

"Written by the Mob for the Mob"

# STROKEO

Booklet



# Acknowledgement and Welcome to Country

## **Uncle Neville Sampson, Aboriginal Elder**

### **Good morning**

Hello, welcome to all

I would like to acknowledge my Gamilaraay Elders the past and the present,  
the Traditional Owners of this land that we are on today.

Have a wonderful day

Thank you

### **Gamilaraay words for the Welcome**

Gaba buliyaagu

Yaama, yaamandaay

Ngaya giirr naangu ngay Gamilaray

Nhama yalagiirmawu ngaragay yalagiyu nhama

Wurruga nhalay dhawun garaga yilaadhu

Gaagi gadhabal yaraadha

Gaba nindu

On behalf of the Elders that reside on country that this book has been researched on,  
I acknowledge the publishing of this book. The information contained in this book will help  
“Close the Gap” in health for our people.



**Neville Sampson Aboriginal Elder**



# Foreword

It is with great pleasure and pride that I write the foreword to this book and pay my respects to the traditional owners Elders past and present and those who are yet to come whose country this book is based upon. It has been a wonderful journey meeting fantastic people including children from across various communities that Hunter New England Local Health District services.

This book was endorsed by Elders to educate and raise awareness of having a stroke to the Aboriginal community. The drive and dedication of Rachel Peake (Stroke Care Coordinator ), Mary Dieckmann , Karen Baker Jeremy Hatfield, Reakeeta Smallwood and the financial support of Hunter New England Local Health District, University of New England and Professor Cynthia Stuhmiller has allowed this book to become a reality.

This book has been written by the Aboriginal people for the Aboriginal people of the Kamilaroi , Gomeroi, Gamilaroi, nations by residents of these lands and also for our other fellow Aboriginal Australians.

I would also like to acknowledge all the people who have contributed their stories, art work contributed by Peel High School students and the children from Toomelah State School. The students of Toomelah at such a young age are able to understand, visualize and compare what happens to the brain with a river being blocked is simply amazing. Without all these people 's contribution no book would exist.

This book is about education and people's stories who have had the misfortune of a stroke which changes people's lives, lifestyles and also peoples resilience to move forward.

We all think that we are bullet proof and that stroke, Heart Attack etc won't happen to us and so we do not bother to collect knowledge or heed the warning signs of these conditions until it happens to us. Having the basic information regarding stroke can be the difference in surviving and minimizing damage. I was one of those people who thought it won't happen to me when we started this book, but I was not bullet proof either having two TIA'S.

Due to lifestyle and life choices that exist today compared to earlier times the risk of having a stroke is higher. The advancement of medical science and rehabilitation equipment in today's society means survival of a stroke and recovery is fairly high if we follow the procedures of knowing what to do.

Please read the book, not only for yourself but also so you can assist others in whatever their journey of health maybe.



**Ian (Joe) Miller Bsc Human Services**  
**Aboriginal Mental Health Coordinator**  
**Hunter New England Local Health District NSW**

# Aboriginal Stroke Education Booklet

## “Written by the Mob for the Mob”

### Aim of the Booklet

To promote stroke knowledge and health outcomes for local Aboriginal people through the development of a stroke specific education resource package.

### Booklet development

- Aboriginal elders recommended informal discussion and focus groups to gain community engagement and acceptance.
- Various Aboriginal groups were engaged in the process including school children, elders, and stroke survivors.
- A Health professional and Nursing Students provided stroke content through presentations, written information and informal discussion.
- Aboriginal community members interpreted the information through personalised stories, artwork and analogies.

### The Aboriginal community own the Booklet

The Aboriginal people in the Peel and Mehi communities decided what information was important to them and how they wanted to convey the message and information to their people.



## The river is compared to blood flow

- > The river is seen as the blood flowing through the body.
- > If you fill the river with junk and don't take care of it will become dammed up and nothing will survive. **Like a stroke caused by a block in the artery.**
- > Alternatively the river when it floods; breaks the weakest point in the bank and is compared to a **bleed in the brain.**

The artwork for the cover of the book has been created by the students of Peel High School. The Authors of poster Rachel Peake/ Stroke Care Coordinator HNE Meary-Anne Dieckmann and Jeremy Hattfield/ Registered Nurses HNE Tamworth Hospital.



# Stroke

“Written by the Mob for the Mob”

## Acknowledgement

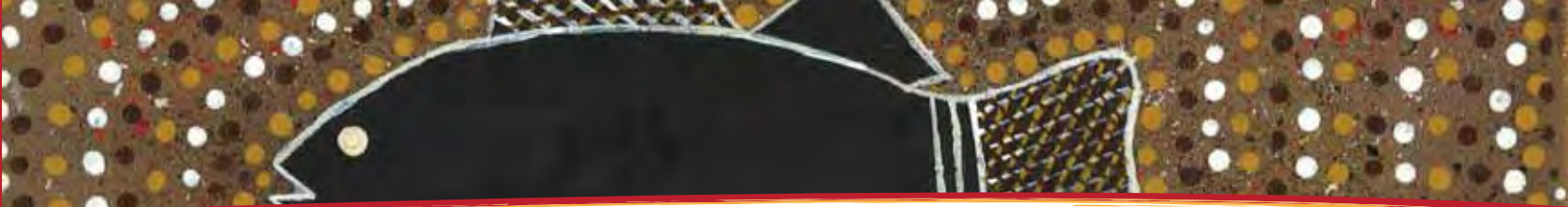
We acknowledge and pay our respects to the traditional custodians of the Kamilaroi, Gamilaraay, Gomeroi Country and recognize Aboriginal Elders past, present and future.

This booklet has been produced in collaboration with the people of the Kamilaroi region in conjunction with Hunter New England Health Network and The University of New England. This booklet has been developed ‘by the people, for the people’.

Please be advised that this booklet may contain names, stories and/or images of people who have lived and may have passed away. There is no intent to cause offense or harm, permission has been given to assist in the goal to lower the risk and harm caused by strokes, through education and storytelling.

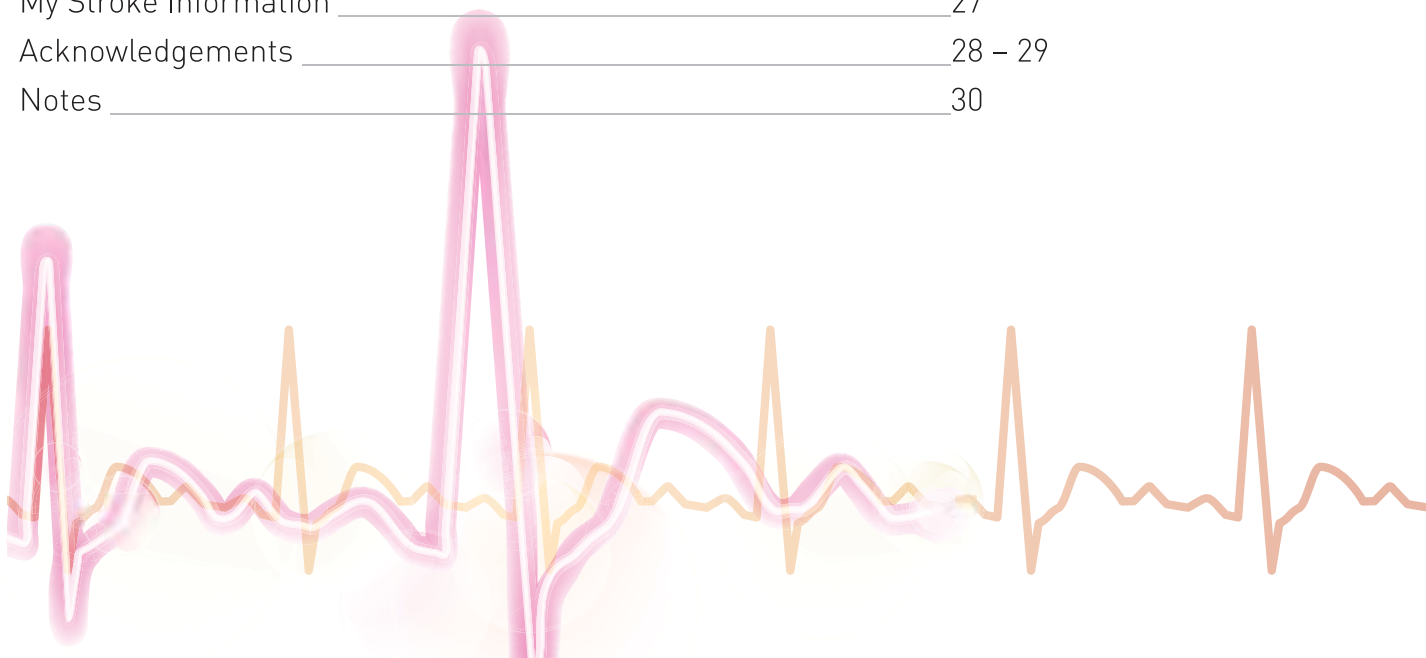
## NEW SOUTH WALES LOCAL HEALTH DISTRICTS MAP Includes Medicare Locals and Aboriginal Medical/Health Services locations





