

Patient information

Thrombolysis for stroke

What is a stroke?

One type of stroke occurs when a blood clot blocks an artery in the brain. This stops the blood supplying oxygen to part of the brain and causes brain cells to die. This can result in permanent damage to the brain and cause disability.

What is thrombolysis?

Thrombolysis is the administration of the drug Alteplase, the “clot busting drug”. This dissolves the clot, restoring blood supply to that part of the brain and reduces the amount of damage caused.

Thrombolysis must be given within **4.5 hours** of the onset of symptoms, and the sooner it is given the more effective it is likely to be.

How well does thrombolysis work?

For every 100 people treated with thrombolysis, 32 will have a better outcome, meaning they will have little or no disability in three months’ time.

For 65 people out of 100 there will be no effect from the thrombolysis.

What are the risks?

The main risk of the drug is bleeding. There is a 5 - 6% risk of bleeding, which may be inside the brain or elsewhere in the body.

A smaller percentage of people, 1 - 2%, will suffer a significant bleed in the brain

resulting in a worse outcome and may potentially cause death.

Thrombolysis is ten times more likely to help a person than harm them and the sooner it is given the less the risk of bleeding.

How is it given?

Before the drug is given, you will be assessed by a specialist nurse, a doctor and a stroke consultant. You will only be offered the drug if the consultant feels that the risks do not outweigh the benefits.

The drug is given through a small cannula in your arm and is usually painless.

You will be very closely monitored on our stroke unit by nurses specially trained in stroke care and will have a repeat scan of your head the following day.

If you do not wish to have this treatment, your care will not be affected and you will still be admitted to our stroke unit to receive the standard treatment for stroke.

Please inform your stroke consultant/nurse if:

- You are taking any blood thinners eg warfarin, apixaban, dabigatran, rivaroxaban, endoxaban
- You have any bleeding disorders
- You have had any surgery in the last three months
- You have had any history of bleeding, particularly in your brain or your stomach

If you have any questions please speak to your Stroke Consultant or Stroke Nurse.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

