

Brain Tumor, Stroke and Hearing Loss - Andrew Stopps

Andrew Stopps had a stroke in November 2021, which was unexpected as he had no prior symptoms. He had previously been treated for a brain tumor in 2005 with radiation, which only resulted in right-side deafness.

Instagram

Highlights:

01:11 Introduction

03:37 Battling a Tumor with Radiation

05:16 The Initial Stroke Symptoms

13:09 Using Your Hand To Develop New Neural Pathways

19:44 The Pseudobulbar Affect And Inappropriate Laughing

31:00 Andrew's Identity As A Musician Is Challenged

37:47 Treating Yourself Like A Child After A Stroke

48:17 Andrew's Continued Recovery From His Stroke

1:02:01 Meditation And Hyperbaric Chambers

Transcription:

Andrew Stopps 0:00

I was frustrated by the lack of movement or the lack of not being able to do things as quickly. But I saw it more as a brain reset like my brain was reset to a childhood time. For example, when my speech started to return, I had a clear British accent.

Andrew Stopps 0:31

And my first five years of life in the UK, so that's what I had as a really small child. And suddenly I was speaking with this British accent again, to the speech therapist. And it wasn't till weeks later that my old Australian accent returned.

Intro 0:58

This is the recovery after stroke podcast, with Bill Gasiamis, helping you navigate recovery after a stroke.

Introduction



Bill Gasiamis 1:11

Hello, and welcome once again to the Recovery after Stroke podcast. This is episode 241. My guest today is Andrew Stopps, who recovered from a brain tumor and also experienced an ischemic stroke in 2021. Andrew stops, welcome to the podcast.

Andrew Stopps 1:29

Thank you very much for having me. It's an honor to be here.

Bill Gasiamis 1:32

Yeah. Thank you. Tell me a little bit about what happened to you, Andrew.

Andrew Stopps 1:37

Well, I had my stroke in November 2021. So but it wasn't the first brain injury I've had. I had a brain tumor before that back in 2005. And I was treated with radiation for that. And I didn't have any after-effects other than right-side deafness. And then in 2021, I had a stroke and it was such a surprise. Because it came out of nowhere.

Bill Gasiamis 2:14

How old were you?

Andrew Stopps 2:16

47.

Bill Gasiamis 2:18

And how old were you when you had the brain tumor?

Andrew Stopps 2:22

2005. In my 20s somewhere.

Bill Gasiamis 2:31

In your 20s that will do man. So in your 20s, that's pretty full-on right to get that kind of diagnosis, you're probably at the peak of energy running around doing all sorts of stuff.

Andrew Stopps 2:49

Yeah and then kind of like the tumor that I had was an acoustic neuroma. So it's a slow-growing tumor. But mine was atypical as it was growing fast. But it doesn't give you any side effects early on, so you don't even know you've got it. The reason I knew I had it is that one day I just woke up and half my face was paralyzed. And that sort of led to scans and they saw the tumor. Close to my brainstem, like touching my brainstem. And so something had to be done straight away. So they radiated my head.

Battling a Tumor with Radiation

Bill Gasiamis 3:37

I'm smiling because that sounds intense. Was it intense? Radiating your head?

Andrew Stopps 3:45

Yeah. Because your head's in a cage, they make a mold, and they put your head in a cage, and for five days straight, they shoot, radiation through different points in your head, that all converge on the tumor. And I chose that route to go because it has the least side effects afterward. If I had it operated on and cut out, it probably would have left my face paralyzed and I'd have had no chance of getting my hearing back ever. And being a musician. I want that. You know, I want that possibility.

Bill Gasiamis 4:25

I hear okay. So it was a successful treatment?

Andrew Stopps 4:29

Yes, yes. It didn't save my hearing. The tumor grew too fast. And it was growing

at the auditory nerve. So it damaged a nerve too much. But it stopped the tumor and yeah, and it killed it basically in my head. So yeah, I just got on with life and what I had to do.

Bill Gasiamis 4:52

Excellent. So there were no deficits or anything like that.

Andrew Stopps 4:55

Oh, except for the deafness. That's all. My face returned to normal. And I thought that's it. I've done the brain stuff now. It's, you know, I can get on with life. And it wasn't to be wasn't to be.

Bill Gasiamis 5:11

How did the ischemic stroke come to happen?

Andrew Stopps Initial Stroke Symptoms

Andrew Stopps 5:16

So it happened on a Saturday morning in November 2021. I woke up at about 6:30. And immediately felt strange, I immediately felt off balance. And I thought, Ah, I have some balance problems from the revenue from the tumor. So I thought it was just that I'm just tired.