# Contents

What is a Stroke? _____	6
Are all Strokes the Same? _____	6
The Dr Said I've had a TIA, what does that mean? _____	6
What is an Ischaemic Stroke? _____	7
What is a Haemorrhagic Stroke? _____	7
How will I know I am having a Stroke? _____	8
What Causes Strokes? _____	9
Be healthy, eat better, move more _____	10
Bills Stroke Story _____	11
Audrey's Stroke Story _____	12
Pam's Stroke Story _____	13
What will happen after 000 is called? _____	14
What will happen at the Hospital? _____	14
Who will look after me in the Hospital? _____	15
How will I feel after I have had a Stroke? _____	17
Going to the toilet _____	18
Memory and Thinking _____	18
Will I be able to go back to work after my Stroke? _____	19
Can I drive after my Stroke? _____	20
Intimacy and relationships _____	21
What can Family and Friends do to help in the Hospital? _____	22
How is Bill after his Stroke _____	24
How is Audrey after her Stroke _____	25
How is Pam after her Stroke _____	26
My Stroke Information _____	27
Acknowledgements _____	28 – 29
Notes _____	30



# What is a Stroke?

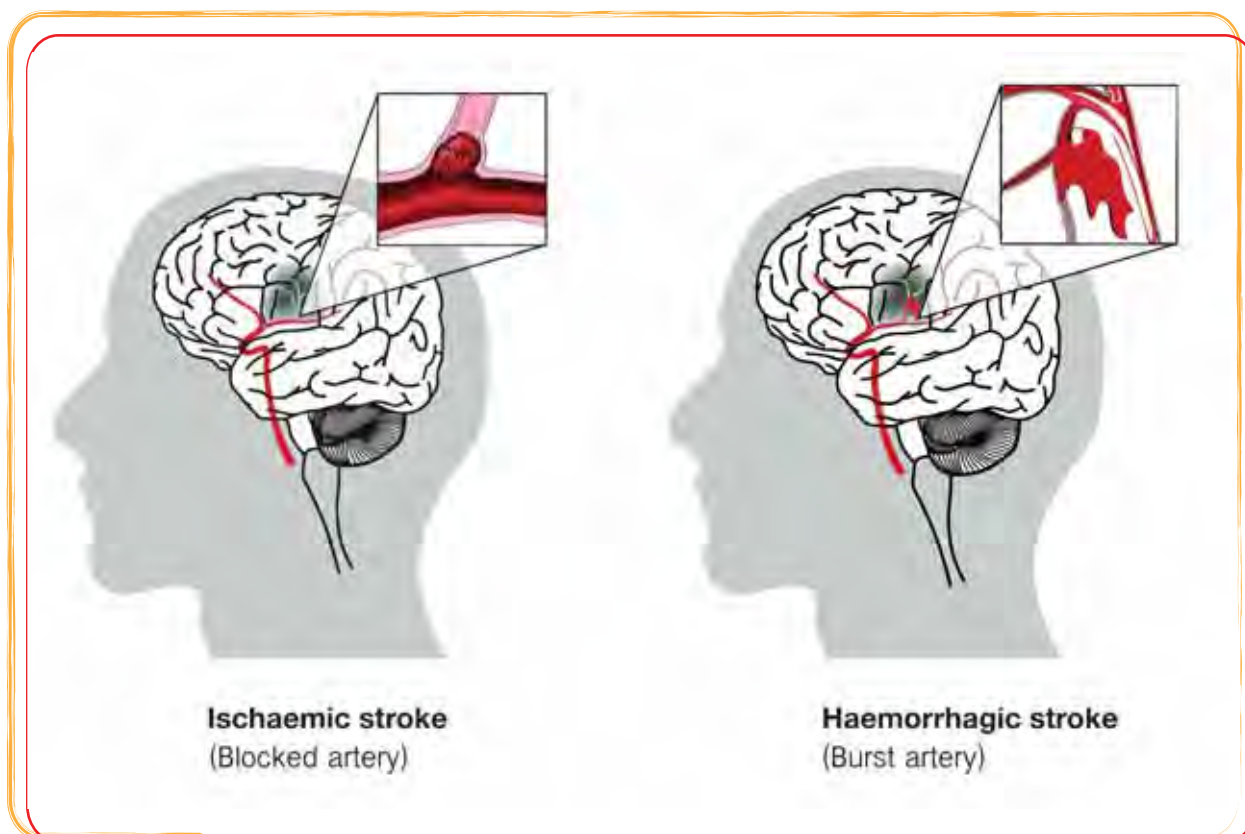
A stroke is caused by a sudden lack of blood flow within the brain, which causes your body not to work properly.

## Are all Strokes the same?

No, not all strokes are the same. There are two types of strokes; Ischemic (blockage) and Hemorrhagic (bleed).

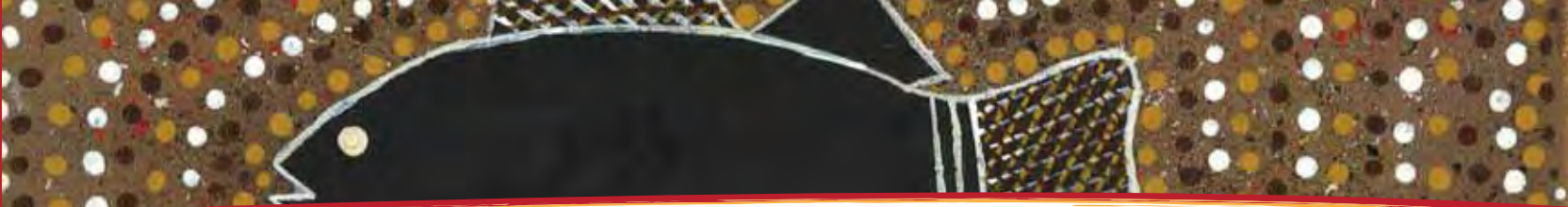
**Ischaemic strokes** are caused by blockages formed from blood clots, which stop blood from getting to parts of the brain and causing the death of tissue.

**Haemorrhagic stroke** are caused by a blood vessel tearing or bursting, which creates pressure within the brain and does not allow adequate blood flow.



## The Dr said I've had a TIA, what does that mean?

Sometimes the stroke symptoms fade away quickly, this can be a warning that a bigger stroke may happen in the future. It is very important that you call 000!



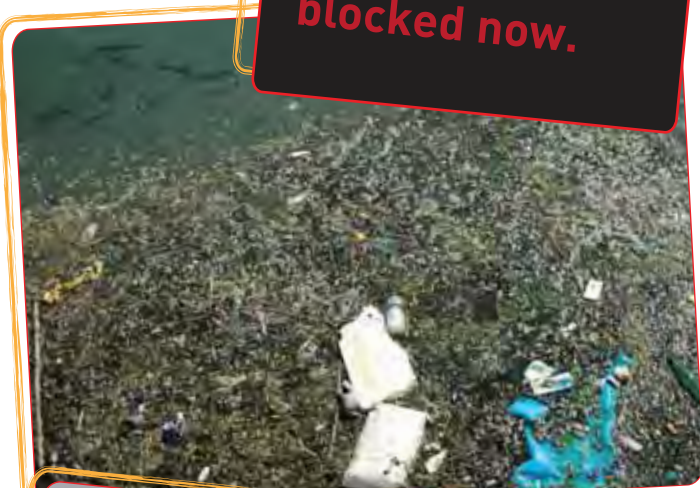
# What is an Ischaemic Stroke?

“An Ischaemic stroke is like A Murray Cod fish swimming up the Macintyre River, but the cod is struggling to get up the river because of all the rubbish and pollution, causing a blockage in the river system”. (Oxygen in the blood, can’t get to the brain because of the clot stuck in the artery).

‘When there is a blockage in the brain, it is like damming up a river and no water past that point means that grass, trees and animals die down stream’.

- Norman

**nhama guway  
muurr yilaadhu**  
**The blood is  
blocked now.**



# What is a Haemorrhagic Stroke?

“A tear or bleed in the brain is like when a dam breaks its banks and water floods all over the land and causes damage, this is the same in the brain. Too much blood means that the tissue is drowning and can’t get enough oxygen”

- Norman

**nhama guway  
banagawaanha**  
**The blood is  
flowing.**





# How will I know I am having a Stroke?

It is very important to act **FAST!**  
Stay calm, and call an ambulance straight away!

When **Pam** first had her stroke, she explained that her arm felt 'queer', she had a headache and just felt unwell.

**Bill** was found passed out on the floor, he woke up in hospital with no feeling on one side of his body and was blind in one eye.

**Connie** woke up one morning on the floor, she felt ok and went to work. When Connie got to work she could not talk, and her words were slurred.

**Audrey** is unable to recall a lot of what happened, however she recalls her reflection in the mirror as being 'distorted' and talking 'gibberish'.

## Stroke signs and symptoms may be different for everyone

If you have the following, chances are you may be having a stroke:

- FACE – funny feeling or drooping on one side
- ARM – weak arm or leg on one side
- SPEECH – trouble talking, slurred or funny speech

## What should I do if I think I or someone I know might be having a Stroke?

It is very important to act FAST! Stay calm, and call an ambulance straight away!

How do you know if someone's having a **stroke**? Think...

