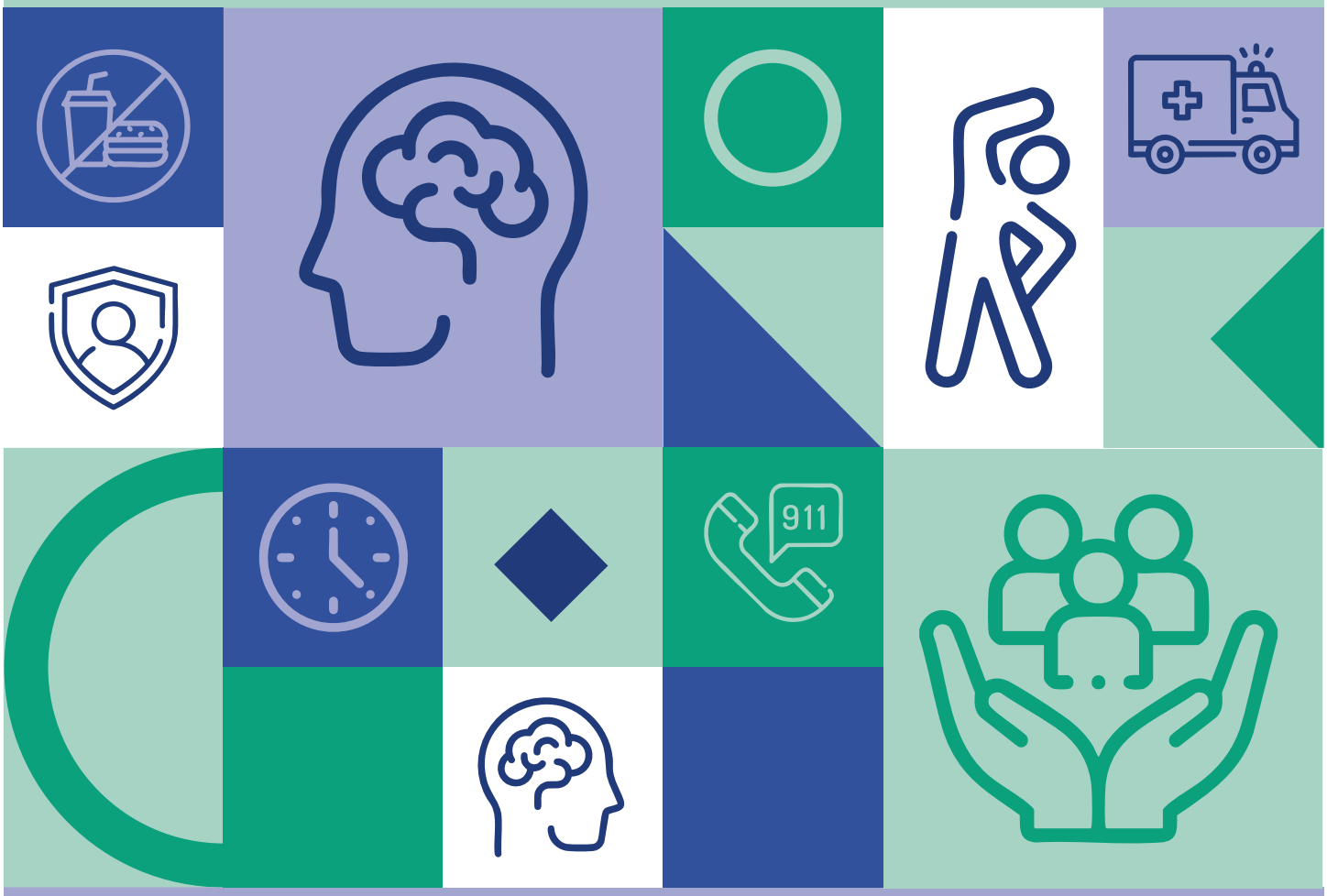
MY STROKE JOURNEY
A guide following an Ischaemic Stroke

Bermuda Hospitals Board

A resource guide for stroke survivors and their caregivers



This guide will help you understand your stroke and what to expect. Please bring it to every appointment and share it with your family and care team.

