

## Stroke Unit at Wycombe Hospital - what to expect from your treatment and stay in hospital

You've been admitted to the Stroke Unit because you may have had a stroke.

Find out more about the signs, symptoms and types of stroke by searching 'NHS Stroke' online.

### Where is the Stroke Unit?

We're in the Green Zone at Wycombe Hospital (rear building). The nearest entrance is Main Entrance 1.

Our unit is the centre for stroke care in Buckinghamshire. We offer 24/7 care on the:

- Hyperacute Stroke Unit (HASU, Ward 8)
- Acute Stroke Unit (ASU, Ward 9)

### What treatment will I have for a stroke?

The sooner you get help for a stroke, the more likely you are to make a better recovery.

As a new patient, we'll admit you to the **Hyperacute Stroke Unit (HASU)**. We'll assess your health quickly so that we can treat your stroke and help to prevent it happening again.

Within 24 hours of your admission, you'll have a CT scan or an MRI. This will help us to find out the:

- **location** and **amount** of damage that may have been made to your brain.
- **cause** of the stroke.

You may also have a swallow assessment.

Depending on the scan results and the amount of time since the stroke happened, we may offer you:

- an operation to remove a blood clot from your brain (**thrombectomy**), or to reduce pressure in the brain (**craniotomy**)
- medicines to dissolve blood clots (**thrombolysis**) or to reduce blood pressure.

## What happens next?

We'll monitor you closely for 72 hours. Depending on your condition, you may be:

- transferred to your **local community hospital** (depending on your GP's address)
- transferred to our **Acute Stroke Unit (ASU, Ward 9)**
- discharged home through an '**early supported discharge**' or a **package of care**.

### If you're transferred to our Acute Stroke Unit

You'll no longer need intensive monitoring and we'll begin the process of ongoing rehabilitation. This might include speech and language therapy or occupational therapy.

We may refer you to our **neurorehabilitation team** if your brain has been affected by the stroke.

In some cases, we may refer you to your **local community hospital** or care home for further rehabilitation and treatment.

### If you're discharged home

If appropriate, we'll discharge you through **early supported discharge** with a 6-week rehabilitation programme delivered in your home. We may discharge you home with a **package of care** which includes help with basic needs such as toileting and eating.

Your GP may refer you to community rehabilitation if you still need support.

## Who will look after me?

A **consultant** will oversee your medical care and lead a team of doctors and sometimes physician's associates. They'll confirm your diagnosis and discuss treatment options.

They'll also meet regularly with members of the team to discuss goals and progress.

Who you'll meet	Uniform colour
<b>Nurses</b> will monitor and manage your health, for example by measuring your heart rate and giving medicines prescribed by the medical team.	Blue tunic with white piping.
<b>Specialist stroke nurses</b> provide information and support for you and your family. They may for example, talk you through any brain scans you may have.	Dark blue tunic with white piping.

<b>Healthcare assistants</b> will help you with daily living activities on the ward, for example washing, dressing and eating.	Grey.
<b>Physiotherapists</b> help you improve your movement and mobility.	White tunic with navy blue piping.
<b>Occupational therapists</b> help you manage your ability to do everyday tasks.	White tunic with green piping.
<b>Speech and language therapists</b> help you with eating/drinking difficulties and/or communication difficulties.	White tunic with purple piping.
<b>Dietitians</b> provide nutrition and dietary advice.	White tunic with royal blue piping.
<b>Clinical Psychologists</b> provide support to you and your family, and help manage difficulties with mood and cognition.	Non-uniform.
<b>Clinical support workers</b> carry out therapy/monitor programmes designed by physiotherapists, occupational therapists, speech and language therapists and dietitians.	White tunic with white piping.
<b>Housekeepers</b> provide meals/drinks and snacks to patients.	Pale green tunic top.

You may also meet:

- cardiologists who manage conditions relating to the heart
- urologists who manage conditions relating to kidneys and bladder
- diabetes nurses who help patients manage their blood sugar levels
- endocrinologists who manage conditions relating to hormones, hormonal glands, and associated issues
- gastroenterologists who manage conditions related to digestive system and liver
- orthoptists who evaluate and treat visual difficulties.