# F.A.S.T.

 <p><b>F</b>ACE Check their <b>FACE</b>. Has their mouth drooped?</p>	 <p><b>A</b>RMS Can they lift both <b>ARMS</b>?</p>	 <p><b>S</b>PEECH Is their <b>SPEECH</b> slurred? Do they understand you?</p>	 <p><b>T</b>IME <b>TIME</b> is critical. If you see any of these signs, call 000 now!</p>
--	--	--	--

Think **F.A.S.T.** Act **FAST!** **CALL 000**

For more information call StrokeLine on 1800 STROKE (1800 787 653) or visit [www.strokefoundation.com.au](http://www.strokefoundation.com.au)



strokefoundation

# What causes Strokes?

Strokes can be caused by many things which can include; genetic (family), medical and lifestyle factors.

Did you know that Aboriginal people over the age of 35 are more at risk for having an irregular heartbeat, high blood pressure, heart disease and diabetes. Each of these also can increase your chances of having a stroke.

## Genetic

If you know someone in your family who has had trouble with high blood pressure, heart disease, cholesterol and diabetes, your chances of having a stroke are high.

## Medical

If you have AF or Atrial Fibrillation. This means your heart doesn't beat regularly, which can cause clots to form in your heart and travel to your brain.

## Lifestyle

These are the things you can change to be healthier. Did you know that cigarettes and junk food cause a build up of sticky stuff in your blood vessels that lead to blockages?

## Lower your risk;

- See your GP for a checkup regularly
- Quit smoking
- Get more exercise
- Eat Healthy

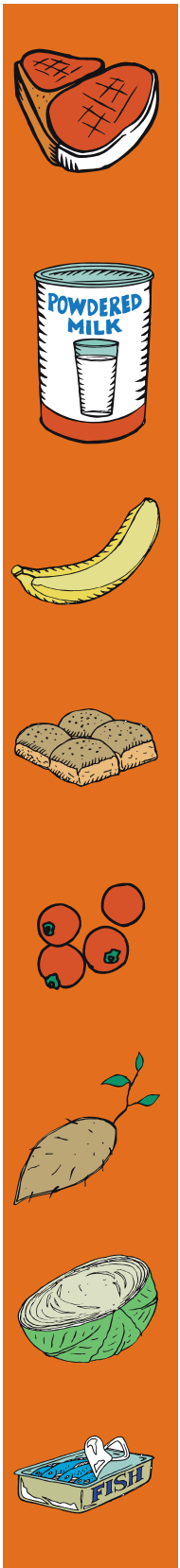


**“Our body is like the environment, if we don't look after it we ruin it and then it becomes sick”**  
- Norman McGrady

**“Think of your veins and arteries as the river systems that nurture our bodies, if we fill them up with junk and don't look after them the environment is destroyed and our health suffers”**  
- Norman McGrady

# Be healthy: eat better, move more

Here are some ideas to keep your family healthy and strong



## Move more

- It is never too late to start regular exercise.
- If you have not exercised for a while, start again slowly, and build it up over time.
- Walk more – at least half an hour every day.
- Walk rather than use the car.
- If you can, keep playing sport.

## Drink more water

- Choose water to drink.
- Adults should drink at least 2 litres of water a day.



## Eat a variety of fruit and vegetables everyday

- Choose from fresh, frozen, canned or dried.
- Choose fruit or salad vegetables as a snack.
- Add mixed vegetables to meals when cooking.
- Eat legumes such as baked beans, bean mix, soup mix and lentils.

## Eat wholegrain and wholemeal breads, cereals, rice and pasta

- Eat some of these foods with each meal.

## Eat less salt

- Eating too much salt can raise blood pressure and increase the risk of stroke and heart attack.
- Don't add salt to your food.
- Avoid foods with a lot of salt, eg tinned meats, sausages, hams, sauces, gravies, pies, sausage rolls, crisps and instant packet/cup noodles.

## Eat more bush foods

- Plant and animal bush foods have lots of nutrients and most are low in fat and sugar.

## Eat less fatty food and fried food

- Eating too much fatty and fried foods can make people put on too much weight and lead to diseases like diabetes and heart disease.

## To cut down on fats

- Eat more bush foods, fish, shellfish and lean meat.
- Choose salads, sandwiches/rolls, or meat and vegetable dishes from the takeaway.
- Eat less fatty meat, tinned corned beef, sausages and pies.
- Eat less fried foods like chips, fried chicken wings/legs, and fried meat.
- Eat less snack food like potato crisps, ice cream, chocolate and cakes.
- Cut the fat off meat before cooking, take the skin off chicken.
- Adults should choose reduced fat milk, cheese and yoghurt.
- If you use oil or margarine, use small amounts and choose canola or olive oil or polyunsaturated/monounsaturated margarine.

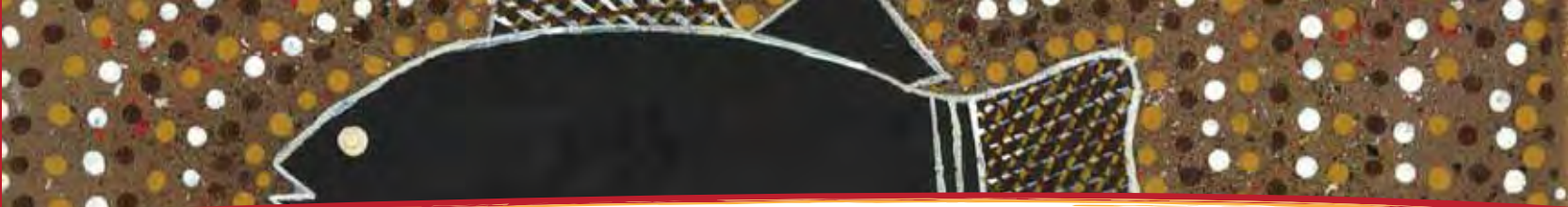
## Eat less sugar

- A lot of sugar is hidden in foods and drinks.
- Too much sugar can make us overweight.

## To eat less sugar

- Choose water instead of soft drink, cordial or other sweet drinks.
- Choose diet drinks instead of ordinary soft drinks, sports drinks, or cordial.
- Add less sugar to tea or coffee.
- Choose fruit juice with 'no added sugar' - only one small glass, small bottle or popper a day.
- Choose low sugar breakfast cereals like porridge or wheat biscuits.
- Eat less biscuits, cakes, chocolate, lollies, and ice cream.





# Bill's Stroke Story

**In July 2010 while attending an Aboriginal mentor program in Sydney I had a stroke.**

I was found unconscious on the floor in my motel room and woke up in hospital after being operated on with over 50 staples in my head; I didn't know what had happened. I couldn't walk or talk; I had no function in the left side of my body and had lost all sight in my left eye.

I spent a month in the Royal Prince Alfred Hospital followed by almost six months in a rehabilitation unit in Tamworth. The doctors and staff at both RPA and the Tamworth rehabilitation unit were very helpful.

It wasn't good seeing older people with disabilities in the rehabilitation unit but this was a huge motivator for me to do something and not sit/lie around feeling sorry for myself.



Bill Toomey worked as an Aboriginal health worker and has shared his journey to help educate people on the seriousness of how strokes can change lives. The following is the beginning of his experience and further information from his story is scattered throughout this booklet.

**I was found  
unconscious on  
the floor in my  
motel room...**  
-Bill Toomey

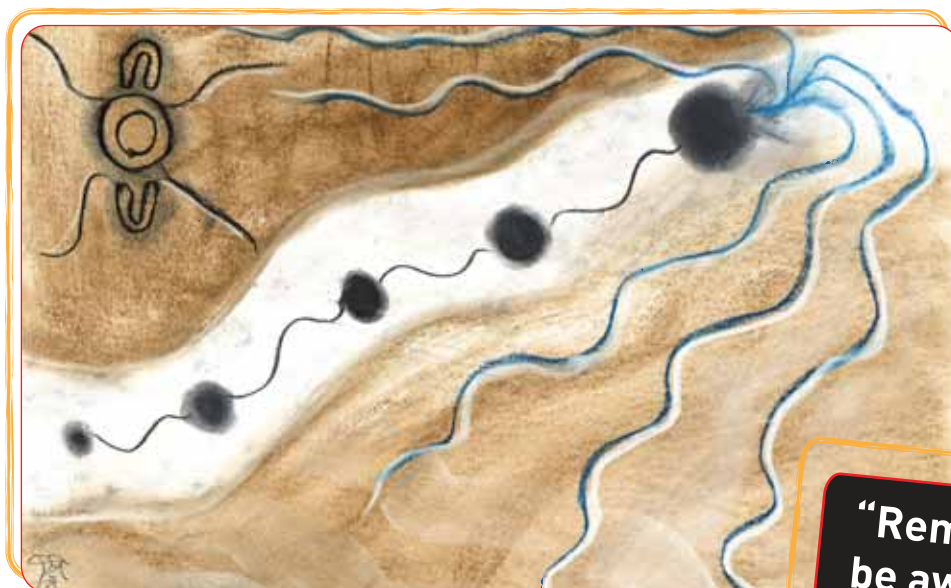
# Audrey's Stroke Story

**Working in Aboriginal health for many years, I have always been aware of the importance of being healthy, which includes eating well, being active and having regular health checks, so it came as a shock when I had a stroke.**

I remember getting ready for bed, washing my face and looking in the mirror, I remember my image became distorted, though I could still see. I did not feel ill, I spoke ok for a while but then "gibberish" and not making any sense at all. I remember saying I did not want to go to the hospital as I felt ok. Once I got to the hospital, I was not aware of much, though I sort of remember having a scan, which showed that in fact I'd had a stroke (bleed).