Andrew Stopps 5:40

So I went downstairs, and I started making myself a coffee. And I went to grab the handle of the cupboard with my right hand. And I couldn't, I kept missing, I couldn't seem to find the handle. And I thought, wow, this is weird. I must be really tired.

Andrew Stopps 5:59

So basically, got the cupboard open, got a cup out, tried to make myself a coffee, and I was missing, I just could not. My hand couldn't find objects I could still grab, but I couldn't, I couldn't physically find them in that space. And after about five minutes of this happening, I thought, Now something's wrong. Like, I didn't think stroke at that point.

Andrew Stopps 6:27

I went and woke my partner and my husband up. Because I, like this, is this was

too weird, like, you know, and I went to say, something's going on. And I couldn't, I mumbled. And at that moment, we knew get to the hospital now, let's go. So we went straight to the hospital. And, and they took me through and it was a TIA.

Andrew Stopps 6:57

So it was resolved. So I was laying there and all the, like everything resolved, and I was back to normal. And so the hospital was discharging me. And just as they were filling out the forms, and the doctor was with me, she said, Look, just one more test, just touch my finger, touch your nose.

Andrew Stopps 7:16

And so I did that and went, my arm was really heavy. And said do it again. And I was getting lower and lower and lower. And that's the big stroke that happened right in front of the router.

Bill Gasiamis 7:29

Wow, so a bit of good luck in a shitty situation. And then do you remember what happened after that? Or are you admitted?

Andrew Stopps 7:42

I remember bits and pieces. So I remember. I remember thinking the whole time. This is very interesting. Like I wasn't scared, it was I was just dispassionately observing what was happening to a body. I remember my arm getting heavier and heavier and heavier until I couldn't lift it anymore.

Andrew Stopps 8:04

And I didn't so much get processed to the leg. But I lost, my foot just flopped. And my speech became, you know, like incoherent. And I just remember being well to get to a CT scan MRI, and then I was up in critical care. And it was up in critical care actually, there's this sort of a blank spot on my memory going from emergency up to critical care.

Andrew Stopps 8:33

But I remember being up there. And I think that was when it hit me and I just burst into tears and just sobbed like for ages about what had happened. And then after that, I'm sleeping. I was so tired. I couldn't keep my eyes open and I remember sleeping for hours and hours.

Bill Gasiamis 9:00

Just a quick break and we'll be right back to the interview. As a stroke survivor, I understand the difficulties of finding the right information about post-stroke nutrition. That's why I developed the course Five Foods to Avoid After Stroke. While most people are talking about what to eat after a stroke to support brain health and recovery, very few are talking about what you should avoid eating after a stroke.

Bill Gasiamis 9:23

If you want to support your brain to heal, curious about the five foods that may make matters worse when you consume them, then you may benefit from this course. In the fun five-series of interviews, you will hear about what foods not to eat after a stroke.

Bill Gasiamis 9:38

But most importantly, why not qualified nutritionist Stacy Turner and performance coach Mathias Turner in more than five hours of interviews discuss the five common foods that cause inflammation in the body and brain how they could interfere with healing, and how they may make fatigue worse for just \$49 This five-part series of more than five hours of interviews with full PDF transcripts for download.

Bill Gasiamis 10:06

mp3 is for download, and videos will give you everything that you need to know about the five foods to avoid and why. The modules include eight reasons to quit sugar after a stroke. seven reasons to quit caffeine after a stroke, eight reasons to quit gluten after a stroke, six reasons to quit dairy after a stroke, and six reasons to quit alcohol after a stroke. And probably that is one of the most important things that you have to and should quit after a stroke.

Bill Gasiamis 10:38

It's interfering with your recovery, visit [recovery after stroke.com/courses](http://recoveryafterstroke.com/courses). For this and other specifically designed short and easy-to-understand courses that are made by a stroke survivor for stroke survivors. Once again, you'll get more than five hours of content, all audio is available to download in mp3 format for listening to the full transcript of all the content to take notes on or read instead of listening to presented by a stroke survivor four stroke survivors.

Bill Gasiamis 11:11

also presented by a trained nutritionist and performance coach, you will also get 24 hours of access and lifetime access to courses purchased. And you'll be able to interact with yours truly, in the comments section. Go to [recovery after stroke.com/courses](https://stroke.com/courses) to check them out now. Do they know what the underlying cause of the ischemic stroke was?