Feel free to speak with a member of staff about any aspect of your care at any point.

This guide provides general information. It is not medical advice. Consult your healthcare provider for medical advice specific to your situation.

Produced by Bermuda Hospitals Board Primary Stroke Centre in collaboration with the Bermuda Stroke Association.

www.bermudahospitals.bm | www.stroke.bm

CONTENTS

SECTION	CONTENT	PAGE
A	**In Hospital**	
A1	What is a stroke?	3
A2	Types of stroke	3
A3	My stroke care team	4
A4	Hospital journey	5
B	**Going Home**	
B1	Discharge checklist	7
B2	Next steps after discharge	8
C	**Life After Stroke**	
C1	Looking after yourself	9
C2	Reducing your risk of another stroke	10
C3	Tips for recovery	10
C4	My appointments	11
C5	Blood pressure diary	12
C6	Post-stroke check-in	13
C7	Caring for a stroke survivor	14
What to do in a stroke emergency		16
'The strength you do not see' — from one survivor to another		16

SECTION A: In Hospital

A1

What is a stroke?

Your brain needs a constant supply of oxygen carried by your blood.
A stroke happens when the blood flow to part of your brain is cut off. Brain cells start to die within minutes, which is why acting fast is so important. There are three different types of stroke.

A2

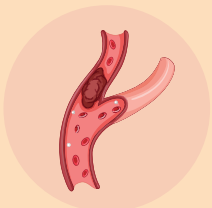
Types of stroke

☑

1. Ischaemic stroke
(pronounced: i'ski:mik): a blocked artery

This is the most common type. A blood clot blocks an artery and stops blood from reaching part of the brain. It is usually caused by one of two things:

- Embolism: a blood clot forms somewhere else (often the heart), then travels up to the brain and gets stuck.
- Thrombosis: a brain artery slowly narrows over time because of fatty build-up on the inside wall (called plaque), until blood can no longer get through.



☐

2. Haemorrhagic stroke
(pronounced: hem-uh-RAJ-ik): a burst artery

This happens when a blood vessel in the brain bursts and bleeds into the brain tissue. It is usually caused by:

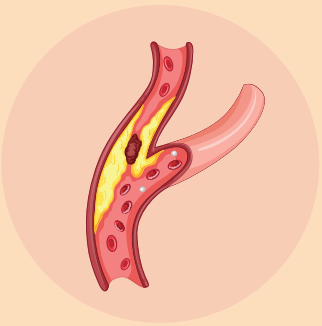
- High blood pressure
- A weak spot in a blood vessel wall (called an aneurysm)

☐

3. Transient ischaemic attack (TIA):
a mini-stroke

A TIA is a short, temporary block in the blood supply to the brain.

The symptoms look just like a stroke, but they go away on their own within a few minutes and do not cause lasting damage.



A3

My stroke care team

Who is looking after me?

You will be looked after by a multi-disciplinary team, meaning professionals from different specialties working together with you and your family. Your team will be tailored to your individual needs.

Doctor

Nurse

Physiotherapist

Occupational therapist

Speech & language therapist

Dietitian

Medical social worker

Psychology

Gp / family doctor

Other care team member

A4

Hospital journey

After a stroke, you will usually need to stay in hospital for more tests and treatment.
You will be looked after by a team trained in stroke care. Getting the right treatment quickly gives you the best chance of a good recovery.

Looking after you: checks and tests

Your healthcare team will keep a close eye on you and may run a few tests. These help them understand what happened, why and how best to help you recover. You will not need every test; your doctor will choose the ones that are right for you.

