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# Thrombolysis

For the treatment of Ischemic Strokes

The Stroke Team



## Will it hurt?

The insertion of the cannula into your vein may feel like a small sting, but this should ease off once fully inserted into the vein. Some people describe either a warm or cold sensation in the arm when the medication is initially injected, but again this will settle down quickly.

Every patient is different. It is difficult to predict the end outcome for each individual. Some people feel a quick improvement in their symptoms, and others make a slower recovery. Some symptoms may be ongoing despite the medication. In this instance, rehabilitation for the physical changes may be necessary.

Please remember this is only a starting point for your discussion about your treatment. Please ask any questions at any time and the stroke team will be happy to help.

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## Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, the team can also advise upon how to make a formal complaint.

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Department: Stroke Team

Version: 1

Published: Feb 2018

Review: Feb 2020

When it is suspected that a blood clot may be causing your symptoms, a Stroke Specialist Nurse or a doctor from the Stroke team will be called.

## Where will the procedure happen?

As it is so important to administer the medication as soon as possible, once all the tests have been performed, and the Consultant has discussed the medication with you, the medication will be given. This will either be in the A&E department, the CT scanner in radiology, or on the Hyper Acute Stroke Unit (HASU- Cedar ward).

## What Happens during thrombolysis?

Please feel free to ask any questions you may have at any stage.

The medication will be given into your blood stream via a vein. A small cannula (a thin synthetic tube) will be placed into a vein in your arm. The medication will then be injected into the vein over the period of an hour. It is normal to be awake throughout the procedure and your blood pressure, heart rate and breathing will be monitored whilst the medication is given, and for 24 hours after the medication is given.

After the medication is given, you will be closely monitored by the stroke team, and after 24 hours, some scans may be repeated to check if the medication has had an effect.

# Thrombolysis

## The Stroke Team

## Patient information

This leaflet tells you about having thrombolysis. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions.

If you have any further questions, please ask a member of the Stroke Team (i.e. Doctor, specialist Nurse, therapists).

## What is Thrombolysis?

Thrombolysis is the breakdown of blood clots with the use of drugs. This is most effective in the first **4.5 hours** following the onset of your initial stroke symptoms. After 4.5 hours, the drugs may cause more risks compared to benefit.

Once a clot starts to form in a blood vessel, it may continue to grow and block the whole vessel. This would cause a disruption in your normal physical abilities.

It is possible to dissolve the clot by directly injecting a special "clot-busting" drug into the vein. This can lead to a great improvement in blood flow and may improve your physical symptoms.

Sometimes an underlying narrowing is revealed in the blood vessel, or the clot may be too thick for the medicines to break down the clot. It may be possible at this stage to have an

operation or angiogram, to insert a stent (opening a narrowing vessel) or to remove the clot (thrombectomy).

## Why do you need Thrombolysis?

If a blood clot is suspected in one of your blood vessels, the stroke team will carry out certain tests to locate the blockage.

These tests include:

- Computed Tomography (CT scan)
- CT Angiography
- Doppler Ultrasound
- Magnetic resonance imaging (MRI)
- Blood samples
- Electrocardiogram (ECG)

If nothing is done about the blockage, then severe and permanent damage may occur to your physical abilities.

## Are there risks?

As with any medical procedure, there are some risks and complications that can arise. Thrombolysis medication is essentially a blood thinner, so there is a risk of bleeding elsewhere in the body.

Commonly, bleeding or leaking from any puncture sites (such as from where the nurses have taken blood samples) or any bruising may appear to get worse. A minimal amount of bleeding from the gums is also common. More rarely, bleeding internally from the bowel or into the brain may occur.

There is a 1 in 8 chance of significant recovery. There is a 1 in 18 chance of subsequent intracranial haemorrhage.

## Who has made the decision?

The Stroke Consultant in charge of your care on that day will consider all the test results and make the best decision for your care. Thrombolysis is most effective within **4.5 hours following the onset of symptoms**. If too much time has passed, the “clot-busting” medication can be ineffective and cause more harm than good.

As the patient, you always have a choice, and the stroke doctors or specialist nurses will discuss all the risks and benefits with you.

## Are you required to make any special preparations?

Thrombolysis for emergency vessel blockage is usually most effective within 4.5 hours, so it is important to carry out important tests and receive the medication as soon as possible.

If you already take blood-thinning medication (Warfarin, Rivaroxaban) or if you have any allergies, it is important to inform the team.

## Who will you see?

Initially when you attend Accident and Emergency department (A&E), you will see the A&E doctors and nurses who will carry out your initial tests.