Andrew Stopps 11:34

No, no. And even now, I saw the specialist about three weeks ago and he said, Look, it's probably a good thing. We don't know what caused it because that usually has the best prognosis. So I thought, well, if

Bill Gasiamis 11:52

you have love, and we don't know what caused that, look, maybe it won't ever happen again. So why not just go with it for now? But the thing about it is you had this experience in your 20s I've done the calculation, I reckon you're 27. And then, when you've had this experience, are you comparing the two? What are you doing about your previous experience? How is that playing a role in your current situation?

Andrew Stopps 12:23

Um, yeah, well, yes, it it does it as much as my attitude towards it was, was the same as like, oh, here we go again. And, the first one, the prognosis was really bad if I didn't have something done. So it's just kind of here we go again, you know,

Bill Gasiamis 12:49

is that here we go again, from like a, probably this. This is something that we're gonna get through and overcome, or Here we go. This isn't good, not good.

Using Your Hand To Develop New Neural Pathways



Andrew Stopps 13:00

No, it's we're gonna become like literally, I mean, you know, Saturday had the stroke. Monday morning. I was moved to a ward and I was just like, right? What do I have to do? What I have to do to get better. And, you know, physio started that day, rehab started that day. And I was just determined to, to get functioning again, from literally the get-go, like I was determined.

Bill Gasiamis 13:30

Yeah. Sounds like it, I like it. I like it.

Andrew Stopps 13:36

It's funny that because they don't tell you a lot of things I've learned so much by researching myself, finding exercise for myself, finding stuff, rehab stuff that is specific to what I wanted to do. And, you know, and being a trained musician, like, I had an insight to my body's musculature and breathing and the way I learn, so I was able to sort of build on that to help with the recovery.

Andrew Stopps 14:06

Even with a hand like that. I mean, you can see this in my deficit hand. Yeah. So I've, you know, getting back the movement in that. And I've been using this device. It's a little practicing device used to practice and a brass instrument when I can, I'm using it to isolate my fingers. Samples, strengthen them. So

Bill Gasiamis 14:31

I've seen an improvement and noticed the difference between when you started and now.

Andrew Stopps 14:36

Oh my god, yes. Oh, yes. Because spring is like, for the first six weeks, I had nothing in my arm there it was just a dead mess on the side of my body. Like us, so, I mean, I can use it, you know, almost normally I can't write yet. I can't pinch it because of my thumb, sort of pinch to the side.

Andrew Stopps 14:57

But other than that, I can pick stuff up in I like, yeah. I can not for very long. I mean, I mostly use my left-hand type. My right hand, does type of my fingers get tired? Yeah. But I tried to incorporate my right hand, like, in everything that I do. So whatever I'm doing, I make sure my right hand is doing some part of that task. So I'm not, you know, it's not getting a practice on us.

Bill Gasiamis 15:30

Even the Yeah, let's repeat that because that's a really important point you just made. So why are you including your hand in everything that you do?

Andrew Stopps 15:42

So that I'm not developing practice for your practice, or nonuse? Yeah, non-use. So

Bill Gasiamis 15:50

It's a kind of Neuroplasticity, it's the opposite of using your hand to practice something so that you can create new neural pathways in your brain. And then yeah, working, it's the opposite of that. It's like, if you're not using it, there could be two reasons why somebody don't doesn't get movement back in one of their limbs, specifically a handful for this example.

Bill Gasiamis 16:15

One of the reasons is that there was a stroke, and the pathway is no longer there, or has been interrupted with or has been inflamed or there's something wrong with the pathway that tells the hand to move from the brain, there's a connection issue.

Bill Gasiamis 16:27

And the other one is where the head because of that connection issue at the beginning, is excluded from being used. And then it develops the pathways for nonuse. So no new car, it doesn't then work. Not because it's damaged, it may have healed, but it hasn't been used. So the practice is gone. And then it's the

whole user loser routine.

Andrew Stopps 16:55

Yeah, definitely. Definitely. And I was aware of that, from really early on. And it was really important to me to get my arm moving. And I remember, like, you get six weeks, like rehab at home rehab, here in New Zealand, from you know, when you're discharged. And so, for those six weeks, yeah, we weren't getting very much moved.

Andrew Stopps 17:24

And at all, I had to look headed a little bit, but not much. And then I found that if I yawned and when you're, you know, you automatically stretch. Well, if I was in a laying position, and I did that, my arm would lift, but you know, as involuntary movement and so I worked with that, I, I kept doing that until I could lift standing and do that. And gradually my movement came back. So it all started from involuntary movement.

Bill Gasiamis 18:01

If I'm in bed, and yawn, and stretch and do those big morning stretches, like you said, my left leg I could cramps in my left leg. It goes from okay to cramping. It bloody annoys me because I love waking up in the morning. And during that stretch, it kind of gets things going. And my left calf will go into spasm.