Audrey Trindall is a Kamilaroi woman from Tamworth who works for Hunter New England Health as an Aboriginal health worker with the Aboriginal maternity service. This is Audrey's story, which will continue throughout the booklet.



**Audrey's sister painted this picture. It represents a haemorrhage . It is the river breaking its bank. Like an artery bursting.**

**"Remember to always be aware of your health, physically and emotionally, don't stress and have regular health checks. Have time for yourself.**

**-Audrey**

# Pam's Stroke Story

## A Stroke!

**What the heck is a stroke? I didn't know, all I was doing was nonstop dribbling.**

My friend Cellie said I should go to the doctors. We both went, and on seeing him I was informed I'd had a TIA. WHAT THE BLUE BLAZERS IS a TIA? "Oh" he said "You have had a slight stroke" (TIA). He didn't take my blood pressure, NOTHING, NADA, ZILCH so we walked out of his office with nothing.

My friend Cellie and I just walked out dazed until I was met by my niece and was taken home. That was the first (TIA) stroke.

The second stroke was different. I'd had a long day with my Elders Group. It was a nice days outing, all was fine until we were on the way to town. I remember my right arm being a bit queer as we pulled up, I don't remember much else. Deb and Lola took me to the hospital and I was examined and sent home. That was Friday. I spent the night at Sharon's. Saturday I went home.

On Sunday I wasn't feeling well, I had a headache as the day went on it got worse so I rang 000 and was taken to hospital. My blood pressure was very high. I thought I was going to die with the pain I had. I was given a needle that sent me to ga ga land, I don't remember much. On waking up I felt different, not quite me, weak and a bit disoriented, I was scared.



Pam Smith has kindly written her story about when she had a stroke. The following is the beginning of her tale, and some of her ongoing experiences are scattered throughout this booklet.

## A Stroke!

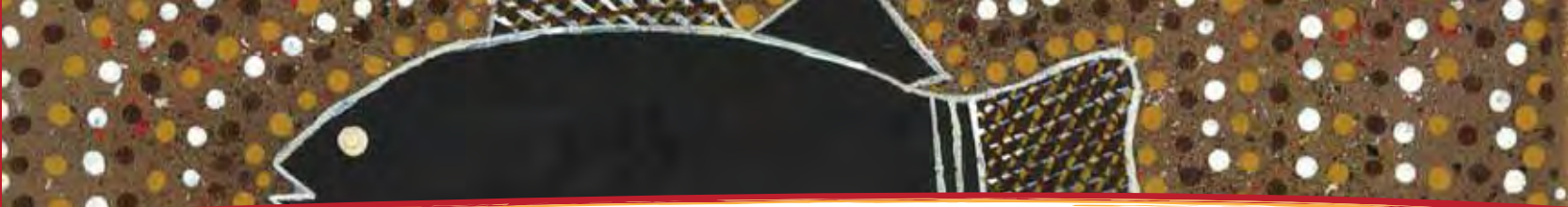
**What the heck is a Stroke? I didn't know, all I was doing was nonstop dribbling.**

-Pam Smith

**Pam's important message to everyone is:**

**DON'T be afraid to call 000 even if you are not sure what going on.**

-Pam Smith



# What will happen after 000 is called?

Ambulance officers will assess you and transport you to hospital. It is important that you and your family know that you may not be taken to your closest hospital, but the nearest hospital which provides the best stroke care.

Stroke units can be found in; Tamworth, Dubbo, John Hunter (Newcastle) and other areas in Queensland. If you live in Northern NSW you may need to go to Queensland for treatment.

**“Stroke units are places where staff are specially trained in Stroke to help you to have the best recovery”**

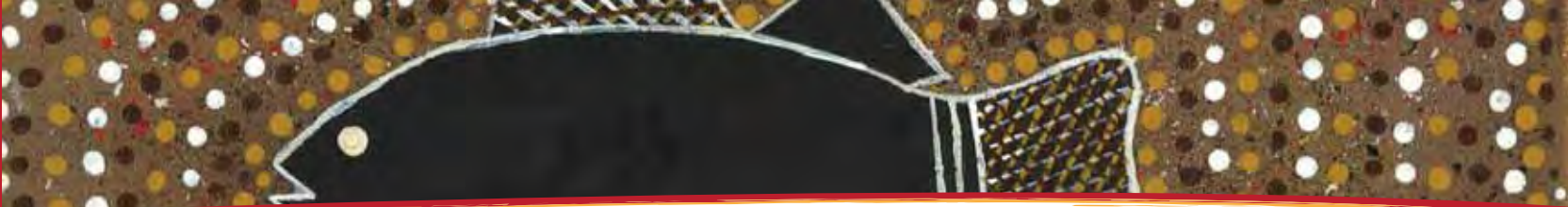
# What will happen at the hospital?

**When you get to the hospital, Doctors and Nurses will see you. They will ask you a lot of questions, and run many different tests to see how they can best help you. It is ok to be scared, if you or your family have any questions don't hesitate to ask.**

“I don't remember how long I was in Narrabri Hospital; treatment was a blurr. I was then advised that I would be sent to Tamworth **Acute stroke Unit** where I met the **Stroke Care Coordinator** Rachel Peake. In the Acute stroke Unit they did lots of tests, starting from when I got to the Emergency Department”.

- They used a **Doppler** machine to look at the arteries in my neck. The arteries are tubes that take the blood to the brain. They were looking to see if they had blockages or plaque in them that might flick off and travel to my brain. If this happens it could cause another stroke. This did not hurt, they just ran the thing over the skin on my neck.
- I wasn't allowed to eat or drink until they made sure I could swallow safely. I was really thirsty and annoyed that I wasn't allowed to drink in case my swallowing muscles were affected by the stroke. The staff explained to me that if I drank or ate, the fluid or food could go down the wrong tube in my throat and end up on my lungs. If this happens then I could get pneumonia, an infection on my lungs and this could make me very sick. Some people after a stroke need to be given water through a tube in their arm until they are able to swallow safely.
- They did a **CT scan** to check that there was no bleed in the brain and to see if they could see a stroke caused by a clot (blockage). This is a machine with a bed you lie on and they place your head in a donut shaped machine that is very noisy. It is not scary, you can see through the other side.
- They checked my heart to make sure my heart was beating regularly. They said if it was beating out of time it might cause clots to form in my heart and they might get pumped to my brain and cause a block in the brain arteries. This could cause a stroke. They did this by placing leads on my chest. This didn't hurt either, it was just a nuisance. You could see a trace of my heart beats on the screen.
- They kept checking my blood for sugar by pricking my finger to get a drop of blood for testing. They told me this was important to make sure the sugar in blood was not too high. By controlling the sugar level in my blood it helped reduce the size of the stroke.
- The staff also made sure I didn't get a temperature/ fever for the same reason, the higher the temperature/ fever the bigger the stroke.
- They checked all my bloods and started me on medication to help prevent another stroke or TIA. This was medication to thin the blood to stop clots forming.

-Pam Smith



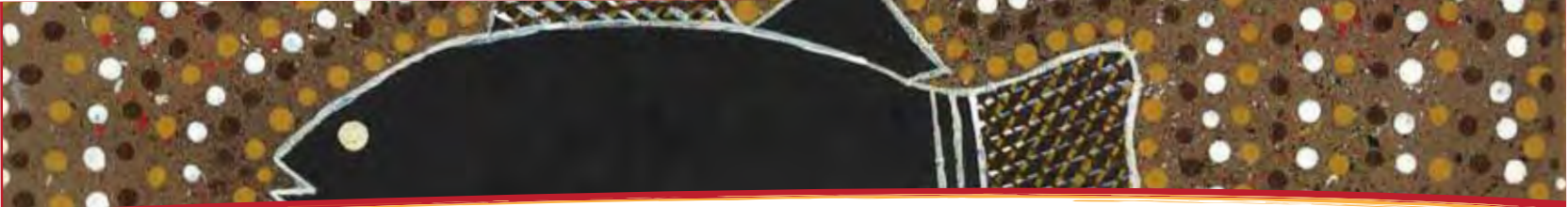
# Who will look after me in hospital?

**A team of people will help you to get a better and increase your chances of recovery after a Stroke.**

- **Your Doctor** and their team will look after you medically, and help you to understand what is happening so you can make good choices about your care.
- **Nursing Staff** will help you with your personal care, eating, monitoring your progress and helping you to reach your goals. They will also support you and your family during your stay.
- **Aboriginal Hospital Liaison** will support you and your family through your stay at hospital with many needs and problems. Just ask to speak to them.
- **A Physiotherapist** will see how the stroke has affected your movement. They will see how well you can sit, stand and walk. They will give you support to prevent you being hurt, and gain as much independence as possible.
- **The Occupational Therapist** will help you do everyday activities that may be hard after a stroke such as eating, dressing and showering. They will also give you equipment for you to manage at home safely; this may include visiting your house.
- **The Social Worker** will support you and your family with social and financial issues during your hospital stay.
- **The Speech Pathologist** will help you with problems with talking, understanding and swallowing.
- **The Dietitian** will make sure you are getting all the right foods and drinks. They can help you with your food choices. They may also talk to you about healthy food choices when you go home.
- **The Diabetic Educator** will support you with your Diabetes (sugar in your blood) and explain any new medication you may require. They will also teach you and your family about Diabetes and associated risk factors.
- **The Rehabilitation** team will plan what rehabilitation services you need to help you in recovery. This is done by looking at your needs while in hospital.
- **A Discharge Planner** will help prepare you for when you leave the hospital. They will assist you to get help at home, or with transferring you to another hospital or nursing home if you choose one of those options.

