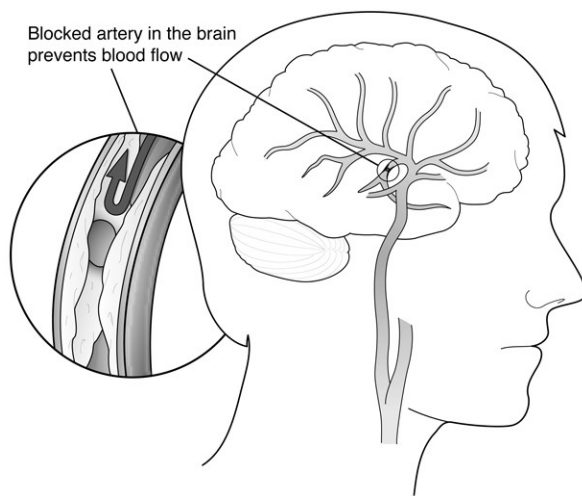


Ischemic Stroke or Transient Ischemic Attack (TIA)

An **ischemic (ih-SKEE-mik) stroke** is when blood vessels to the brain become narrow or clogged. This cuts off blood to part of the brain. When too little blood gets to the brain, the cells die. Fast treatment is needed to decrease brain damage and problems. More than 8 out of 10 strokes are ischemic strokes.

Signs of Stroke

- Sudden loss of strength or feeling on one side of the body or face
- Problems with speech and language
- Changes in vision or balance
- Sudden onset of the worst headache of someone's life



A **transient ischemic attack, or TIA**, is like a stroke, but the symptoms go away quickly, usually in less than an hour. The clot in the brain breaks up before any lasting damage can occur. If you have any events like this, your doctor needs to know, so you can learn how to lower your chance of a stroke in the future.

Types of Ischemic Stroke

1. Narrowing of Blood Vessels (Thrombotic Stroke)

This stroke occurs when fatty deposits (plaques) form in the blood vessels that feed your brain. This is called atherosclerosis. This plaque can reduce or stop the blood flow to the brain.

2. Blood Clotting in Brain (Embolic Stroke)

This stroke happens when a blood clot is formed in another place, often the heart. The clot goes through your blood to lodge in the brain arteries. This type of blood clot is called an embolus.

3. Small Vessel (Lacunar Stroke)

This type of stroke occurs in very small vessels deep in the brain. The recovery rate from this type of stroke is very good.

4. Unknown Cause

About 25% of the time, we do not know the cause. This is also called embolic stroke of unknown source.

Treatment

Treatment is based on the type of stroke you had, and the areas of your brain changed by the stroke. The goal is to save as much brain function as possible.

Medicines: A thrombolytic drug that breaks up clots may be given to you in the emergency room. This type of drug dissolves blood clots and can reduce the effects of a stroke. It cannot be given to everyone. It can only be given in the first 3 - 4 ½ hours after symptoms start.

Your doctors will also talk with you about other medicines you can take to reduce your risk of stroke in the future. These could include aspirin, which is a blood thinner, and cholesterol-lowering medicines.

Surgery: Based on the timing and area of the stroke, surgery may be an option to remove the clot. This surgery is called a thrombectomy. Your doctors may also talk with you about surgery to remove the thick fatty substance that has grown inside a neck artery. This is called a carotid endarterectomy. (kuh-ROT-id en-dahr-tuh-REK-tuh-mee).

Tests: You will have many tests to find out the type of stroke you had. Tests can also help figure out your risk factors for future strokes. Tests may include CT, MRI, swallow screen and blood tests. When you leave the hospital, a heart monitor may be needed to look at your heart activity for a couple weeks.

Recovery

Effects of a stroke on the brain can be long-lasting or slow to improve. Therapy can help you be more independent. Therapists are part of the care team who can help you figure out the next steps after a stroke.

Physical therapy is used to help people to walk or use a wheelchair.

Occupational therapy is used to strengthen the upper body and gain skills such as writing.

Speech therapy helps people learn new ways to keep track of thoughts and speak with others.

Swallow therapists can help to ensure you get the right food, so you don't choke or get pneumonia.

Preventing Another Stroke

Doing all you can to prevent another stroke is a big part of treatment. See *Health Fact For You* #5736 for ideas and to make a plan for preventing strokes.

Learn More

- Talk to your doctor, nurse, or other healthcare provider.
- Visit the American Heart Association/American Stroke Association website at: www.stroke.org.
- Talk to your family. If you have had a stroke or TIA, other family members are at higher risk to have one. It is a good idea for everyone to make changes to lower risk.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 4/2025. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#6290