Regular checks on the ward	• Blood pressure, often every few hours • Stroke symptoms and how your brain is working • Heart rate, oxygen levels and temperature
Brain scan	**Pictures of the inside of your head so doctors can see the stroke:** • CT scan (computerised tomography) or MRI scan (magnetic resonance imaging) • Shows the type, place and size of the stroke
Ultrasound	• Uses sound waves and is painless • Checks the blood vessels in your neck and head • Shows how well blood flows to your brain
Blood tests	• A small sample of blood is taken from your arm • Looks for causes such as high cholesterol or high blood sugar • Checks how your kidneys and liver are working
Heart tests	**Some strokes start in the heart, so the team may check how your heart is working:** • ECG: small sticky pads record your heartbeat to look for an unusual rhythm • Echocardiogram: an ultrasound of the heart that looks for clots or unusual openings • Holter monitor: a small device worn for 24 to 48 hours that records your heartbeat as you go about your day

It is normal to feel worried or overwhelmed. Ask any member of your care team to explain anything you are not sure about. We are here to help.

Good To Know

If you are unsure what a test is for, or what to expect, just ask. Your care team will always explain in a way that makes sense to you.

Your medicines

Your doctor will prescribe medicines just for you. Some are taken by mouth; others may be given by injection, especially in the first few days.

Important — please tell your healthcare team about:

- All prescription medicines you currently take
- Any over-the-counter remedies (such as aspirin, vitamins or antacids)
- Any herbal or traditional remedies

Getting moving early

As soon as it is safe, your team will help you to start moving, even if it is just sitting up in bed or taking a few steps. This is called early mobilisation, and it really helps your recovery.

- Helps prevent problems such as blood clots and chest infections
- Supports muscle strength and good circulation
- Your safety comes first; always ask for help before getting up

Watching for complications

The team will keep watch for any problems that can sometimes happen in the days after a stroke, such as swallowing difficulties, infection or low mood. Spotting these early means they can be treated quickly.

Planning your rehabilitation

Rehabilitation begins in hospital. Your team will check your movement, strength, communication and daily living skills, and will talk with you and your family about the support you need next.

Rehabilitation may include:

- Physiotherapy — to help with movement, balance and strength
- Speech and language therapy — if swallowing or communication is affected
- Occupational therapy — to help you manage daily activities at home
- Psychology

Planning for discharge

Planning for going home starts early, often within the first 24 hours. This helps make sure everything is ready before you leave the hospital.

Letter to your GP	A written summary of your care is sent to your family doctor (GP).
Community services	If needed, the team can advise you on homecare, outpatient rehabilitation, or a place at a nursing home.
Equipment and home changes	Your team may suggest mobility aids, special equipment or small changes at home to keep you safe.
Follow-up appointments	Book outpatient appointments as advised.

SECTION B: Going Home

B1

Going home: discharge checklist

Before you leave hospital, your healthcare team will go through this list with you.
Use it to make sure you have clear answers to the questions below.

1. what is my diagnosis?

Ischaemic stroke / Haemorrhagic stroke / TIA (circle one)

2. What are my stroke risk factors?

High blood pressure / High cholesterol / Diabetes / Atrial fibrillation or heart problem

Smoking / Excessive alcohol / Physical inactivity / Overweight or obesity

3. What can i do to prevent another stroke?

Notes:

4. What medicines do i need to take?

Notes:

5. What is the plan for my rehabilitation?

BHB Day hospital rehabilitation (Referral made: Yes / No)

Physiotherapy / Occupational therapy / Speech & language therapy / Private therapy

Start date: **Contact:** **Other:**

Home modifications needed? Yes/No
The Bermuda Housing Corporation (BHC) may offer interest-free loans up to $15,000 for home modifications. Repayment can be as low as $75/month based on income. Ask your social worker or occupational therapist for details

6. Should i join a stroke or carer support group?

☐ **YES / NO** Please contact the Bermuda Stroke Association for more information on **www.stroke.bm/contact**

B2

Next steps after discharge

Recovery does not end when you leave hospital.
The steps below show what to expect and what you should do in the weeks and months after your stroke.