## How will I know what's happening with my treatment, care and progress?

We'll aim to keep you informed in several ways:

### Meet and greet meetings

Within around 10 days of your admission to hospital, we invite patients and their carers to a meet and greet meeting. Representatives from the medical team and the therapy teams involved in your care will also attend these meetings.

### Family meetings

We can arrange family meetings at any time at intervals during your admission. This is usually via your key contact (see below). The meetings are an opportunity to get feedback on your progress, ask specific questions or discuss future plans and discharge from hospital.

### Key contact

We allocate a key contact to all patients on admission to the Stroke Unit. The name or role of your key contact should be in your Stroke Association Patient Pathway booklet or on the board above your bed.

This role is usually carried out by one of the therapy teams working with you, for example a physiotherapist. They will coordinate any questions you might have for the multidisciplinary team. Ask for your key contact on either the HASU or ASU ward.

### Specialist stroke nurses

We have a dedicated specialist stroke nurse on each ward. They support, inform and advise you and your carers about your diagnosis, treatment, and prognosis. The specialist nurses can talk through the results of brain scans and discuss the type and location of your stroke. Ask for the specialist nurse on either the HASU or ASU ward.

### Community stroke coordinator

We aim to provide an integrated service, offering a smooth transition from the acute setting in hospital to the community setting. For queries about community services after discharge, contact the Community Stroke Coordinator on 07917 073614.

## What will my rehabilitation journey include?

Stroke affects everyone differently. Some people may experience only mild effects, while for others the impact may be more severe and long-term.

You'll be at the centre of your own rehabilitation journey. We ask about what matters most to you and help you work towards this. We'll encourage you to do as much as you can for yourself so that your every activity is part of your road to recovery and independence.

## How does the brain get better?

The brain gets better after a stroke by reorganising the connections between brain cells.

For example, if you drive from A to B and a road was closed, you'd need to find another route to reach your destination. For this to happen, the body and brain must practise everyday tasks over and over again.

## Mobility, sensation and movement

The physical effects of stroke can affect everyday abilities such as balancing, walking, holding things, and continence. Some patients have fatigue, pain, and changes to sensation. To help you manage these difficulties, physiotherapists will help you move your muscles and safely build your strength.

## Eating and drinking

After a stroke, many patients have problems swallowing (dysphagia). If this affects you, speech and language therapists (SLTs) will introduce food and drink safely. Working alongside dietitians, SLTs may recommend a modified diet, such as pureed food or thickened fluids.

Dietitians will assess, advise and monitor you to make sure you get adequate nutrition to support your recovery and rehabilitation. If you have longer term swallowing difficulties the dietitians will discuss alternative modes of feeding.

## Communication

After a stroke, your speech may be slurred (dysarthria), disorganised (apraxia of speech), and/or you may find it difficult to understand language or express yourself (aphasia). If this happens, **speech and language therapists** will help you to improve your speech and language abilities. They may also help you learn other ways to communicate and support families to make conversations with loved ones easier.

## Thoughts, feelings and behaviour

'Cognitive' (thinking) difficulties after a stroke can affect:

- memory
- thinking speed
- concentration
- visuospatial skills (understanding visual information).

Emotional and behavioural changes can include strong mood swings, anger, impulsivity, and depression.

Talk to us if you have any of these symptoms. The team may refer you to the **clinical psychologist** for support.

## Managing everyday activities

Occupational therapists will help you to maximise your independence. They'll encourage you to try everyday things such as:

- washing
- dressing
- making your own drinks
- going to the toilet
- brushing your teeth and hair
- eating and drinking.

They may also suggest changes to improve accessibility or provide equipment such as wheelchairs.

## Your wellbeing on the ward

### Mealtimes

Breakfast is at 7.30am. Lunch is from 12noon to 1pm. Dinner is at 5.30pm.

Talk to a member of staff if you'd like a relative or friend to help you during mealtimes.

**Visitors must not** bring food for relatives or other patients unless this has been specifically agreed with the ward. Some patients will have a specially modified diets so providing food outside these diets may cause risk to patients with swallowing difficulties.