**It is important to hospital staff that you feel safe and understand what is happening, so don't be afraid to ask questions no matter how silly they seem. No question is a dumb question!**





**Nurse**



**Aboriginal Hospital Liaison Officer**



**Nurse Unit Manager**



**Blood collector**



**Ward Clerk**



**Physiotherapist and Wardsman**



**Doctor**



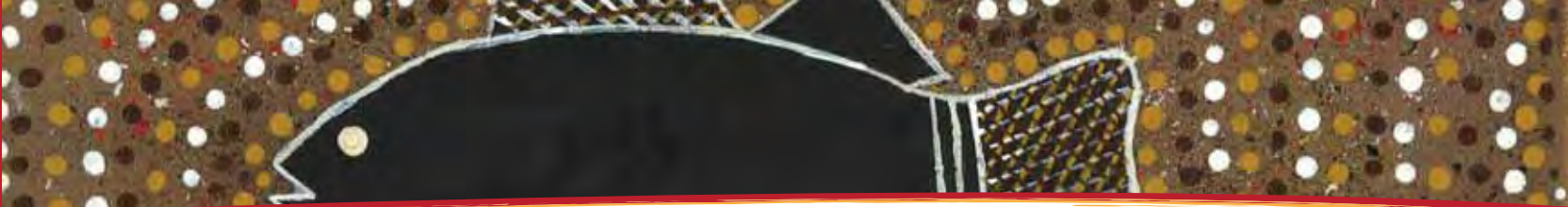
**Occupational Therapist**



**Stroke care Co ordinator and Nurse**



**Speech Therapist**



# How will I feel after I have had a stroke?

**After a Stroke, you might feel very tired to begin with. During your recovery however you might notice difficulties with everyday tasks like talking, walking, eating and going to the bathroom, but you will get help from the people in the hospital and the community to support you to deal with things you need help with while you recover.**

## **Some issues that you might notice include:**

- Weakness in the arm/leg on the affected side – Your arm and leg might not work properly, so you may feel like they are heavy or hard to move. This can make it hard to stand, walk, lift things and feed yourself.

**“In the hospital you might hear terms like Hemiparesis or Hemiplegia, which are medical terms for being unable to move one half of your body”**

**“Neglect is another term that means that due to the damage in your brain, you are not able to recognise that one side of your body belongs to you”**

- Different/strange feelings like pins or needles – This can be painful, if it hurts or you feel uncomfortable you should tell your Nurse so they can get something to make you feel better.

- Hard to eat or drink, unable to swallow – the muscles in your throat might be affected, this can make it hard to swallow. It is very important that you only eat and drink what the hospital staff tell you to. Eating and drinking other stuff can cause you to get very bad chest infections that can make you really, really sick.

- Problems with seeing – You might find that you can't see at all out of one eye, or that your eyesight is blurry or maybe you will even see two of everything. It is important that if you are able to walk, that you make sure someone like a nurse or family member is with you so that you don't fall and hurt yourself.

**“My health check with the Stroke specialist included checking my eyesight which was affected by the stroke. I had double vision and fatigue, but I was told these conditions would improve over time. Therefore I had to do various exercises at home for my eyes but with the fatigue, I just rested when I felt tired and didn't fight through it, as this was important to my long term recovery”.**

**“Diplopia is when you see double”**

**- Audrey Trindall**

- Unable to talk, write or read – This can be really frustrating; you might not be able to think clearly or tell people what you want. The words might come out jumbled or you might not be able to follow what people are saying. **Hospital staff will do their best to help you, but it will take time. “Dysarthria is when your speech comes out slurred”**

**“Aphasia or Dysphasia are used to describe difficulty with saying or understanding words”**

- Going to the bathroom – Sometimes you won't be able to tell someone when you want to go to the bathroom, or won't even know that you need to go.



# Going to the Toilet

**Some people have problems going to the toilet after a Stroke or controlling when they go. Damage to the brain can affect the messages from your brain to your bowel and bladder that controls when you need the toilet.**

## **Some problems with going to the toilet might be:**

- Trouble passing urine or using your bowels.
- Being unable to control the urge to pass urine or use your bowels.
- Feeling embarrassed.
- Some people know that they need to go to the bathroom but are unable to get up by themselves, or tell someone they need to go to the toilet.

# Memory and Thinking

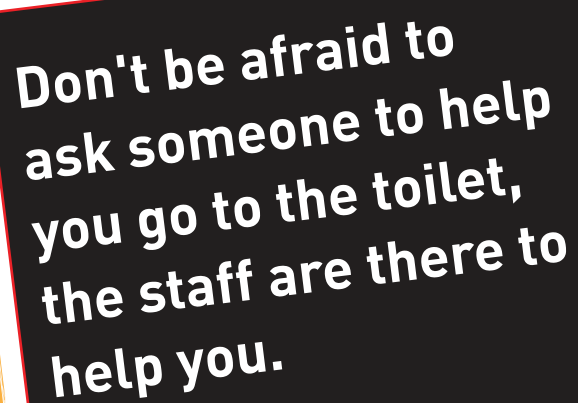
**After a Stroke some people have trouble remembering things and being able to plan things; as well as concentrating on things and feeling like you get tired quickly and think slower.**

## **What should I do?**

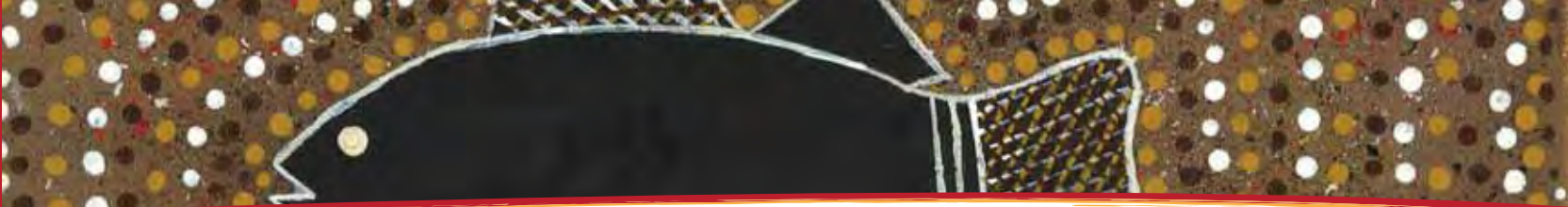
- Write things down.
- Take time to think and plan.
- Make sure you rest when you are tired.

## **What can my friends and family do to help?**

- give you time to think.
- be patient when you try to remember things.
- give you lots of time to do things for yourself.
- Use a calendar or diary for reminders.



**Don't be afraid to ask someone to help you go to the toilet, the staff are there to help you.**



# Will I be able to go back to Work after my Stroke?

Some of the effects of stroke may impact on your ability to go back to work. You might be more tired, lack concentration and have trouble with movement and memory. You might be worried about how people in the workplace will treat you afterwards, or you may not be able to do the same job.

## **What should I do?**

It is important to talk to your family, friends and employer about what you are afraid or concerned about. You should also talk to your Doctor, you might need Medical Clearance to be able to return to work.

It might not be possible to go back to the same place you worked before your stroke. You may start out with decreased hours until you recover enough. It can take a while to recover after a stroke. Don't make big decisions until you feel better. There are services that can help you return to work if it is possible.

**“After returning home I felt very disappointed that I was unable to return to work; I was told I was not medically fit to return to work and now receive a Disability Pension. I was no longer able to referee local Rugby League games as this is a love of mine and was a huge part of my social life. I experienced depression for some time and had stupid thoughts of committing suicide”.**

**- Bill Toomey**

**“I had my stroke in 1988 after a car accident. I was in hospital for 8 months, and then I was home for two months when I decided to go back to work. My boss was happy to have me back, working at my own pace. Work helped me with my recovery, emotionally and physically. I could have ended up in a wheelchair, but my family and friends helped me with my recovery and to get me walking again”.**

**- Victor Dennison**

**I returned to work on a part time basis and though I felt nervous and not quite as confident as I thought I would be, I knew it would take time with the support of my manager, work colleagues and also my family. I also met with the Brain Injury Unit on a regular basis who give me support and guidance in ensuring that my going back to work pathway was on track”.**

**- Audrey Trindall**




# Can I drive after having a Stroke?

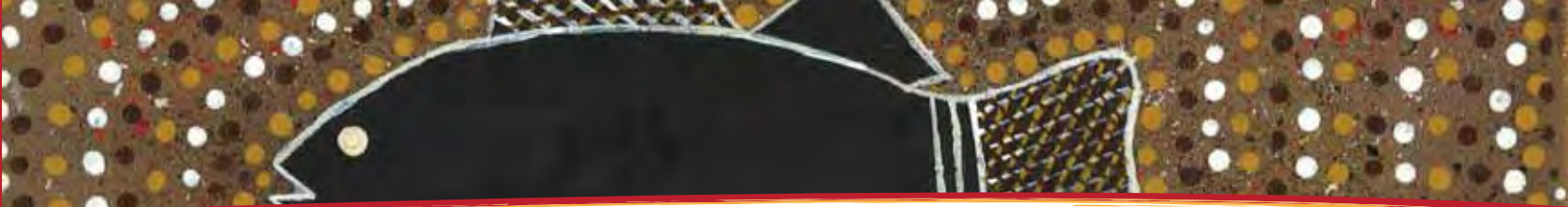
- You should not drive for at least one month after having a stroke.
- You should talk to your doctor and be clear about how your stroke has affected your ability to drive. Driving requires many skills that can be affected when you have had a stroke. Your Doctor will tell you if they think it is safe for you to drive after your stroke, you will need to have medical clearance to drive.
- There are services that can help with preparing you to drive again, such as an **Occupational Therapist** who can help with modifications to your car and assisting in driving lessons.