Within 48 hours of discharge	• Contact your GP to book a follow-up appointment • Confirm your first rehabilitation appointment (Day Hospital or private)
Within one to two weeks	• GP visit: blood pressure check, medication review • Continue rehabilitation programme
1 To 3 months	• Follow-up with BHB Primary Stroke Centre or neurologist • Cholesterol (LDL) recheck • Consider joining the Bermuda Stroke Association support group • Review driving status with your doctor
6 Months	• Full stroke review with your GP • Assess recovery progress
Annually	• GP visit: blood pressure check, medication review • Risk factor reassessment

Important reminders:

- Take your medicines as instructed
- Keep all follow-up appointments, even if you feel recovered
- If you think you are having another stroke, call 9-1-1 immediately
- Share this guide with your family and carers
- Contact the Bermuda Stroke Association for peer support

SECTION C: Life After Stroke

C1

Looking after yourself

Small, consistent actions each day can make a real difference to your recovery and long-term health.

1	**Book follow up appointments**	Schedule visits with your doctor as soon as possible.
2	**Start outpateient rehabilitation**	Continue physiotherapy, speech therapy, or occupational therapy if needed.
3	**Control risk factors**	Monitor blood pressure daily at home; take all medicines as prescribed.
4	**Get support**	Bermuda Stroke Association — attend support groups and connect with others.
5	**Make your home safe**	Adhere to home modification and equipment recommendations made by the rehabilitation team.
6	**Organise your medicines**	Use a pill organiser, set phone alarms, keep a medicine list in your pocket.

C3

Reducing your risk of another stroke

Understanding and managing your risk factors is the most powerful thing you can do.
Some factors cannot be changed, but many can. Your care team will help you set targets.

Risk factors in your control:

High blood pressure	The single most important controllable risk factor for stroke. Check your blood pressure regularly and take prescribed medicines consistently, even when you feel well.
High cholesterol	High levels of LDL ('bad') cholesterol can narrow blood vessels and increase clot risk. A healthy diet, regular exercise and cholesterol-lowering medicines can all help.
Diabetes	People with diabetes have a significantly higher risk of stroke. Keeping your blood sugar within the target range through diet, exercise and medicines helps reduce this risk.
Smoking	Smoking 20 cigarettes a day makes you six times more likely to have a stroke than a non-smoker. Stopping smoking at any age reduces your risk significantly.
Irregular heart beat known as atrial fibrillation	An irregular heart rhythm that allows blood clots to form in the heart. It increases the risk of stroke five-fold. There are effective treatments available. Ask your doctor.
Unhealthy lifestyle	Being inactive, eating poorly, excessive alcohol and obesity all raise blood pressure, cholesterol and diabetes risk. Small, consistent changes to daily habits make a real difference.

Risk factors outside your control:

Age
The risk of stroke roughly doubles every ten years after the age of 55, though stroke can affect people of all ages.

Gender
Men have a slightly higher overall risk of stroke; however, women's risk increases after the menopause.

Family history and genetics
Some genetic conditions can increase stroke risk.

Previous stroke, tia, or heart attack
If you have had any of these events, you are at greater risk risk for future stroke.

This is why follow-up care is so important.
These factors cannot be changed, but knowing about them helps you and your care team ensure you receive the right level of support and monitoring.

C4

Tips for recovery

Rehabilitation is a journey, not a one-off event. Be patient with yourself, take it one day at a time, and celebrate small wins. Always speak to your healthcare team before starting any new exercise or activity.

 **Your mindset**	• Remember rehab is a journey, not a race. Stay patient and positive. • Set your own goals and write them down. • Each day, notice one good thing that happened or something new you achieved. • Be proud. You are a stroke survivor!
 **Your body and brain**	• Ask your therapists about every type of rehab that might help you. • Aim for 20 minutes of physical and mental exercise each day. • Stretch before you get out of bed in the morning. • Notice what you can now do that you could not three months ago.
 **Challenging yourself**	• Wave hello using your weaker hand. • Practice writing with your weaker hand; it gets better with repetition. • Try tying your shoelaces; push yourself a little. • Film yourself doing exercises and rewatch each month. You will see improvement!
 **Staying connected**	• Send a thank-you card to a therapist, doctor, or helper. It will lift you both. • Keep a journal of your progress. • Eat nourishing food that supports your recovery. • Connect with other survivors; contact the Bermuda Stroke Association.

