



Neurovascular Unit

Krembil Neuroscience Centre

Information for patients and their families



Patient Education
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Introduction

Welcome to the Toronto Western Hospital Neurovascular Unit.

The Toronto Western Hospital (TWH) is a member of the University Health Network, a University of Toronto teaching hospital. The TWH is committed to providing excellence in patient care, health care delivery, research, and teaching.

You have been admitted to the Neurovascular Unit (NVU) at TWH located on 6A Fell Pavilion.

Please take the time to read the material presented in this booklet. It will help to answer many of your questions.

Read this brochure to learn more about:

- Who your healthcare team is
- What kind of care you can expect while on the unit
- Where you can go after you leave the hospital
- What to expect after you leave the hospital

In this brochure, there is room for you to write down all the names of your healthcare team members.

Please also feel free to browse through other educational materials on the NVU including pamphlets, books, and videos.

If you have questions or concerns,
please talk to a member of your health care team.

Your family can also call 416 603 5810.
We are here to help you during your stay on the unit.

Your Neurovascular Unit Team

During your stay on the unit, you may meet several healthcare team members. Team members are listed below. Read about what each person does. There is also room to write down each of their names. Every member in the team, including you, works together to come up with your plan of care. This includes your safe discharge from the hospital.



Doctor

An experienced staff doctor is responsible for your overall medical/surgical care in the hospital. The neurologist/neurosurgeon is a doctor with special training in disorders of the brain. As TWH is a teaching hospital, you may also meet many other doctors and medical students at different levels of training during your stay. Your staff doctor is their supervisor.

My staff doctor's name is:



Nurse Practitioner (NP)

The NP is a Registered Nurse and is a licensed practitioner with additional training and education. The NP has the authority to diagnose, order and interpret your tests. He or she can also prescribe medicines and discharge you from the hospital. The NP helps to coordinate your care with other members of the healthcare team.

My nurse practitioner's name is:



Registered Nurse (RN)

Your nurse is responsible for your daily care. You will meet several nurses throughout your hospital stay. Your nurse can provide you with information or direct your questions to other members of the healthcare team as necessary. The nurses received special training to look after patients in the NVU.



Patient Care Assistants (PCA)

PCAs help the nurses to provide the best patient care. They help with daily living tasks such as feeding, turning, bathing, and transferring.



Nurse Manager

The nurse manager is responsible for all the nurses and making sure that you receive good care. She is there to help you with any questions and concerns that you or your family may have.

My nurse manager's name is: Arlene Vasconcelos



Ward Clerks

Ward clerks are located at the nurse's station. They are your first contact when you come to the unit and are a good resource for you and your family.



Pharmacist

The pharmacist will work with your doctor and/or NP to decide what medicines you need. The pharmacist will teach you how to use these medicines and will answer your questions including medication benefits and side effects.

My pharmacist's name is:

You may be referred to the appropriate allied health team member if additional assessment or treatment is needed.



Physiotherapist (PT)

The physiotherapist will assess:

- your strength
- your balance
- your coordination
- how well you can walk and move safely

The PT will create a treatment plan with you and other members of the health care team. The goal is to help you become as physically independent as possible.

My physiotherapist's name is:



Occupational Therapist (OT)

The occupational therapist will assess how you will return to activities you need to/want to be able to do including:

- eating
- bathing
- dressing
- toileting
- return to work/driving
- cooking
- homemaking
- banking
- other activities you usually enjoy

The OT will create a treatment plan with you and other members of the health care team. The goal is to provide support so that you are as independent in your daily life as possible.

My occupational therapist name is:



Speech-Language Pathologist (SLP)

The speech-language pathologist will assess how well you can communicate and/or swallow. Different diet consistency options and strategies may be required and are available for safe swallowing.

He/she will create a plan with you and other members of the health care team to improve strategies with your speech and to help you swallow safely.

My speech language pathologist's name is:



Dietitian

Your nutritional needs may have changed during your hospital stay. The clinical dietitian will work with you to come up with a plan to meet those needs.

My dietitian's name is:



Social Worker

The social worker can help support you in managing any emotional, social, and financial concerns. The social worker also helps you make plans for what you need after you leave the hospital including community resources, rehabilitation services, and placement facilities if needed.