If you are not able to drive again, you should look into other transport services that will enable you to get around independently, advice will be provided.

**“I also had my licence cancelled due to medical reasons resulting from the stroke. The worst thing about having the Stroke was the loss of my independence; the things that I took for granted I now have to rely on other people to assist me to do these things for me.”**  
- Bill Toomey



**“While you may no longer be able to drive a car, independence is still important to some people and public transport or private services may still be helpful to gain independence”**



# Intimacy and relationships

Intimacy and sex after having a stroke is a topic that most people are too afraid or embarrassed to ask questions about. Intimacy includes making that special person feel valued and important is crucial to any relationship.

Friendship, intimacy and sexual relationships are an important part of most people's recovery from stroke.

The risk of having a stroke or heart attack during sexual activity is very low, particularly among people who exercise regularly.

## What should I do?

- Make sure that you are comfortable in your surroundings.
- Relax have a bit of fun to get into the mood, this prepares your heart and blood vessels for increased activity and will help your mood. It also reduces anxiety.
- Use positions that won't restrict your breathing or require you to support yourself for long periods of time. If you are tired or tense, take things slowly or leave it until you are more relaxed.
- As with all types of physical activity, if you begin to feel any pain or discomfort, you should slow down or stop and rest. If the symptoms persist, call 000. If you still worried or have any questions, speak to your doctor or someone from the medical clinic.

## What can my partner do to help?

- Remember that intimacy includes cuddles and kisses. Make your partner feels loved, beautiful and wanted.
- Be understanding. Talk with your partner about what your concerns are and be honest.
- Encourage sexual activity but show patience. Take things slowly.
- Encourage foreplay and masturbation as a way to ease back into the act of sex.

# What can Family and Friends do to help in the hospital?

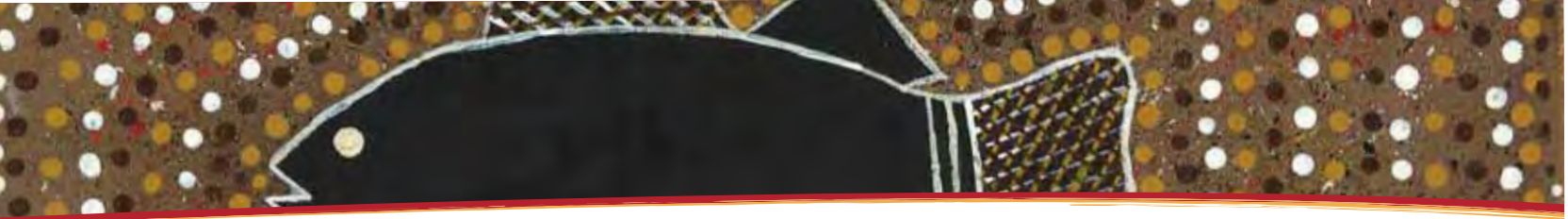
It is very important that **Family** and **Friends** know they are a part of the team who will look after you in hospital. One of the most important things that family can do is to learn about what has happened. There is a lot of information available to help them to understand what is happening, and it is very important that they ask the **Doctors** and **Nurses** questions. It is helpful to have one family member who can get all the information and explain it to others.

It is also very important for family and friends to let you get your rest, and not overwhelm you with visitors all the time. There are times that are best for visiting, and sometimes you might need only a few at a time to help you to concentrate and not get so tired.

**“Initially I was surrounded by my family, comforting me at this traumatic time as I was feeling scared and unsure of what was going on. I also was visited by my friends, which become too much at times as I felt I really couldn’t communicate with anyone, just lying there and trying to keep my eyes open. Staff in the stroke ward were patient, caring and explained what was happening to me and what will happen when I went home”.**

**- Audrey Trindall**







# How is Bill after his Stroke?

In 2012 I began attending Challenge Choices Services and this year started a rehabilitation program at the Lifestyles4U gym through Challenge Choices, ADISS program.

Attending the gym has been a big help in regaining strength and control back into the left lower part of my body and my walking and balance is improving.

Attending the Lifestyles4U gym, the new Narrabri Aquatic Centre and the Moree Artesian Pools with Challenge Choices staff has greatly assisted in my recovery. Also meeting other people that have had strokes and sharing our stories has been a great influence in motivating me to move forward and focusing on my recovery.

I am slowly regaining some independence and am now able to walk around my home and go to the toilet on my own with the aid of my walking stick. I still rely on my walking stick for balance but I feel a lot more confidence when walking.

Challenge choices have been a great help because I didn't have any future goals until becoming involved with this service. I enjoy going out with Challenge choices staff as this allows me to spend time out in the community and socialize and not be stuck at home looking at four walls and watching cartoons on TV when the kids run off with the remote.

With the support of my wife and family, my doctor and Challenge Choices staff I have been able to deal with the depression.

Home Care has also been a great support as they have taken a lot of strain and pressure off my wife Coral.

Guide Dogs Australia has also been a great support with building my independence and confidence.

My children have also assisted in my recovery but are limited to the amount of support they can offer as they all have their own families.

My future goal is to regain FULL movement in the left side of my body and would like to regain sight in my left eye.

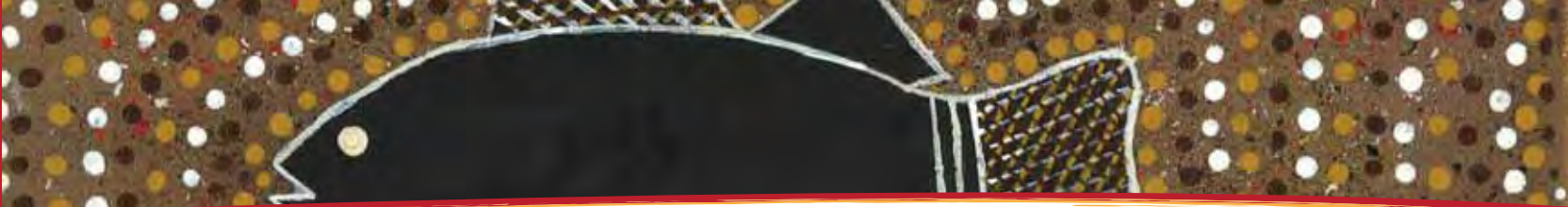
I highly recommend that anyone that has experienced a stroke should attend a rehabilitation program at a gym; this has made a huge difference in my life, both physically and mentally.



**I highly recommend that anyone that has experience a stroke should attend a *rehabilitation program at a gym*; this has made a huge difference in my life, both physically and mentally.**

*-Bill Toomey*





# How is Audrey after her Stroke?

After coming home, I was feeling isolated and unsure of myself even though I had family around me. At home I felt disconnected as I really wasn't able to communicate in a "normal" way – feeling tired and overwhelmed by the stroke and that the stroke made me dependent on someone else to care for me.

Sometimes I wasn't sure how much I should depend on my family, and therefore I tried to do things for myself such as making a cuppa or putting a load of washing on. I remember getting tired very quickly and had to "slow down" and rest.

At times I felt depressed about what happened to me as it changed everything; from work, driving, talking to family and catching up with friends as before, my exercise routine... I knew in time I would get better and to be positive about the future.

Since my stroke I have been able to go back to work slowly, I am now working for 6 hours three times per week. I feel really good about being back at work and being able to engage with people and participate in workshops and meetings. It was hard at first, I would get very tired and could only work for four hours at a time. I would go home and have a sleep, and although I still feel like I need a sleep sometimes, they are more like light nanna naps rather than long deep sleeps.

I really enjoy being out and socializing with my family and friends again. I am now able to drive and get back into my normal exercising patterns and do more things that I enjoyed before my stroke. I'm still not able to play active sports like I used to though, and I miss being able to play tennis because I really enjoyed playing.

My eyesight isn't as strong as it was, I still have trouble with my eyes at times which is a bit frustrating. But I am able to communicate better, and retain more information which is good.



**I attended a workshop recently and was able to engage and take on a bit more of a leadership role. I guess you could say that life is positive right now, I am more active and a lot more self-confident with a better outlook on the future.**

*-Audry*



# How is Pam after her Stroke?

I still have some weakness in my left hand and it trembles when I am emotional, i just can't control it. At times I have a short memory. Names just won't come and sometimes they are people I know really well.

**I HATE CHANGE**, it really muddles me up easily and I get upset.

**DEPRESSION** is awful feeling. I spent Days not getting out of bed. Then I lost my son. This new grief and depression, I got worse.

**LETHARGIC:** This was bad; I didn't feel like doing all the things I used to enjoy, like making earrings and painting.

It took time and patience and support. I never gave up, now I no longer have my walker and I went to Moree dancing last week.