C5

My appointments

Date	Time	Appointment type	Doctor / clinic	Phone / location

C5

Blood pressure diary

Use this table to write down your blood pressure readings.
Keeping a record helps you and your doctor manage your blood pressure.
Ask your doctor how often you should take your readings.

Date	Time (am)	Blood Pressure	Pulse	Time (pm)	Blood Pressure	Pulse

C6

Post-stroke check-in

Use this at follow-up appointments.
If you answer YES to any question below, speak to your doctor.

		Yes / No
Daily activities	Are you finding it harder to look after yourself e.g. getting dressed, washing, cooking?	☐ Yes ☐ No
Mobility	Are you finding it harder to walk or move about safely?	☐ Yes ☐ No
Communication	Are you finding it harder to speak, understand, read, or write?	☐ Yes ☐ No
Mood	Do you feel more anxious or low than before your stroke?	☐ Yes ☐ No
Memory & thinking	Are you finding it harder to think clearly, concentrate, or remember things?	☐ Yes ☐ No
Fatigue	Are you so tired that it stops you exercising or doing everyday activities?	☐ Yes ☐ No
Pain	Do you have any new pain?	☐ Yes ☐ No
Relationships	Have your relationships with family or friends become more difficult?	☐ Yes ☐ No

Notes:

C7

Caring for a stroke survivor

Practical tips so your loved one recovers well and so you look after yourself too.

A

Prepare

Get things ready and agree the ground rules

- **Agree the rules:** talk about phones, photos and social media; do not invite visitors or use their personal items without asking.
- **Make the home safe:** install grab bars, non-slip mats, night lighting; keep emergency numbers visible.
- **Stay organised:** use a diary, calendar or app for appointments, goals and routines.
- **Know what is expected:** be clear on daily jobs and hours; check in often with the family.
- **Be ready for emergencies:** know when to call 911 and where medicines and contacts are kept.

B

Anticipate

Think ahead for the ups and downs

- **Be patient:** recovery is slow; measure progress against goals, not single days.
- **Learn about stroke:** know the type and effects (e.g. weakness, or trouble speaking: aphasia).
- **Use good resources:** ask the hospital, Bermuda Stroke Association or GP for trusted information.
- **Manage medicines:** keep an up-to-date list (including stopped ones); use a pill box or reminder.
- **Look after yourself:** rest, exercise, see friends — if you burn out you cannot help anyone.

C

Be proactive

A positive, active approach makes a real difference

- **Celebrate small wins:** every step matters; short phone videos show how far they have come.
- **Support their therapy:** build physio, OT and speech exercises into the daily routine.
- **Prevent falls:** help with walking aids; keep floors clear; take care in new places.
- **Keep the mind busy:** puzzles, games or simple hobbies that gently stretch their ability.
- **Keep good notes:** a daily log helps the family, doctor and other carers.

D

Engage

Good communication and connection help healing.

- **Speak clearly:** short sentences; allow time for a reply, especially with aphasia.
- **Listen with care:** let them share fears; gently plan the next small step together.
- **Keep them connected:** visits, phone and video calls lift their mood and fight loneliness.
- **Join a support group:** the Bermuda Stroke Association connects you with others who understand.
- **Use helpful tech:** smartwatches can call 911 after a fall; apps help with speech, exercise and medicines.

C8

Daily checklist

Tick these off each day: the basics of good care.

