

Jill: Too Young to Have a Stroke

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Jill: Too Young to Have a Stroke

Chapter 1

Introduction:

Our daughter, Jill (age 47), called her mother one Monday afternoon (May 18, 2015) to tell her that she thought she was having a stroke and was driving from her apartment in Aurora (OH) to the Akron (OH) City Hospital (ACH). Jill, an Intensive Care Nurse at University Hospital- Robinson Memorial, and former Paramedic, knew the stroke symptoms and also knew that ACH was the closest Level One Trauma Center (with a 24-7 Stroke Trauma Team). Jill said that her right side was growing numb but that she still had control of her left arm and leg. Ruth said she could tell that Jill's speech was being affected. Ruth implored her to call 9-11, but Jill was adamant and said if she got worse she would pull over and call 911. Ruth called me and we both headed for Akron City Hospital.

This is What Jill Remembers About That Monday:

I had a strange feeling in my face that morning. Spoke to mom about it, but continued with my errands, as I only had that day to get them done as I had to work at 11pm that night. I needed to get my errands done and get home for some sleep before my shift. I sort of forgot about the weird feeling in my face until I got home. I was rinsing a glass in the sink when, all of the sudden, my right side was gone. No feeling or movement in my face. I couldn't pick up the glass I had just dropped in the sink. I knew immediately what was happening. **I was having a stroke!**

I had an important decision to make. I knew I needed to get to Akron City Hospital but I was pretty sure that Aurora paramedics wouldn't be able to take me there as it was nearly thirty miles away. Where would they try to take me? Would I get to a stroke team in time for treatment? It was exactly 2:45pm at onset of symptoms and I now had less than 3 hours to get the clot buster if this wasn't a brain bleed. I knew too much!



So, here was my plan...Get to the car (down 16 steps and out to the parking lot). Drive very carefully using only my left hand to steer and my left foot to control the gas and brake. Just get close enough to Akron City Hospital to pull over and call 911. I am surprisingly good at driving with my left side. I had to drive through a very heavy rainstorm, but I took my time, stayed a safe distance from the cars ahead of me and before I knew it, I was at the ACH emergency room.

When I was a practicing paramedic, I worked at this ER but that was many years ago and they had completely renovated it. Now there was valet parking and a great big beautiful entrance. Another decision to make. Can I park and hobble in? Of course I can. The closest spot to park in was about sixty yards from the door. I can do this! It took a little time, but look at all the time I just saved driving myself. Then I saw the line at the check-in desk. There are six people ahead of me. Do I jump ahead of them and alert the triage nurse that I think I'm having a stroke? That would be rude. What if one of the six ahead of me is also having a stroke? I'll wait. What is

another 5 minutes at this point? I saved so much time by driving myself.

Finally, I'm first in line at triage. The girl doesn't even look up at me. She seems a bit frazzled. She says, "I'll be with you shortly". I'm thinking, do I yell "HEY! I THINK I'M HAVING A STROKE!." No, that would be rude. This poor girl is swamped. I'll just wait. What is another couple of minutes at this point? "What are you here for today" she says, still not looking up from the paperwork on her desk. I try my best to speak but the words are not coming out very clear. She finally looks up at me, and with a look of panic, she jumps up, puts me in a wheelchair and urgently sprints me back to the trauma bay. There, the "stroke team" greets me. Three or four physicians, at least five nurses, two techs and they are all focused on me. I knew the drill. They were going to be asking me all kinds of questions, starting IV's, performing neurological checks, etc. I decided that I didn't like being on the receiving end of this process.

In short order, I was off to CT. They needed to make sure this wasn't a bleed in my head causing these symptoms. Within minutes of the scan, it was confirmed. No bleed. Now I am eligible for TPA. The life saving clot buster that has the potential to reverse the effects of the stroke.

This is What We (Ruth and Glenn) Remember About That Monday:

When Ruth arrived at the hospital, Jill recognized her but could not raise her arm or leg, could not close her right eye, was speech affected and had a significant facial droop, all on the right side. By the time I arrived thirty minutes later, Jill could

raise her arms and leg. Yeah! The doctors were optimistic that she would have a full recovery but we were all very concerned. What had caused this healthy woman to have a stroke? The investigation was already underway.

After two days in the hospital, the stroke team said that Jill could return to our home for her convalescence. The symptoms of her stroke were not as pronounced, but it was obvious that she had trouble using her right side and that her face was contorted, affecting her speech. Amazingly, Jill's spirits remained very high and she was not averse to seeing the many friends who came to visit. Ruth set up "the recovery room" in our Great Room, which is very open...high ceilings, lots of glass and a great view of East Twin Lake. Jill was able to go to the restroom by herself and eat some of her meals at the kitchen table. The reason that the Great Room was being used for Jill was that recently, Ruth had purchased new furniture and one piece was a love seat with a pull out bed, featuring a blowup mattress. When I asked Ruth why we needed an extra bed in the Great Room, she told me she got that to use when she or I had a stroke!!! Little did she know that the first stroke victim would be our baby girl, Jill.