My social worker's name is:



Community Care Access (CCAC) Centre Coordinator

The CCAC coordinator helps coordinate services that can be provided at home and will meet with you before you leave the hospital. If you would like, you can purchase more services as well.

My CCAC coordinator's name is:



Spiritual Care Provider

The spiritual care provider is available 8:30 am to 11:00 pm every day of the week.

They can provide you and your family with support and will help you meet your emotional, religious and spiritual care needs. Spiritual care providers can also help you with issues related to the loss or death of a loved one. They can help you deal with feeling such as hopelessness, loneliness, and grief. Requests for visits may be made through your nurse.

My spiritual care provider's name is:



Research Team

Toronto Western Hospital is a teaching hospital and is involved in many research studies. During your stay on the NVU, a Research Coordinator and doctor may talk to you and invite you to join a study if you qualify. You can choose whether or not you would like to join. If you do choose to join, you will be taken care of by the Research Team as well as the rest of the regular NVU team members. If you decide not to participate, your care will not be affected in any way.

If I have questions about my study, I can contact:

TWH AVM and Aneurysm support Group

All patients admitted to the NVU with a diagnosis of aneurysm, Arterial Venous malformation (AVM) or cavernoma receive a follow up hospital call approximately one month after discharge. A member of the AVM and aneurysm support group will call to see how you are doing. They are trained to offer guidance, information and support to you during your recovery. The social worker will contact you about this group prior to your discharge from hospital.

What kind of care can I expect during my stay?

1. Tests

You may need some of the following tests:

Brain Computed Tomography (CT) Scan	This special x-ray of the head using a computer shows detailed images of the brain.
Brain CT Angiography (CTA)	This test uses special x-ray and a dye (called contrast) injected into the arteries through an intravenous. The dye makes the major blood vessels from the top of the heart to the brain easier to see.
Brain Magnetic Resonance Imaging (MRI)	This painless test creates pictures of the brain using radiowaves and very powerful magnets. You may need this if your doctor needs to see areas of the brain that cannot be seen clearly on a CT scan.
Brain Magnetic Resonance Angiogram (MRA)	This test is done with MRI by using a contrast dye to look at the blood vessels of the head and neck.
Cerebral Angiography (Angiogram)	This test uses a dye (called contrast) injected into an artery in the groin to look at all the blood vessels in the brain.
Electrocardiogram (ECG)	This painless test traces the electrical impulses of the heart and is used to detect your heart rhythm.

Electroencephalogram (EEG)

EEG is a safe and painless test that records brainwaves.

Carotid Doppler

This painless test uses high frequency sound waves (ultrasound) to look at the arteries in the neck.

Transthoracic Echocardiogram (TTE)

This test uses ultrasound to look at the size of the heart. It also shows how the chambers and valves are working. This test takes about 30 minutes.

Transesophageal Echocardiogram (TEE)

Sometimes, your doctor will need to see parts of your heart more closely. This test takes a picture of the heart with the use of a flexible probe placed inside the food pipe (esophagus). To make this comfortable, you will be given medicine to relax.

Holter Monitor

Using electrodes and a recorder, the patient's heart rhythm is recorded continuously over a period of 24 to 48 hours. This test diagnoses any irregular rhythm.

Cerebrovascular Reactivity (CVR)

This is a special MRI to assess blood flow to the brain using carbon dioxide. This will take about 30 minutes.

Videofluoroscopy Swallow Study

This is an x-ray swallowing assessment to further assess swallowing functions.

2. Medicine

Listed below are some of the medicines that may be prescribed to you during your hospital stay and at discharge:

- Antiplatelets: Aspirin, Aggrenox, Plavix
- Blood Thinners: Heparin, Coumadin (Warfarin), Enoxaparin, Dabigatran (Pradax)
- Pain Medications
- Bowel medications

You may also be started on medicine to lower your blood pressure and cholesterol if required.

What other information should I know during my stay?

What are the visiting hours?

Family members and friends are welcome to visit. Only two people may visit at one time. The hospital reserves the right to ask visitors to leave if their presence interferes with patient care. Immediate family members who would like to be involved in your care (such as helping to feed you) should speak with your nurse.

