

Complications: Prevention and Treatment

There can be both physical and emotional complications to stroke. We will be working with you to prevent complications from stroke, or to treat those that occur. Not all complications will apply to you.

Complications related to swallowing

- **Choking** (sometimes called **aspiration**) can occur after a stroke if the muscles in the throat are not working properly. This can lead to a type of pneumonia called **aspiration pneumonia**.

Preventing choking and aspiration pneumonia

- Your doctor will order a **swallowing evaluation** so we can see if your swallowing muscles are working properly. You will not be able to eat or drink until you have passed this test. You will be given intravenous (IV) fluids to make sure you don't get dehydrated.
- If your swallowing test shows you are not swallowing normally, your doctor will talk with you and your family about how we can provide you with nutrition using a small tube in the stomach, or, sometimes, through a special IV.

Complications related to weakness or immobility

- **Falls** can occur due to weakness. Certain medicines may also increase your risk to fall. When you fall after a stroke, it can cause serious problems.

Preventing falls

- Even if you feel ok, **please call for help when getting up**, unless your nurse says it is ok for you to get up on your own.
- **It is important that you or your family members do not change the position of the side rails on your bed.** Our staff may have the side rails up for your safety. You or your family should always ask for help if you need the side rails lowered.
- **Pneumonia** can happen after a stroke if you are not moving around normally, which can cause fluid to build up in the lungs.

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Preventing pneumonia

- You will be encouraged to move around as much as you can, with help! This will help clear secretions from your lungs.
- You may also be asked to do breathing exercises using a device called a spirometer.
- **Skin breakdown** can happen after a stroke if you are not able to move normally. Pressure can build up in areas of your skin and can cause pressure injuries, (sometimes called bedsores or ulcers).

Preventing pressure injuries

- Our staff will help you change your position often if you are not able to move normally yourself.
- If needed, your nurse will provide you with a special mattress, or with cushions or other devices to help prevent too much pressure on one area of your body.
- **Blood clots** can happen when you are not moving normally.

Preventing blood clots

- You may be asked to wear inflatable sleeves, sometimes called “boots,” on your legs.
- Sometimes, medicine is prescribed to prevent blood clots.
- **Joint problems** can happen after a stroke, including **shoulder problems**. Weak muscles can shorten, pulling on a joint and causing stiffness or a deformity called a **contracture**.

Preventing joint problems

- Physical therapists will prescribe exercises to help reduce joint problems.
- If needed, they will also teach you and your family about movements to avoid to help prevent problems with your shoulder.
- **Constipation** can happen after a stroke, when you are not moving around or eating/drinking normally.

Preventing/treating constipation

- You may be prescribed a stool softener to prevent constipation.
- If you are able to eat and drink, you’ll be encouraged to drink plenty of fluid and eat foods high in fiber.

Loss of bladder or bowel control

- **Incontinence** of urine or bowel movement can sometimes happen after stroke, due to muscle weakness or other factors.

Addressing incontinence

- Incontinence may be temporary.
- Your nurse will talk with you about ways to manage, including how to protect your skin.
- Catheters to drain urine from the bladder are not routinely used to manage incontinence, as they increase your risk for a bladder infection.

Emotional complications

- **Depression** and **anxiety** are common, normal reactions to having a stroke. It's important to address these complications just as we do physical ones.

Treating depression or anxiety

- It's important to address severe and/or prolonged feelings of anxiety or hopelessness.
- Your doctor may prescribe medications and/or refer you to a specialist.

Brain complications

- Problems in the brain related to the stroke can include swelling and seizures.

Treating brain swelling or seizures

- Sometimes the brain can swell in response to the injury of the stroke. In some cases, medication is given to reduce the swelling. Sometimes, as swelling goes down, weakness or speech problems from the stroke can get better, though not always.
- The brain may also react to the stroke with abnormal electrical activity, or seizures. If you are having seizures, you may need medication to help control them.

