

Vascular Surgery

Transient Ischemic Attacks (TIAs)

What is a transient ischaemic attack?

Transient ischaemic attacks (TIAs for short) are a kind of mini-stroke. The symptoms may be like a stroke but they get better within 24 hours. Common symptoms include brief attacks of weakness, clumsiness, numbness or pins and needles of the face, arm or leg on one side of the body. Temporary slurring of speech or difficulty in finding words can also occur. The eye can also be affected resulting in temporary loss of vision in one eye; this is called Amaurosis Fugax. These attacks may only last for a few minutes or hours and are usually better within a day.

What causes TIAs?

TIAs and strokes can be caused by atherosclerosis (hardening of the arteries), which involves formation of fatty deposits in the wall of the carotid artery in your neck. This may be caused by smoking, high blood pressure, high cholesterol levels and poorly controlled diabetes; it interferes with the blood flow up to your brain. Small pieces of these deposits may break away, travelling in the blood flow towards your brain, where they may block a smaller artery and hence starve the surrounding brain or eye tissue of blood. Alternatively, the rough surface of the fatty deposit may lead to formation of a blood clot which can also break up and have the same effect. The symptoms you experience depend on which blood vessel to the brain or eye is blocked.

In TIAs the blockage is temporary and quickly clears itself.

Are there any other causes?

There are several illnesses which may seem very much like TIAs. These include migraine, epileptic fits or seizures, low blood sugar, fainting and changes in heart rhythm. TIAs do not usually cause 'blackouts', fainting or loss of consciousness. These other symptoms need different treatments and it is important that people with TIA-like symptoms are seen by a



Patient Information

specialist to find out the cause of the trouble.

Why are TIAs important?

Although TIAs may be frightening they do not cause permanent damage. However, a person who has had a TIA has a higher risk of suffering a stroke. The risk of having a stroke in the first year after a TIA is about 10% and about 5% each year after this. It is important that TIAs are investigated so that appropriate treatment may be given to try to prevent a stroke in the future.

What tests are required?

If your specialist thinks that your symptoms are a cause for concern, then a series of tests will be arranged.

A painless ultrasound scan of your neck will check for atherosclerosis in your carotid artery.

Other tests may include blood tests to detect high cholesterol or diabetes, and an ECG (heart tracing). Further tests, such as a special heart scan and/or a brain scan may be organised.

What about treatment?

Your treatment depends on the results of your examination and tests. **If you smoke, you should stop completely** – advice and support is available. High blood pressure, high cholesterol or sugar levels in the blood can often be helped by a healthier diet, although drugs may also be needed. Try to maintain a healthy weight and be active.

An anti-platelet such as Aspirin may be prescribed to make your blood less sticky. This reduces the risk of having a stroke or heart attack by about 25%. The dose of Aspirin is small and does not usually cause indigestion. Clopidogrel is a drug similar to Aspirin, which has the same effect on your blood. Your specialist may prescribe a combination of both Aspirin and Clopidogrel.

If the ultrasound scan suggests that the carotid arteries in the neck are narrowed, then an operation to correct the narrowing may be necessary. This is called a carotid endarterectomy. Further tests may be arranged before your operation including an angiogram (an x-ray of your carotid artery) and a CT scan of your brain. More information about these procedures is available - please ask your specialist.

You must not drive for one month following a TIA (Transient Ischaemic Attack)

Patient Information

After one month, you may return to driving, provided you have not had another TIA.

If you have had more than one TIA over a short period of time, you will require three months free of further attacks before driving.

You must inform your insurance company that you have had a TIA. If you do not inform your company, you may find that your insurance is void.

LGV (Large Goods Vehicle) or PCV (Passenger Carrying Vehicle) holders

If you hold a LGV or PCV licence, you must tell DVLA immediately if you have had a TIA. You are not allowed to drive this type of vehicle for one year. You may be able to return to driving these vehicles after this time, depending on your recovery and on the outcome of medical reports and tests.

You should check with a doctor prior to flying.

We hope that you have found your treatment by the Vascular Services team to your satisfaction. We welcome your **comments, compliments** and **complaints** concerning the care that you have received, in order to improve our service. This can be done by contacting the Vascular Nurses as below or PALS.

If you would like to discuss the information in this booklet please contact a Vascular Nurse Specialist:

Alison Kite on 02476 965569

Suzanne Davies, Lauren Wells or Zoe Noakes on 02476 966914.

If you would like this information in large print, braille, audiocassette, video or translated into another language please telephone one of the numbers above.

Useful Contacts

Coventry Patient advice and Liaison Service (PALS): +44 (0) 800 0284203

South Warwickshire Hospital PALS : +44 (0)1926 600054

George Eliot Hospital PALS : +44 (0) 24 7686 5617

Patient Information

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact us and we will do our best to meet your needs.

The Trust operates a smoke free policy

| Document History | |
|-------------------------|------------------|
| Department: | Vascular Surgery |
| Contact: | 25569 |
| Updated: | November 2020 |
| Review: | November 2022 |
| Version: | 7.2 |
| Reference: | HIC/LFT/081/06 |