



let's talk about

Complications After Stroke

Your doctor's highest priorities after a stroke are to prevent complications from the 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 things happen as a direct result of injury to the brain due to stroke. Others are because of a change in your abilities. For example, being unable to move freely can result in bedsores. Clinical depression can also occur with a stroke.



What are common complications of stroke?

The most common complications of stroke are:

- Brain edema — swelling of the brain after a stroke.
- Pneumonia — causes breathing problems, a complication of many major illnesses. Common swallowing problems after stroke can sometimes result in things 'going down the wrong pipe', leading to aspiration pneumonia.
- Urinary tract infection and/or bladder control.
- 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 weakness or paralysis. This usually is caused when the affected arm hangs resulting in pulling of the arm on the shoulder.
- Deep venous thrombosis — blood clots form in veins of the legs because of immobility from stroke.

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 provider or by both of you working together.

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Types of treatment may include:

- Range-of-motion exercises and physical therapy to avoid limb contracture, 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. These all help to decrease the risk of pneumonia.
- Psychological treatment can include counseling or therapy for feelings that result from clinical depression. Types of treatment may include antidepressant medication, psychotherapy or both. You may also be referred to a local stroke support group.



Physical therapy and range-of-motion exercises are effective ways to strengthen limbs and prevent muscular contracture.

HOW CAN I LEARN MORE?

- 1** Talk to your doctor, nurse or other healthcare professionals. Ask about other stroke topics.
- 2** Call **1-888-4-STROKE** (1-888-478-7653) or visit us at **StrokeAssociation.org** to learn more about stroke.
- 3** Call the American Stroke Association's "Warmline" at **1-888-4-STROKE** (1-888-478-7653), and:
 - Sign up for *Stroke Connection*, a free magazine for stroke survivors and caregivers.
 - Talk to other stroke survivors and caregivers and find local support groups.

Do you have questions for the doctor or nurse?

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

For example:

What complications am I most at risk for?

What can I do to prevent complications?

My Questions:

We have many other fact sheets to help you make healthier choices to reduce your risk, manage disease or care for a loved one. Visit strokeassociation.org/letstalkaboutstroke to learn more.

Knowledge is power, so Learn and Live!