I found that by talking to people who have helped with my recovery. I have become more positive.

Since the stroke I have felt weakness in my left arm and leg. I do Physio. This is to get my arm and leg back working.

Remembering names of people and objects can be a problem at times. Reading was awful, double vision and runny eyes. Writing is still hard at times. Sometimes I forget how to spell the word and writing seems to get worse as I go. What hurts the most is forgetting my great Grandchildren's names and dates of birth.

I sometimes would find it hard to remember my friend's names. I had mood swings and felt sad.

When I had my stroke I was confused and numb, and I didn't remember much about it.

## **I KNOW NOW!!!!**

I feel as though I am still fighting. I have tried to put into words how I felt then and feel now. I compare myself to a flower seed.

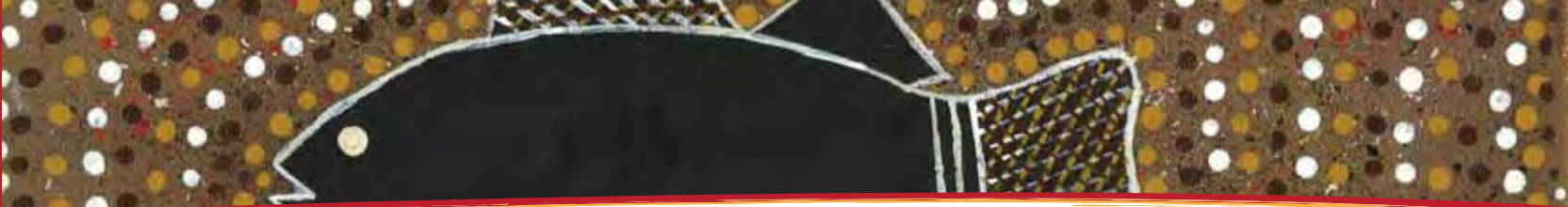
I was picked out of thousands of seeds. I was buried in the soil in the dark, struggling to get to the sun light, out of this dark place. I was given tender loving care and was well looked after. Fighting to grow back again. I broke out of the darkness, my stem growing stronger every day. Then my leaves began to grow and my buds started to sprout. With the tender loving care, my buds slowly opened. Now I am in full flower, I am once again blossoming and enjoying my life.

Some days when there is no sun, I close up but I know to be patient and the Sun will eventually come out again and I will bloom once more. With God's help and love I know I will have the strength to go on growing.



**Now I am in full flower, I am once again blossoming and enjoying my life.**  
-Pam Smith





# My Stroke Information

This page is for you to write information about your stroke, Doctors, Appointments, and Questions. You can use this to remember things, or to think about things you would like to learn more about.

## My Stroke:

(Date, Type and where in the brain it effects)

---

---

---

---

## My Health Care Team:

(Names and Contact details)

---

---

---

---

## Appointments:

(Date, Time, Place, Name)

---

---

---

---

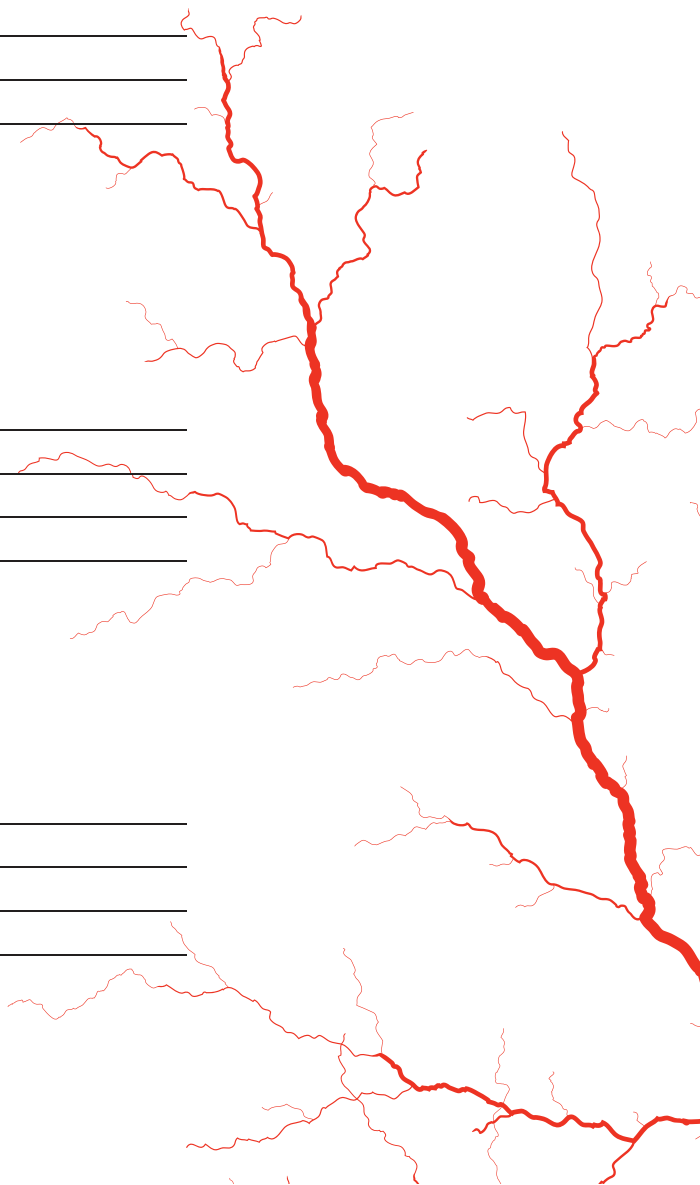
## Questions:

---

---

---

---





# Acknowledgements

Rachel, Mary and Joe would like to thank each and every member of the communities, groups and organisations that have contributed to the making of this booklet. The experience and stories shared have been something that none of us will forget. Thank you all for your contributions and patience.

## **Aboriginal Elders**

- Edna Craigie, Moree
- Gloria French, Moree
- Barry Sampson, Moree
- Elaine Sampson, Moree
- Allan Swan, Moree
- William Towney, Moree
- Yvonne Kent, Tamworth
- Bob Faulkner, Tamworth
- Elaine Edwards, Toomelah
- Daphne Jarrett, Toomelah
- Dawn Dennison, Toomelah
- Norman McGrady, Toomelah
- Delphine Pitt, Toomelah
- Roger Knox, Toomelah
- Adrian Duncan, Toomelah

## **Tamworth Community Centre**

### **Aboriginal Group**

- Mari French
- Yvonne Allan
- John Taylor
- Lila Hill
- Roslyn Hill
- Beverly Smith
- Beverly Sampson

## **Community Members**

- Marilyn Binge, Narrabri
- Tamara Jayne Smith, Narrabri
- Pamela Nina Smith, Narrabri
- Dallas Taylor, Tamworth
- Kerry Sampson, Toomelah
- V. Edwards, Toomelah
- Ada McGrady, Toomelah
- Ivan Slater, Walhallow
- Ben Slater, Walhallow
- Mary Slater, Walhallow
- Tommy Taylor, Hanging Rock
- Kevin Sharpley, Moree
- Richard Swan, Moree
- Lorraine Taylor, Moree

Special Mention to Toomelah State School, Principle, Teachers, Parents and Students.

## **Hunter New England Local Health District (HNELHD)**

### **TAMWORTH**

- Dr Suruchiaa Amarasena, **Medical Officer (Doctor)**
- Ian Wilson, **Nurse Unit Manager**
- Melissa Gill, Tablelands and McIntire, **Stroke Care Co-ordinator**
- Reakeeta Smallwood, **Registered Nurse, Former 3rd Yr Student UNE**
- Justin Kurian Jose, **Registered Nurse**
- George Ferguson, **Aboriginal Hospital Liaison Officer**
- Garry Creighton, **Aboriginal Health Education Office Child and Family Health Service**
- Steve King, **Blood Collector**
- Nadine Pevey, **Social Worker**
- Vanessa Zurita, **Speech Pathologist**
- Alyssa Walter, **Speech Pathologist**
- Janis Baxter, **Occupational Therapist**
- Emma Gurd, **Physiotherapist**
- Ray Ross, **Wardsman**
- Chole Staunton, **Ward Clerk/Admin Officer**

### **NARRABRI**

- Karen Baker, **Enrolled Nurse Aged Care Assessment Team (ACAT) HNELHD**

### **MOREE**

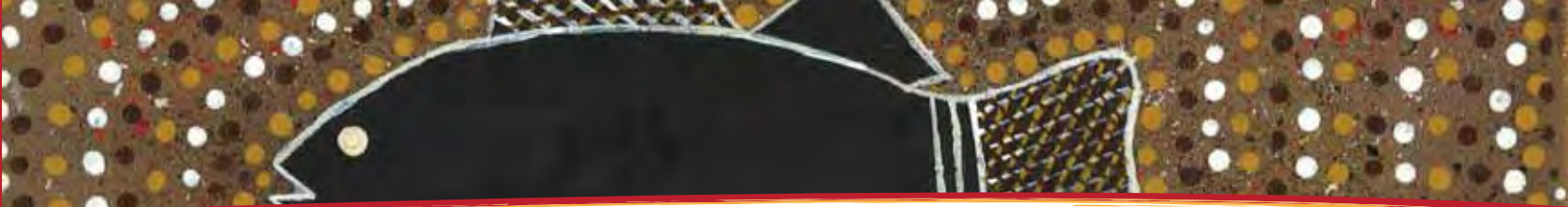
- Candice Dahlstrom **Aboriginal Health Coordinator for Mehi HNELHD**

## **Mid North Coast Local Health District (MNCLHD)**

- Kim Parry, **Port Macquarie Stroke Care Co-Ordinator**

## **Challenge Choices Narrabri**

- Lorrie Bradley, **Educator**



# Acknowledgements

Rachel, Mary and Joe would like to thank each and every member of the communities, groups and organisations that have contributed to the making of this booklet. The experience and stories shared have been something that none of us will forget. Thank you all for your contributions and patience.