In the next few days at our home, Jill: slept a lot; had many visitors; had several doctors' appointments; and, returned to the hospital to have a device implanted into her chest to monitor her heart. The doctors suspected that an irregular heart beat may have caused the clot and inserted a REVEAL LINQ...an insertable cardiac monitoring system which can more quickly discoverer irregular heartbeats, leading to solving the problem with proper medications.

Ten days after Jill's stroke, we were to be in Asheville, NC for the Memorial Service I was to conduct for a dear friend who we

had known since our college years. We consulted Jill's doctors and they said it would be fine for her to accompany us but to be careful that she didn't overdo it and become too tired. At first, she said she would stay at the motel, but later decided to attend the memorial service and reception following the service at the family home. This turned out to be a very good thing as she had to face friends and strangers with her limp and facial issues. She met everyone with her cherry disposition and received lots of support from everyone. She even laughed later, when telling us that several well-meaning folks had told her of friends of theirs who had had strokes and never recovered. Jill took it all in stride and seemed to get stronger with each new story and each new day. "The strongest steel is tempered in the hottest fire."

On the Monday of the second week, she started to have feeling in her cheek and her dimples returned. Her speech was 95%, affected only on certain words, and the only remaining noticeable issue was the strength of her right leg, causing her foot to drag a little. She started physical therapy and continued to see heart and neurological doctors. She continued to get lot of sleep and was uplifted by calls and emails from her many friends. One doctor said she could go back to work in six months but we believe she will be ready much sooner than that. Three weeks have passed and yesterday, she fixed us dinner for our fifty- eighth anniversary. These past three weeks have been full...of activities, of worry, of fear, of hope, of love and of promise. I went to the doctor this week for a rash on my thigh and he said I had a small case of shingles, greatly reduced because I had had the shingles' immunization. He explained that shingles often occur when a person is under lots of stress and asked if I could think of anything that might have stressed me lately. I started to laugh and he said, "Why does that strike you as funny?"

Jill's Thoughts About What Was Happening To Her:

I had to wait a little while to for a bed to become available, which was fine because my mom was there with me. Around 7pm I was moved to "the stroke unit". I got the bed by the window and didn't have a roommate.

The nurse came in to check my vitals and perform a neurological exam. That consisted of having me repeat words and phrases, comparing touch on both sides of my face, arms and legs and comparing grip strength from both hands. She warned me that I would not be getting any rest because she would be performing neurological checks every half hour for the first four hours, then every hour for the next eight hours. That first night wasn't so bad actually. I slept between visits from my nurse. I even got a midnight snack. Well, that was a whole new experience. Not being able to open my mouth on one side posed a problem while attempting to eat. I was also afraid of biting my tongue or my cheek as well. I didn't need that complication.

I had many visitors during my three-day stay. The doctors and nurses were so kind to me. Even the older gentleman who came to empty the trash and sweep the floor in my room treated me like I was some really important person. I was blown away by the incredible treatment I received at ACH! I kept thinking, any hospital could learn a thing or two from this one. What is their secret? Why can't all hospital employees be this way??

Being unable to return home by myself, I was able to stay with my parents for the first month after getting out of the

hospital. They set me up in their great room (living room) on a pullout bed. I had a wonderful view of their lake and the best chef anyone could ask for. Ten days after the stroke, I was strong enough to attend a family funeral in North Carolina. I realized then how easily I got worn out. When we returned from the funeral, I began physical therapy twice/week. The initial evaluation showed that I was functioning at about a 30% strength level on my right arm but my right foot remained quite limp. They were encouraging me... telling me that they felt confident that I would regain all of my strength fairly quickly. The exercises I learned at PT could easily be done at home as well.



Once I was strong enough to navigate the 16 steps up to my apartment, I got to move home. With my sons help, I am nearly independent. I can do everything for myself now except drive my car. That remains very difficult for me, but since I have the best family and friends in the entire world...I don't worry about getting anywhere. I always have a ride.

Chapter 2

After Six Weeks:

Jill has been amazing! She has stayed positive and has worked very hard on her rehabilitation exercises. It has now

been six weeks (June 29) and although she can't go back to work for several months (The Doctors say six months), Jill is confident that she will be able to return to nursing in three or four months. Time will tell. To demonstrate Jill's positive nature, she even made a list of **Best and Worst Things About Having a Stroke:**

The worst things about having a stroke:

1. Not being able to speak well
2. Eating is very difficult with only half a working face
3. Not being able to walk well
4. Not being able to drive
5. The nerve pain
6. The fatigue
7. Brushing my teeth with my left hand is messy
8. Not being able to work

The best things about having a stroke:

1. Lots of time to cuddle with Flounder (my cat)
2. Catching up on all the TV shows I have missed
3. Having time to read a book
4. Friends come just to hang out
5. All the cards and well wishes
6. Being taken care of by my family
7. At least it isn't winter
8. Not having to work