Where should my family call for information about my condition?

Choose 1 family member to be the main contact.

This person then can pass on the information to the rest of your family and friends.

This is to help make sure that there is consistent information provided to the family.

The NVU telephone number is 416 603 5810.

Please note that the shift change is from 7:30-8:00 am and 7:30 – 8:00 pm and the primary nurse for your family member may not be able to come to the phone at that time.

How do I order a special kind of diet?

The hospital is able to provide special diets. If you have been following a special diet at home, tell your nurse when you arrive at the hospital.

What services are available when I am in the hospital?

Here are some services you can use at the hospital:

- Television and telephone services. Please use the phone in the room to dial 4090. Ask for the services you may need.
- Payphones. They are located throughout the hospital.
- Semi-private rooms and private rooms. They may be available at an extra cost per night or with the right insurance coverage. If you have semi-private coverage, you may upgrade to a private room by paying the difference in cost.

What should I not bring to a hospital room?

Please do not bring electrical equipment such as your computer to the hospital. You may be allowed to bring small radios/tape recorders with earphones or personal shavers. We are not responsible if anything get lost or stolen. Please talk to your nurse if you have any questions.

When will I get better?

Everyone's recovery is slightly different. Recovery may begin right away but may take days, weeks or months. However, some people may never fully recover. They may experience long-term problems requiring ongoing help with daily activities. It is very important to participate in your recovery and remain as active as possible.

Getting ready to leave the hospital

Your team will let you know when you are ready to leave the hospital. Leaving the hospital is also called, "discharge". The team will help you plan for discharge and will suggest services if required. General discharge time is before 11:00 am. You may be discharged home, to rehabilitation or back to your community hospital for further recovery. Here are services they may suggest:

1. Home with help

You may be able to receive home help through Community Care. Help at home may include a visiting nurse and/or a homemaker. A Community Care Access Centre (CCAC) coordinator is in the hospital to help you with this. Their job is to see what equipment you may need and how much help at home you can receive through OHIP. The social worker can also give you information about private homemaking services and other community resources. Some examples of community resources are Meals-On-Wheels, Wheel-trans, and Protect-Alert.

2. Rehabilitation facility

Some patients cannot go straight home and may require additional recovery. If you need ongoing rehabilitation after you leave the hospital, the team may recommend one of the following options:

a. In-home rehabilitation through CCAC.

A healthcare provider will come to see you a few hours per week. Some healthcare providers include nurses, personal support worker, social workers, physiotherapists, occupational therapists, and speech language pathologists.

b. Out-patient rehabilitation.

You will be given appointments during the day at a hospital or rehabilitation facility. The Toronto Rehabilitation Institute is an example of a rehabilitation facility. You will be required to go to the facility for your exercises. You will require transportation. If you don't have access to a car, this can be arranged through Wheel-Trans services.

c. In-patient rehabilitation.

You will be sent to stay at a facility such as the Toronto Rehabilitation Institute. The NVU team will prepare your application and the social worker will submit it to all available rehabilitation facilities. You will have to wait in the hospital until a rehabilitation bed becomes available. In the meantime, the therapist will continue to work with you.

3. Other health care facilities

Sometimes, it may not be safe for you to go back home or to rehabilitation right away. In these cases, you may need to apply to stay at another facility. You and your healthcare team can choose a place that will best meet your health care needs.

Other health care facilities include:

- repatriation: you may return to your home hospital for further recovery
- retirement home
- long-term care facility
- complex continuing care facility

Your healthcare team will talk to you about each option.

What can I expect after I leave the hospital?

Before you leave the hospital, you will be given a follow-up appointment with your doctor. This would depend on your diagnosis. The appointment will be booked for 3 to 12 weeks after you leave the hospital. You may need additional appointments and these will be arranged before you leave. You should also see your family doctor within one week of your discharge from the hospital

Before leaving the unit, make sure to speak with the nurse or ward clerk at the nurse's station. You will need to pick up your:

1. Prescription
2. Follow up appointment
3. Contact information: MD/NP/SW
4. Staple remover if required
5. Educational information about your hospital stay or diagnosis
6. Support group information if required