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Thrombolysis treatment for clot stroke

The following information is for patients, or their support person, experiencing a clot stroke (ischaemic stroke) and considering a 'clot-busting' drug as a treatment (thrombolysis).

What is a stroke?

Stroke is a medical emergency requiring rapid, time-critical access to specialist neurological assessment, diagnostics and management.

Stroke causes a loss of brain function. Symptoms may include weakness of limbs, difficulties with speech, problems with vision or balance. If left untreated, even for a short period of time, it can lead to permanent disability or death.

Ischaemic stroke is the most common type of stroke. In an ischaemic stroke a clot blocks an artery that supplies blood to the brain. The clot reduces or stops the oxygen from reaching the brain tissue and as a result the brain cells die.

If an ischaemic stroke is identified and the blockage is removed quickly, the flow of blood to the brain tissue may be restored and the damage to the brain minimised.

When it comes to the assessment and treatment of stroke patients, 'time is brain'. The faster a patient receives treatment for stroke, the better the chances for recovery.

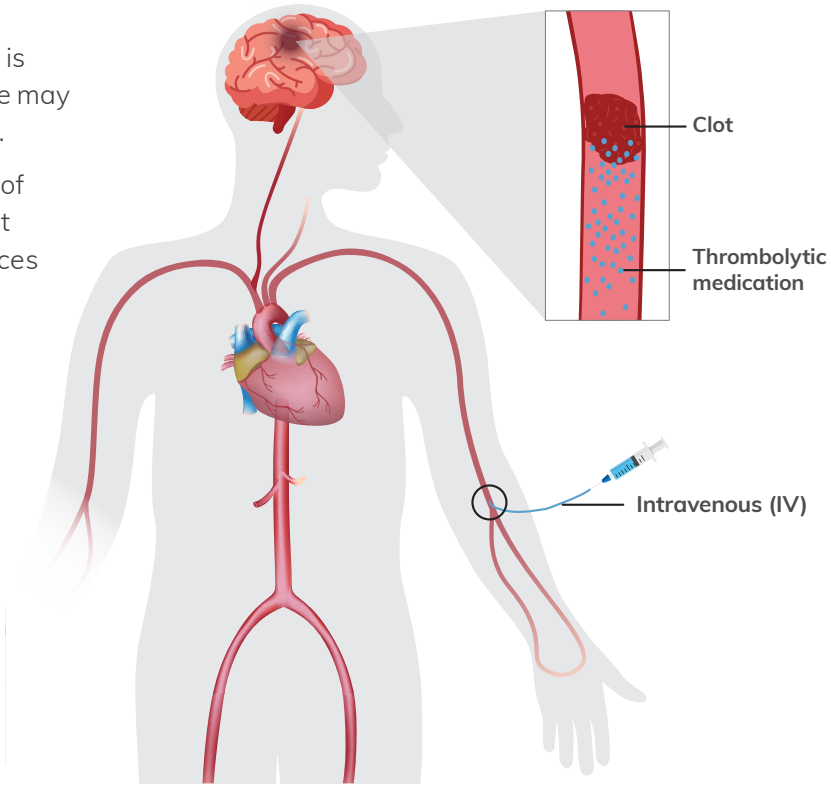
Thrombolysis as a treatment option

Thrombolysis is a gold-standard therapy known to reduce disability and death.

The treatment

Thrombolysis is the use of a clot-busting drug to rapidly dissolve blood clots in the brain. If successful, the blood vessels re-open allowing blood flow to then reach the areas of brain at risk of dying.

Intravenous (IV) thrombolysis involves putting a needle into a vein and injecting a dose of the clot-busting drug.



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Decision making about treatment options

Only a small number of strokes are suitable for thrombolysis. This treatment is administered under very strict and specific guidelines.

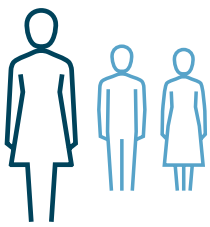
The local team and telestroke doctor will collect information relating to your specific situation. They may ask you questions about your medical history, medications and past surgeries. They will also complete blood tests and a series of brain scans before making a final a decision on the best treatment options available.

The recommendation for progressing with this treatment depends on the individual benefits versus the risks. After careful assessment and a review of test results, the telestroke and local doctors weigh up the risks and benefits of treatment for you, and they will decide your suitability for this drug.

The treatment decision is made as quickly as possible to minimise damage to the brain tissue. If you or your support person was not able to be consulted prior to treatment, the telestroke doctor will make a treatment decision on your behalf to avoid delays and potentially increase your chance of recovery.

Some patients may also be eligible for endovascular clot retrieval (see ECR information sheet) and this would require transfer to a facility which specialises in that procedure.

The treatment is 10 times more likely to help than to harm the patient.



One in every three patients treated achieves a better recovery

Treatment benefits

Better patient outcomes are linked with the early delivery of thrombolysis.

Treatment risks

Like all treatments, there are certain risks associated with thrombolysis. The doctors treating you or your loved one are experts in stroke and will assist you to make the best decision.

In some people the clot busting drug is unable to break down the clot and therefore the treatment is not effective.

For a very small number of people there are serious side effects and complications. These risks include:

- bleeding into the brain
- bleeding into other parts of the body
- allergic reaction.

The most severe complication from the drug, and/or deterioration from the stroke itself, may result in death.

Although the chance of bleeding increases with this drug, you are more likely to benefit from the treatment than come to harm.

Care after thrombolysis

For the first 24 hours after thrombolysis, your activities are kept to a minimum. You will be cared for in an environment where you will be closely monitored for complications. This includes heart monitoring, blood pressure control, and frequent neurological assessment. The nursing staff will also be looking for signs of restlessness, confusion, nausea or headache.

In some circumstances you may need to be transferred to another hospital within your region to receive this level of monitoring and care.

After this initial monitoring, the local treating team will look after you in a Stroke Unit in the hospital. From there, they will develop a tailored rehabilitation and recovery plan with you.

For more information, please ask your doctor or nurse if you have any additional questions.

If you would like to contact the NSW Statewide Telestroke Service please visit http://bit.ly/nsw-telestroke email SESLHD-NSWTelestrokeService@health.nsw.gov.au or call **02 9382 4069**.

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