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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Ischemic Stroke

Patient education guide · Stroke & Vascular · Madison Neurology LLC

What is it?

An ischemic stroke happens when a blood clot blocks an artery that supplies the brain, cutting off oxygen and nutrients to brain tissue. Brain cells begin to die within minutes, which is why stroke is a medical emergency. It is the most common type of stroke, accounting for about 85-87% of all strokes.

How does it happen?

Most ischemic strokes are caused by atherosclerosis (plaque buildup) in the arteries of the neck or brain, or by blood clots that travel from the heart (often from atrial fibrillation) or from elsewhere in the body. Risk factors include high blood pressure, diabetes, smoking, high cholesterol, obesity, and a sedentary lifestyle.

Common symptoms

- Sudden numbness or weakness of the face, arm, or leg, especially on one side
- Sudden trouble speaking or understanding speech
- Sudden vision loss in one or both eyes
- Sudden trouble walking, dizziness, or loss of balance
- Sudden severe headache with no known cause

How is it diagnosed?

Diagnosis is made urgently with a brain CT scan or MRI to confirm the stroke type and rule out bleeding. Blood tests, heart rhythm monitoring (to look for atrial fibrillation), and ultrasound or CT/MR angiography of the neck and brain arteries help identify the cause.

How is it treated?

In the first hours, treatment may include clot-busting medication (thrombolytics such as tPA or tenecteplase) or a catheter-based procedure to remove the clot (thrombectomy). Long-term treatment focuses on preventing another stroke with blood thinners or antiplatelet drugs, blood pressure and cholesterol control, and lifestyle changes. Rehabilitation (physical, occupational, and speech therapy) is central to recovery.

What does the future hold?

Recovery varies widely. Many patients regain significant function, especially with early treatment and rehabilitation; the most rapid improvement usually occurs in the first 3-6 months. Some patients have lasting weakness, speech, or thinking problems. Controlling risk factors greatly reduces the chance of another stroke.

Questions patients commonly ask

Q: Will I have another stroke?

A: The risk is highest in the first year, but taking prescribed medications and controlling blood pressure, cholesterol, and diabetes reduces the risk substantially.

Q: How long does recovery take?

A: Most improvement happens in the first 3-6 months, but gains can continue for a year or more with ongoing therapy.

Q: Can I drive again?

A: Many survivors can return to driving after medical clearance; your care team can arrange a driving evaluation if needed.

National support groups & resources

- **American Stroke Association** — stroke.org — 1-888-478-7653
- **American Heart Association** — heart.org — 1-800-242-8721
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

(Organization contact details were current at the time of compilation; please verify online.)

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