## Booklet

### WRITTEN AND EDITED BY;

- Rachel Peake, **Peel and Mehi Stroke Care Co-ordinator, HNELHD**
- Mary-Anne Dieckmann, **Registered Nurse HNELHD, Former 3rd Yr Student UNE**
- Jeremy Hatfield, **Registered Nurse HNELHD, Former 3rd Yr Student UNE**

### STORIES

- Bill Toomey, Narrabri
- Audrey Trindall, Tamworth
- Pam Smith, Narrabri
- Connie Newcombe, Tamworth
- Victor Dennison, Boggabilla
- Norman McGrady, Toomelah

### ARTWORK

- Booklet Cover, **Peel High School**
- Header Artwork, **Eric Cain, Aboriginal Artist**
- Map of Aboriginal Areas pg 5, **Hunter New England Health**
- Stroke Diagrams on Pg7 , **National Stroke Foundation**
- Be Healthy, Eat Healthy Diagrams on Pg 10 & 11, **Department of Health and Families Northern Territory**
- Haemorrhage Painting pg13 , **Janice Knox**
- Graphic Design, **Geoff Cullen, Allsops Signs**
- Photographs, **Mary-Anne Dieckmann, HNELHD Norman GcGrady**

### COMMUNITY LIAISON, FOREWORD;

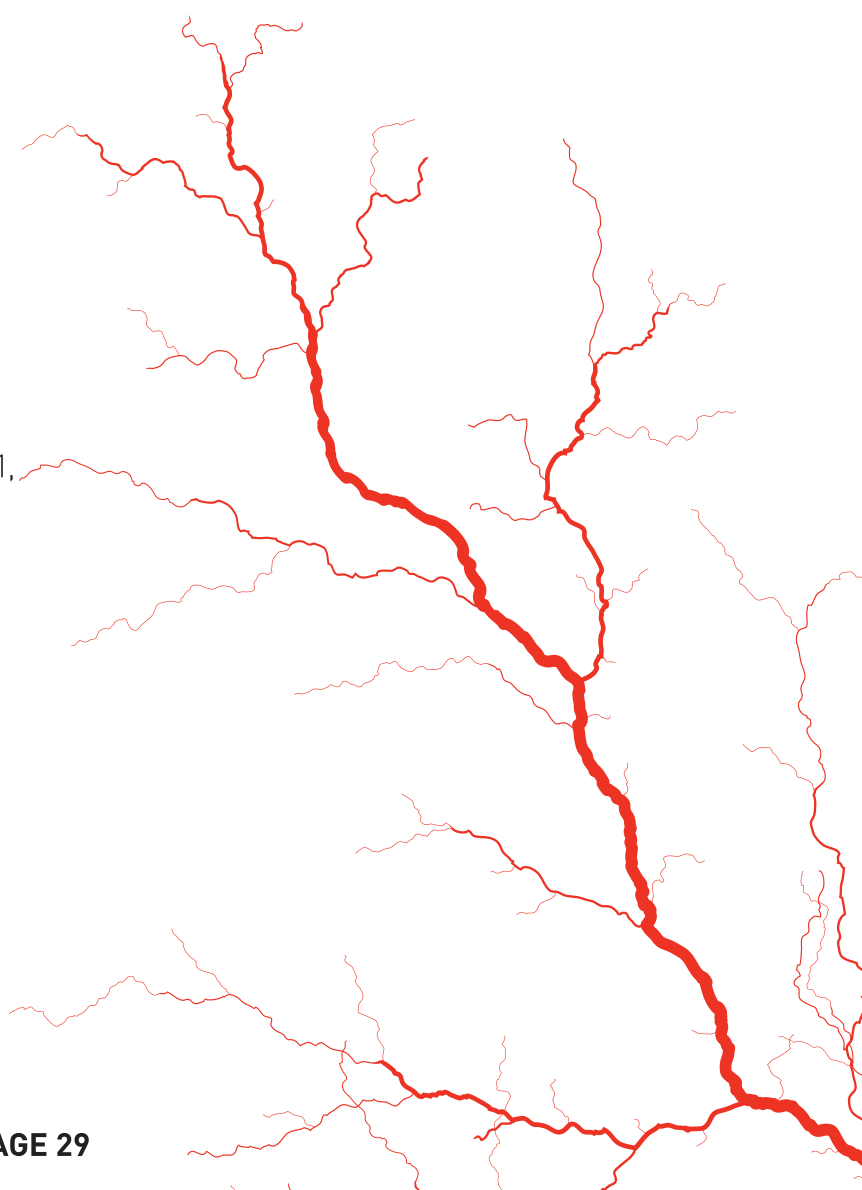
- Ian Joe Miller, **Aboriginal Mental Health Worker, HNELHD**

### WELCOME AND ACKNOWLEDGMENT

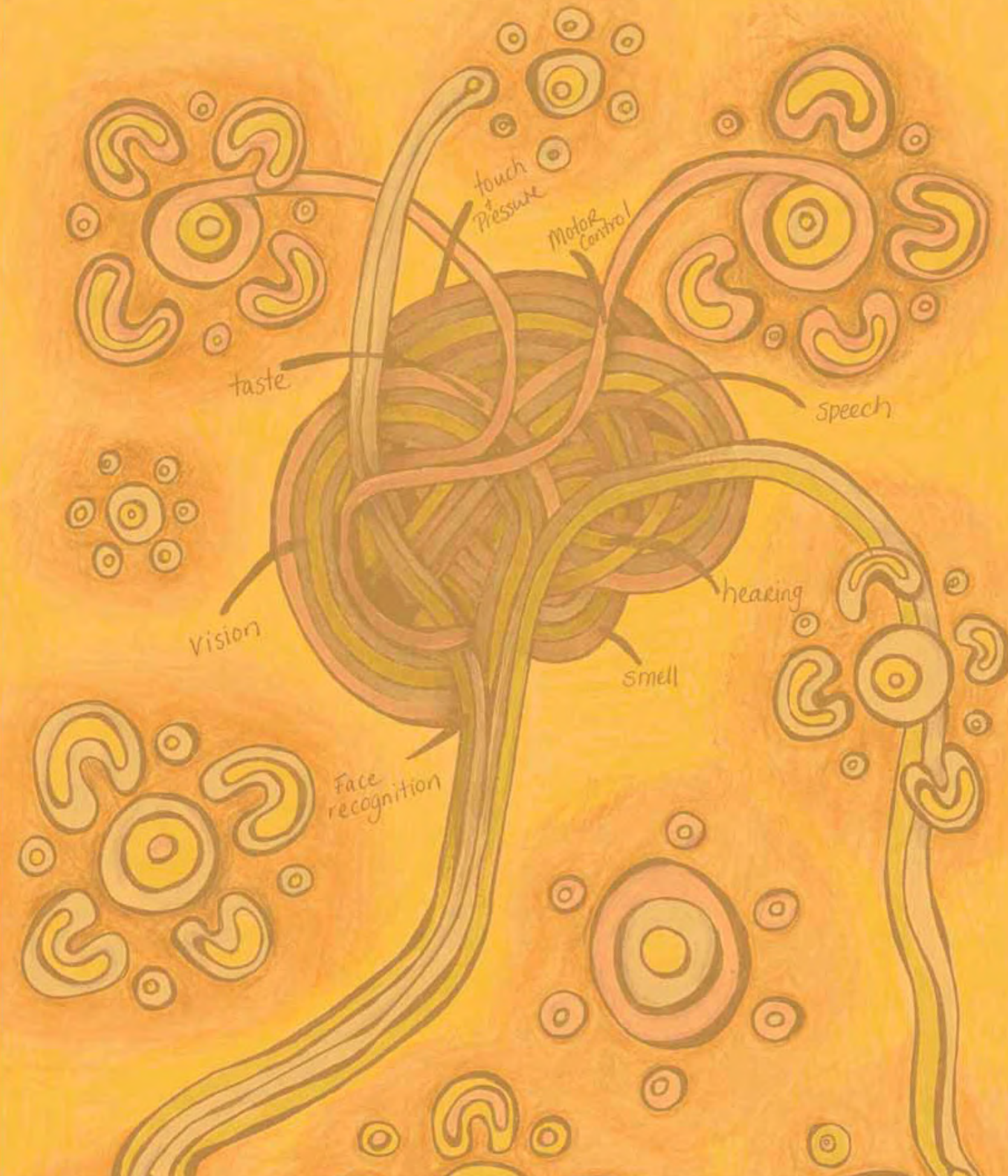
- Neville Sampson, **Tamworth Aboriginal Elder**

### SUPPORTED BY;

- **Hunter New England Health**
- Cynthia Stuhlmiller, **Professor University of New England**
- **Agency for Clinical Innovation (ACI)**







# STROKE