So, Jill's efforts to return to her "Old Self" are ongoing. This story isn't nearly over and so I will just close this portion by saying...we are very grateful that Jill has made such an amazing recovery...she is a tough cookie...she has been surrounded by the love of her family and friends...**and this story will be continued. It looks like there will be a happy ending.**



Austin, Andrew, Jill, Kayla, Mike and Connor

July 2015

Chapter 3

After Five Months... A Setback

Jill's Thoughts: When I last wrote, I had just returned home after staying with my folks for a few weeks after my stroke. It has now been nearly five months since my stroke. I had a pretty significant setback in July. I had been in physical therapy for about 8 weeks and I began to have right hip pain. The doctor ordered an MRI, which showed some damage to my labrum. The labrum is a rim of soft tissue in the hip joint. I was sent to an orthopedic surgeon. He sent me for an ultrasound guided steroid injection and more physical therapy. My hip pain only got worse. Finally, the day before my 48th

birthday, September 15th, I had surgery to repair the damage to my hip.

The surgery revealed far worse damage than the MRI showed. They removed a large amount of old blood, most of my synovium, and several sharp pieces of cartilage. After the surgery, I was able to go back to the Saltzman Resort for rehabilitation, and then return home after a couple of weeks. I wear a large hip brace and use crutches at all times. I am off of all pain medication except for the occasional ibuprofen. The surgeon removed my stitches about a week ago and I am back in physical therapy two days per week.

This has been a long, difficult few months for my family and me but we have kept a positive attitude through this process. I cannot tell you all how much I appreciate your love, prayers and support. I will keep you all informed as to when I get to return to work.

Our Thoughts: Jill has been a real trooper during the last five months...staying positive while enduring many setbacks. Her rehab had been going well and she had moved back into her apartment, when she encountered a major problem with her hip, suffered while in rehab (explained above). After her four and a half hour surgery to correct that problem, she returned to our home for recovery. She had to use a cold water circulating device around her hip night and day to alleviate the pain. After about a week the major pain subsided, replaced by a continual soreness...probably caused in part by the surgery and in part by the surgeon's need to dislocate her hip to do the surgery (ouch). She had to be on crutches for two weeks and they have been replaced by a cane for stability. Jill has returned to rehab three times a week and has moved back to her apartment. She is still has some weakness on her right side and experiences some foot drop with her right foot (which rehab personnel say is slowly returning). We remain very optimistic

for a full recovery. Jill is very anxious to return to work as an ICU nurse and knows upon her return to her unit that she will be even more caring for patients than she was before.

October 2015

Chapter 4

After Fifteen Months...All Seems Well

Jill's Thoughts: The rest of the story...

I have been back at work now for about 5 1/2 months. The residual effects from my stroke are extremely mild. I have slight weakness in my right hand grip and right arm strength as well as infrequent right foot drop (which really only happens when I am extremely fatigued).

Work has changed quite a bit since University Hospitals acquired Robinson Memorial. I work three 12 hour shifts per week now instead of four 8 hour shifts which is an enormous difference for me but I am adapting.

We still do not know what caused my stroke. I have a Loop Monitor implanted in my left chest which keeps track of any abnormal heart rhythms. To date, I have had one "event" which was unrelated to my stroke. I have no high blood pressure or unusual blood clot problems either, but I take an Aspirin every day now, just for good measure.

I cannot tell you all how much I appreciate your thoughts, prayers and well wishes!! This has been a very difficult journey for

me and my family. We SO appreciate the love and concern of our amazing support system!

Our Thoughts: The last fifteen months have been a roller coaster with regard to our emotions. We were relieved that Jill recovered from the main stroke symptoms so quickly but worried that the medical community was unable to determine the exact cause of her stroke. Jill progressed so rapidly but was injured during rehabilitation and this has slowed her overall recovery as well as adding significantly to the pain she experienced and continues to experience. Jill had moved to Robinson Memorial Hospital (RMH) in part because the shifts were eight hours rather than twelve hours, only to have RMH merge with University Hospital (RMH is now UH Portage Medical Center) and her shifts have returned to twelve hours. She has adjusted...Jill always adjusts...she fights and adapts. She has come a long way and we are very proud of her. We feel certain that Jill is now an even more compassionate nurse as she has



experienced the acutely sick patient role and wants to ensure her patients are treated professionally... and with love and compassion.

Conclusion: Ruth and I are grateful Jill has received so much support from everyone (Especially University Hospital for keeping

her position open for her). And, for Jill's phenomenal friends...they were always there for her.

Lastly, we pray that Jill continues to grow stronger each day and will soon say goodbye to the nagging hip pain she regularly experiences. Jill, her family and friends are grateful for the many positive things that have happened to her, and to each of us, the past fifteen months. Let this good story continue!

(Note: Picture above is of brother Jeff and Jill, with Ruth in the background))

August 2016