size of your index finger. The tube is placed in your mouth and guided down your esophagus (swallowing tube).

You will be given medicine to help numb the back of your throat. This will make swallowing the tube easier.

The TEE gives excellent pictures of your heart because your heart is next to your esophagus.

Tip

After the TEE, members of your health care team will make sure you can safely swallow before you can eat or drink.

— **Contrast echo (bubble study)**

Saline (salt water) solution is injected into an arm vein. Ultrasound tracks the solution as it flows through your heart. This will let him or her see if there is an abnormal opening between the right and left sides of your heart. This test is painless.

Procedures

❑ **Carotid endarterectomy**

This surgery is done to help prevent a stroke by improving blood flow to your brain. It involves removing plaque from a carotid artery in your neck.

Your surgeon makes an incision along the side of your neck, opens the artery and removes the plaque. He or she then closes the incision. You will not be awake (unconscious) during the surgery.

❑ **Clipping**

This surgery is done to stop the blood flow to a brain aneurysm. A metal clip is placed across the base of the aneurysm. This stops blood flow to the aneurysm and makes it less likely for the aneurysm to bleed. You will be unconscious during surgery. This clip does not need to be removed.

❑ **Coiling (embolization)**

This procedure is done to prevent bleeding in your brain by closing off an aneurysm. An aneurysm occurs when an artery or vein in your brain becomes weak and bulges.

A long, narrow tube (catheter) is inserted through an artery in your groin and guided to the aneurysm in your brain. Your doctor then threads small coils through the catheter into the aneurysm. These coils fill the aneurysm and help prevent it from bleeding. You will be unconscious during this procedure. The coils do not need to be removed.

❑ **Craniotomy**

This is a surgery to remove part of the skull (the bone flap) to reach the brain. The location and size of the craniotomy will depend on your stroke. You will not be awake (unconscious) during surgery.

❑ **Mechanical thrombectomy (intra-arterial treatment)**

This procedure is done to open a large artery that is blocked in your brain.

A long, narrow tube (catheter) is inserted through a large artery in your groin and guided to the blood clot. Your health care team will use a device to grab and remove the blood clot. This will open the blood vessel and restore normal blood flow.

❑ **Radiosurgery**

This procedure is done to treat an AVM. Radiosurgery uses a “pencil-like” beam of high dose radiation to destroy the AVM. Radiosurgery does not harm the normal brain tissue around the AVM. You will be conscious during surgery.

Radiosurgery will take 20 minutes to 2 hours. It is not painful.

❑ **Ventriculostomy**

This procedure uses gravity to drain excess fluid from your brain. A catheter is inserted into your ventricle (a chamber in your brain) and drains into a collection bag. This helps reduce pressure on your brain.