## Personal possessions

Keep glasses, dentures or hearing aids with you. Bring in loose-fitting night and day clothes, as well as your own toiletries. Visitors will need to collect and wash personal laundry. We advise that you keep valuables at home.

## Mobile phones and other electronic devices

When using your mobile phone or other electronic device on the ward, please be mindful of fellow patients. Use headphones or turn down the sound where possible.

Public WiFi is available. Choose 'BHT\_Public'.

## Single-sex accommodation

We try to maintain single-sex accommodation wherever possible. So that we can ensure urgent provision of care for all, we can't guarantee single sex accommodation on HASU.

## Consent

The decision to participate in treatment or therapy remains yours. You have a choice. If a member of staff asks you to agree to something, you can say no or ask for more information.

## Translation and signing services

This is available for patients who don't speak fluent English. Specialist services are also available to support patients with a hearing impairment.

## Pastoral, spiritual and religious needs

Hospital chaplains make regular visits to both wards.

## Wellbeing services

The **stroke garden** is available for rehab sessions and a space to meet family and friends during the warmer months.

**Day rooms** with a television, books and board games are available on HASU and ASU.

The Stroke Units get a weekly visit from a music therapist and a pet as therapy dog.

## Calling the Stroke Unit

Where possible please arrange for one person to be the main point of contact. We can't give detailed medical information over the telephone.

## Visiting times

We restrict visiting times so that patients have time for rehabilitation and getting enough rest. Visiting times are posted on the main doors to each ward.

## Ongoing health and social care

When you're medically stable, the clinical team will discuss arrangements for any ongoing healthcare you may need.

We'll make decisions about your transfer from the Hyperacute Stroke Unit to the Acute Stroke Unit, your home, or another location on a range of factors. These include the:

- stability of your medical health
- effects of your stroke
- support and facilities available to you at home

## Discharge from hospital

The multidisciplinary team will work closely with you and your family, where appropriate, to make sure everything's in place for your discharge.

Wherever possible, it's our goal to discharge you to your own home. The team may do an access visit and other assessments to look at your home, and establish what adaptations/equipment/package of care you may need.

The team may discuss discharge planning early on in your admission. This helps a smooth transition and makes sure you have everything in place when you need it.

You may have further assessments such as seating and social work at home after discharge.

## Support in the community

Some people stay in hospital for a number of weeks while they have rehabilitation, but care and rehabilitation is also available in the community for those who need it.

This can include two options.

### Early supported discharge (ESD)

It's available for up to 6 weeks and is an alternative to ongoing inpatient rehabilitation. If you meet the criteria, you can continue your rehabilitation journey at home with therapy input.



## **Community services**

At any time after leaving hospital, you can ask your GP for a referral to rehabilitation services, for example, physiotherapy, occupational therapy or speech and language therapy.

## **Other sources of help and support**

The rehabilitation team can give you a list of local stroke support groups.

You can also search online for details about national organisations including The Stroke Association, Different Strokes and Headway.

## **Stroke forum**

To help us improve the care we provide to patients, please consider joining the stroke forum. Open to former patients and their family members, the forum meets at Wycombe Hospital four times each year to discuss a range of topics and plan service development projects.

To find out more, please ask your key contact for more information.

## **Contact us**

### **Hyperacute Stroke Unit (Ward 8)**

01494 426113

### **Acute Stroke Unit (Ward 9)**

01494 425080.

## How can I help reduce healthcare associated infections?

Infection prevention and control is important to the wellbeing of our patients so we have procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections.

You, and anyone visiting you, must use the hand sanitiser available at the entrance to every ward before coming in and after you leave. You may need to wash your hands at the sink using soap and water. Hand sanitisers are not suitable for dealing with patients who have symptoms of diarrhoea.

### More help or advice

Contact our patient advice and liaison service (PALS) on 01296 831120 or [bht.pals@nhs.net](mailto:bht.pals@nhs.net)

### About our patient information

We aim to make the information as up to date and accurate as possible, but please note that it's subject to change. You must always check specific advice on any concerns you may have with your doctor.