

Understanding Brainstem Stroke and TIA

Information for patients and families

Your clinician has told you that you have had, or may have had, a brainstem stroke or a transient ischaemic attack (TIA, sometimes called a mini-stroke). This leaflet explains what that means, why you felt dizzy, the warning signs to act on, how it is treated, and what recovery and prevention look like.

What is a brainstem stroke or TIA?

Deep at the back of your brain sit the brainstem and the cerebellum. They control your balance, your eye movements, your speech and your swallowing, and they are fed by arteries that run up the back of your neck. A stroke happens when the blood supply to part of this area is blocked and brain cells are injured. A TIA is a brief blockage that clears by itself, usually within minutes — it does not leave lasting damage, but it is an important warning that a larger stroke could follow, so it must always be taken seriously.

Because this part of the brain runs your balance system, the most common symptom is sudden, severe dizziness or a spinning feeling, often with unsteadiness, nausea, or difficulty walking.

Warning signs — act fast

Call an ambulance immediately — triple zero (000) in Australia — if you or someone with you has any of these come on suddenly:

- Dizziness or spinning together with double vision or trouble seeing
- Slurred or strange speech, or difficulty finding words
- Drooping, numbness or weakness of the face, arm or leg
- Difficulty swallowing, or a hoarse voice
- A severe loss of balance or being unable to stand or walk
- The sudden worst headache of your life

Do not wait to see whether it passes. With stroke, the treatments that protect the brain work best in the first few hours, so getting to hospital quickly really matters — even if the symptoms ease, as they do in a TIA.

How is it diagnosed?

In hospital the team examine your eye movements, balance, speech and strength, because these reveal where the problem is. You will usually have a brain scan (CT or MRI) and scans of the blood vessels in your neck and head. Early scans can sometimes look normal even when a small stroke is present, so the examination and repeat scans are both important.

How is it treated?

Treatment depends on how soon you reach hospital and on the cause:

- If you arrive early enough, clot-dissolving medicine or a procedure to remove the clot may be possible.
- Most people start medicines that make the blood less likely to clot (blood thinners or antiplatelets).
- Blood pressure and cholesterol are treated, and any specific cause — such as an irregular heartbeat or a torn artery — is managed.
- You will be monitored closely, because a large stroke in this area can swell over the first few days.

Recovery and rehabilitation

Recovery is often encouraging. Many people improve steadily over weeks and months. Balance and eye-movement rehabilitation with a physiotherapist genuinely speeds up recovery and reduces dizziness and unsteadiness, although some imbalance can linger. Tiredness is common early on, and low mood or anxiety after a stroke are common and treatable — please tell your clinician if you notice them.

Preventing another stroke

- Take your medicines exactly as prescribed, and never stop them on your own.
- Keep your blood pressure well controlled, and your diabetes if you have it.
- Stop smoking, limit alcohol, stay as active as your team advises, and eat a heart-healthy diet.
- Do not drive until your doctor confirms it is safe and legal for you to do so.
- Keep every follow-up appointment — these check your progress and your prevention plan.

Australian Dizziness Clinics | www.AustralianDizzinessClinics.com

This leaflet is general information and does not replace advice from your own clinician. If you are worried about new or worsening symptoms, seek medical help; for sudden stroke warning signs call 000.