

Patient information

Tenecteplase for the Treatment of Stroke

What is a Stroke?

You have just had an **ischaemic** stroke. This type of stroke occurs when a blood clot blocks a blood vessel in the brain, causing damage to the brain due to lack of oxygen.

How does Tenecteplase work?

Tenecteplase a 'clot busting' medicine can dissolve the blockage and improve the blood supply to the brain reducing the amount of damage.

When can Tenecteplase be given?

Tenecteplase is licensed to be given within 4.5 hours of ischaemic stroke onset. Use outside of this time frame is "off-license" but can be used in certain circumstances.

What happens now if I decide to receive this treatment?

A test called a CT (computerised tomography) brain scan will be performed to assess your brain. A CT scan is a special kind of X-ray that is taken whilst you are lying flat. It takes a few minutes to complete, during which time you will need to lie very still.

You will also have a blood test and blood pressure checked as well as a special trace of your heart called an ECG. Your doctor will ask you questions about your symptoms and your current and past medical problems.

You will have a further CT scan of your head between 22 and 36 hours after receiving Tenecteplase to look for evidence of any bleeding into the brain. You will have your blood pressure and heart rate measured every 15 minutes for the first two hours, then hourly thereafter for the first 12 hours. Following this monitoring will be continued for up to 48 hours when you are in hospital.

What are the alternatives for treatment?

Currently there is no standard treatment for acute stroke comparable to Tenecteplase. If you do not wish to be treated with Tenecteplase, you will still receive the best possible care.

What are the benefits and risks of receiving Tenecteplase

Treatment with Tenecteplase must be thought about carefully. Overall, more people may get better with Tenecteplase. 40% of patients treated with tenecteplase will make a better recovery.

Tenecteplase can have some serious side effects. Because it dissolves blood clots, there is a risk of bleeding for the first day after treatment. Some of the bleeding risks are minor, like a small amount of blood oozing from an injection site. The most important side effect is bleeding in the brain. This occurs in 1–3% of patients receiving Tenecteplase. Bleeding in the brain could make your stroke worse and could be fatal. This type of bleeding can also occur naturally in people after strokes who have not received Tenecteplase. Despite our best medical care, some patients will die in the first few weeks after a stroke whether they have received Tenecteplase or not.

What are the side effects of Tenecteplase?

As mentioned above the most important side effect is bleeding into the brain. Bleeding can also occur in organs of the body. Severe bleeding has been reported only rarely. Tenecteplase may cause minor bleeding at the site of injection, an irregular heartbeat, nausea and vomiting, a drop in blood pressure and an increase in temperature. Problems with convulsions (uncontrollable, violent movement of the body) have been reported rarely. Allergic reactions e.g. urticaria (hives), bronchospasm (difficulty in breathing) and low blood pressure (causing dizziness and fainting) have been reported rarely. If an allergic reaction occurs, your doctor will stop treatment.

You will receive close monitoring of your symptoms during the first few days whilst in hospital and receive standard care for the treatment of your stroke. You will receive appropriate treatment should you experience any adverse effect due to Tenecteplase.

If you are a woman of childbearing age

Tenecteplase in pregnant women has not been studied. Tenecteplase should be used during pregnancy **only** if the potential benefit justifies the potential risk to the foetus. Tenecteplase must not be administered within 14 days after delivery, because of the risk of bleeding.

Who can I contact if I have further questions or if a problem occurs?

If you have any questions or concerns about receiving Tenecteplase please feel free to discuss this with your consultant or stroke nurse clinician

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Stroke Association – Stroke Helpline: 0303 3033 100
<https://www.stroke.org.uk/>

NHS Stroke Information: <https://www.nhs.uk/conditions/stroke/>

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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