

Complications After Stroke

Patients who have had a stroke are at risk of having other problems. Some of the potential problems are: seizure, spasticity, incontinence and depression.

What is a seizure?

The first few weeks following a large stroke, hemorrhagic stroke, or stroke affecting the cerebral cortex you may be at risk for seizures. The stroke-damaged brain tissue may not allow electrical impulses to conduct normally, which causes a seizure.

What does a seizure look like?

A seizure can look like spasms, convulsions, or "going blank" (not speaking or paying attention to people). This can last as little as a minute. Seizures can be medical emergencies and patients should go to their local emergency department for an evaluation. Seizures can be controlled with medications.

What if I observe someone having a seizure?

- Call 911
- Roll the person onto their side, cushion their head and loosen collars
- **Do not** put anything in their mouth, not even medicine or water
- **Do not** move them unless the immediate area is unsafe
- Stay with them until the seizure ends
- Pay attention to how long the seizure lasted and what it looked like

What is spasticity?

Spasticity is a stiffening of your hand, arm, feet or leg which stops you from using it properly. It happens when the part of your brain affected by the stroke

can't control the muscles in your limbs. The muscles don't relax and so they stay stiff.

Spasticity is common after a stroke. It is extremely important that you do not ignore the symptoms because it can eventually lead to painful bone and joint deformities interfering with your ability to move and live independently.

How do I prevent it?

The most important thing to prevent spasticity is regular muscle stretching, range of motion exercises, and frequently moving the parts of your body that are affected. Occupational and Physical therapists can show you how to do this. Your doctor may also prescribe medications to help relieve the stiffness. The National Stroke Association has an exercise video which might be helpful to you:

Spasticity; Loosen Up!:

<https://www.youtube.com/watch?v=3NFC198r3q0>

What is Incontinence?

The term **continence** is used when you have control of your bowel or bladder. Poor bladder control (**incontinence**) is common after stroke. Your stroke may have affected the part of your brain that controls your bladder or bowel. If you have difficulty walking or moving around because of the stroke you may not be able to get to the bathroom on time, and if you have problems speaking you may not be able to make yourself understood in time. There are certain things you can do to help you cope with incontinence as you recover at home:

- Drink 6-8 cups of water per day to prevent dehydration. Try to avoid drinking in the hours right before bedtime.
- Use adult briefs, available at drug stores.
- Keep your skin clean and dry to prevent skin problems.

- Place a commode or a urinal at the bedside to help with bathroom needs at night. Assistive bathroom equipment is available at pharmacies (they are more affordable than equipment supply stores.)
- Keep a bell at your bedside or chair to ask for help to get up to the bathroom.
- Remove furniture and rugs on the way to the bathroom to allow you to get there safely.
- Set up a schedule so that you visit the bathroom every 2 hours during the day, after meals and at bedtime. Use a gentle alarm at night to prompt you to get up.
- Wear clothing that is easy to get off such as pants with velcro closures or elastic waistbands.
- Place commode frame over the toilet to give support while sitting and standing
- Replace your regular toilet seat with a raised toilet seat.
- Do not take diuretic medication ("water pills") - when you are planning to leave the house soon.

What is depression?

Depression is another complication of stroke, affecting up to 30 out of 100 survivors (30%). You may have depression because of chemical changes in your brain from the stroke, or from your disabilities from the stroke. Stroke survivors and their families will often overlook symptoms of depression because they think it is "normal" to feel this way after a serious event such as a stroke. Depression may cause stroke survivors to lose interest and ability to concentrate and take part in their rehab programs. This may slow their recovery.

These are some of the signs of clinical depression:

- Persistent sadness, feeling anxious or "empty".
- Lack of interest in hobbies or things you used to enjoy before.
- Decreased energy.
- Insomnia or sleeping too much.
- Appetite changes.
- Irritability.
- Thoughts of self-harm or actual self-harm.

If these symptoms continue beyond a few weeks it is very important that a doctor assesses you for depression. Medications and other therapies are very effective to improve depression and help the stroke survivor re-gain their motivation and concentration. If you or your loved-one attempt or just talk about self-harm, report this immediately to your health care provider. Call 911 if you are not able to reach your health care provider right away.

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