Daily care:

- [ ] Help with bathing and grooming
- [ ] Brush teeth or clean dentures
- [ ] Dress for weather and comfort
- [ ] Help with toilet (and incontinence if needed)
- [ ] Help them move: walking, transfer or wheelchair

Medicines and health:

- [ ] Give all medicines on time, correct dose
- [ ] Watch for side effects or changes
- [ ] Check BP, blood sugar or temperature if asked
- [ ] Keep a medicine log; reorder in time
- [ ] Keep your CPR training up to date

Home and safety:

- [ ] Light housework, laundry, clean bedding
- [ ] Check for fall hazards each day
- [ ] Emergency numbers handy; first-aid stocked
- [ ] Know the signs that need a 911 call
- [ ] Keep walkways clear and well lit

Emotional wellbeing:

- [ ] Spend time talking and doing things together
- [ ] Watch mood: sadness, worry or confusion
- [ ] Encourage them to do things for themselves
- [ ] Keep routines steady and familiar
- [ ] Praise effort, not just results

Appointments and family:

- [ ] Make and attend medical appointments
- [ ] Take notes during visits
- [ ] Keep family and care team updated
- [ ] Keep important papers in one safe place
- [ ] Plan ahead for transport and travel

Look After Yourself Too

This is not selfish, it is essential. Rest, exercise, see friends, do things you enjoy. Caring is a marathon, not a sprint.

STROKE EMERGENCY

1 **Call 911**
Immediately contact emergency services. Do not drive to the hospital.

2 **Note The Exact Time**
Record when the first symptoms appeared. This is crucial for treatment options.

3 **Use 'BE FAST'**
Call 911 immediately.
- **B:** Balance
- **E:** Eyes
- **F:** Face
- **A:** Arms
- **S:** Speech
- **T:** Time

4 **Keep Person Safe**
Lay the person down on their side if possible, with their head slightly elevated. Loosen tight clothing and ensure they are breathing comfortably.

5 **No Food Or Drink**
Do not give the person any food, water, or medication, as they may have difficulty swallowing and could choke.

6 **Wait For Ambulance**
Stay with the person until help arrives. Emergency responders can begin treatment on the way.

Early recognition and quick response save lives and reduce disability. Consult a healthcare professional for more information.

Caregiver corner

10 tips for family caregivers

Balancing caregiving and self-care is essential. These practical tips help family caregivers protect their own well-being while supporting a loved one through stroke recovery. Caregiving is rewarding, but it can also be physically and emotionally demanding.

1. **Seek support from other caregivers**
   Connect with support groups or online communities for reassurance, emotional support, and practical advice.

2. **Take care of your own health**
   Focus on good nutrition, exercise, hydration, and rest so you can continue to care effectively.

3. **Accept offers of help**
   Let others assist with specific tasks such as meals, errands, transport, or short visits.

4. **Communicate with healthcare professionals**
   Prepare questions, take notes, and ask for clear explanations about treatment, medication, and follow-up care.

5. **Take respite breaks**
   Schedule regular short breaks to rest, recharge, and reduce the risk of caregiver burnout.

6. **Watch for signs of depression**
   Notice persistent sadness, fatigue, anxiety, hopelessness, or loss of interest, and seek support early.

7. **Be open to new technologies**
   Use apps, reminders, telehealth, and digital tools to help manage information, medications, and appointments.

8. **Organise medical information**
   Keep records, medication lists, appointments, and important contacts together in one place.

9. **Ensure legal documents are in order**
   Review and store key legal documents so important decisions can be handled smoothly when needed.

10. **Give yourself credit**
    Caregiving is demanding work. Recognise the effort, patience, and commitment it takes every day.

You are not alone

The Bermuda Stroke Association supports caregivers with information, guidance, and community connection for families across Bermuda.

The Strength You Don't See

You don't always notice it, but you're stronger than you think.

It's in the way you wake up despite the exhaustion.

It's in the way you smile even when your heart aches.

It's in the way you keep showing up,
Even when the world gives you every reason to hide.

Strength isn't always loud. It's not always about standing tall,

Or moving mountains, or winning battles. Sometimes, strength is soft.

Sometimes, it's just the decision to try again,

To believe that better days are coming,

Even when you can't see them yet.

So don't doubt yourself. You have survived every hard day, every heartbreak,

Every moment that felt impossible.
And you are still here.
Still standing. Still fighting.

That is strength. And it's already within you.

— Author unknown
From one survivor to another, you are not alone.