



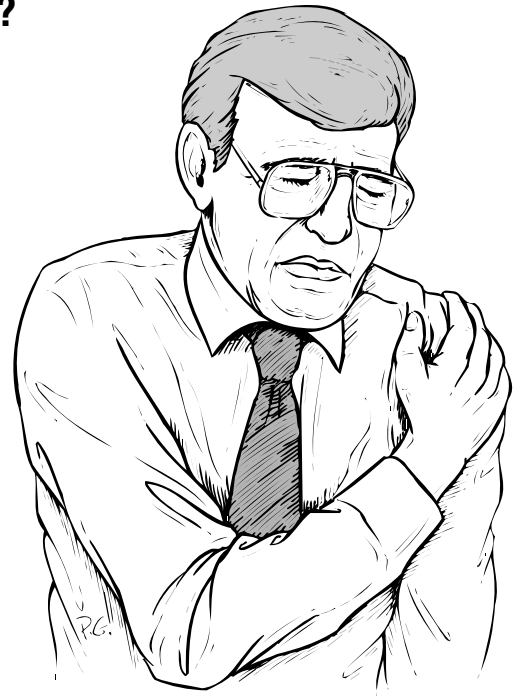
Let's Talk About Complications After Stroke

Can life-threatening conditions result from a stroke?

Your doctor's highest priorities after a stroke are to prevent complications from the present stroke and to prevent another stroke. Your doctor must determine that you are medically stable and able to resume some self-care activities. This means that all complications must be treated and under control.

Some complications happen as a direct result of injury to the brain due to stroke, or because of a change in the patient's abilities; for example, being unable to move freely can result in bedsores. Clinical depression can also occur with a stroke.

Lack of support or exercise of an arm can result in shoulder pain, a common complication of stroke.



What are common complications of stroke?

The most common complications are:

- Brain edema (eh-DE-mah) — swelling of the brain after a stroke.
- Seizures — abnormal electrical activity in the brain causing convulsions.
- Clinical depression — a treatable illness that often occurs with stroke and causes unwanted emotional and physical reactions to changes and losses.
- Bedsores — pressure ulcers that result from decreased ability to move and pressure on areas of the body because of immobility.
- Limb contractures — shortened muscles in an arm or leg from reduced range of motion or lack of exercise.
- Shoulder pain — stems from lack of support of an arm due to hemiplegia or exercise of an arm. This usually is caused when the affected arm hangs resulting on pulling of the arm on the shoulder.
- Deep venous thrombosis — blood clots form in veins of the legs because of immobility from stroke.
- Urinary tract infection and bladder control — urgency and incontinence.
- Pneumonia — causes breathing problems, a complication of many major illnesses.

What can be done?

If you need medical treatment, your doctor will prescribe it.

- Medical treatment often involves medical supervision, monitoring and drug therapies.
- Physical treatment usually involves some type of activity that may be done by you, a healthcare professional or by both of you working together. Types of treatment may include:
 - range-of-motion exercises and physical therapy to avoid limb contracture and shoulder pain and blood vessel problems.
 - frequent turning while in bed to prevent pressure sores and good nutrition.

— bladder training programs for incontinence.

— swallowing and respiratory therapy, and deep-breathing exercises, all of which help to decrease the risk of pneumonia.

- Psychological treatment can include counseling or supportive therapy for feelings that result from clinical depression. Types of treatment may include antidepressant medication, psychotherapy or a combination of both. You may also be referred to a local stroke support group.

How can I learn more?

- Talk to your doctor, nurse or other healthcare professionals. Ask about other stroke topics. This is one of many *Let's Talk About Stroke* fact sheets.
- For more information about stroke, or to get more fact sheets, call the American Stroke Association at 1-888-4-STROKE (1-888-478-7653) or visit us online at StrokeAssociation.org.
- If you or someone you know has had a stroke, call the American

Stroke Association's "Warmline" at 1-888-4-STROKE (1-888-478-7653), and:

- ✓ Speak with other stroke survivors and caregivers trained to answer your questions and offer support.
- ✓ Get information on stroke support groups in your area.
- ✓ Sign up to get *Stroke Connection*, a free magazine for stroke survivors and caregivers.

Do you have questions for your doctor or nurse?

Take a few minutes to write your own questions for the next time you see your healthcare provider:

What complications am I most at risk for?

What can I do to prevent complications?