Andrew Stopps 18:24

I was one I was right. So deficit, I get that too. If I stretch my left and my right leg out. In bed in the morning, I get really bad, really bad cramps like it's

Bill Gasiamis 18:40

so hard to reset it and to get the cramp to stop. It's like, I've never had cramps before. And I understand now what happens when people suffer from cramps all the time. But that pain point pinpoints pain in that one spot in the muscle that just goes deeper than the depth of the earth. I know. Unbelievable. How do they do that? I mean, how do they do that? How does it do that?

Andrew Stopps 19:08

And yeah, I know, and like I just tried to try to move your foot to stretch out the cramp is excruciating. Yeah, I'm, I try hard not to stretch my legs in the morning. Because it's not worth it. It's not worth the pain. So

Bill Gasiamis 19:28

if anyone else goes through that, if people are watching and listening, and they do go through there, let me know in the comments, or yeah, just let me know. I'd love to know if that happens. I didn't think that you were gonna say are you that happens to me too. I had no idea you were gonna say that. I thought that was just me. But good. Just goes to show.

The Pseudobulbar Affect And Inappropriate Laughing



Andrew Stopps 19:45

The other thing that I found interesting is that sometimes my right foot, there'll be a nerve bias and my foot just twitches like totally right randomly. And it feels almost like someone's putting a feather or something on my button and my feet, like ticklish on the Yeah, it, it just happens like at random times.

Andrew Stopps 20:15

Yeah, that's been weird as well, that and, and my diaphragm muscles on my right side Twitch if I get very emotional so if someone says something and I have an emotional reaction, the old pre-stroke Andrew normally kept stuck. But the post-stroke Andrew I get this emotional Twitch that almost comes out like a laugh.

Andrew Stopps 20:46

And that could be like, it could be someone's told me something really sad or or anything. But I like immediately, like lead out this laugh which is not meant to be

like it's not it's not a funny laugh at all. It's my diaphragm twitching that's been embarrassing at times and, and interesting as well.

Bill Gasiamis 21:10

All right. Have you heard of the pseudobulbar effect?

Andrew Stopps 21:15

Yeah, I think I have that remind me

Bill Gasiamis 21:19

pseudobulbar affect It's a condition that happens to people who have neurological injuries like strokes. And I had had the symptoms of it. For me Sheila bye bye effect caused crying, uncontrollable client crying in inappropriate moments.

Bill Gasiamis 21:35

And what I learned after I discovered that it was about inappropriate crying, which is very common for stroke survivors also learned that there's another version of it inappropriate laughing in, in moments, such as funerals, and you know, really nonappropriate places like that.

Andrew Stopps 21:58

Yep, yep, that's, I can relate to it. And also because, like this side of my face, wasn't affected too much by the stroke, just my tongue and and like sort of around my mouth. But I'll break into a smile. uncontrollably, which sometimes is great. But sometimes it's inappropriate. And I just have to like, you know, cover my face.

Bill Gasiamis 22:24

Yeah. Yeah. And pretend you're not smiling. Interesting. Is there something that you wish they did for you or told you in the hospital during your stay, so that that would make your time at home better?

Andrew Stopps 22:46

Lots of things. Lots of things. Got where to start. I mean, you know, I can't complain about the care I had in hospital. But the doctors just talk about, you know, neurological medical things. And don't talk to you about all the other stuff they experience.

Andrew Stopps 23:11

When you've had a stroke, like, you know, like you were saying about inappropriate crying, I found, especially in the first six months, that if something moved me, it wouldn't move me to tears like immediately, and I'll be bawling. And the same with, you know, the opposite if something made me laugh. I'll be laughing hysterically. Like I'd be at the extremes of the Rangers. There was no subtlety.

Intro 23:37

If you've had a stroke, and you're in recovery, you'll know what a scary and confusing time it can be, you're likely to have a lot of questions going through your mind. How long will it take to recover? Will I recover? What things should I avoid? In case I make matters worse, doctors will explain things that, you've never had a stroke before, and you probably don't know what questions to ask.

Intro 24:03

If this is you, you may be missing out on doing things that could help speed up your recovery. If you're finding yourself in that situation. Stop worrying, and head to recoveryafterstroke.com where you can download a guide that will help you it's called Seven Questions to Ask Your Doctor about Your Stroke.

Intro 24:21

These seven questions are the ones Bill wished he'd asked when he was recovering from a stroke. They'll not only help you better understand your condition. They'll help you take a more active role in your recovery head to the website now recoveryafterstroke.com and download the guide it's free.

Andrew Stopps 24:41

That was kind of scary because I thought oh god I don't want to be like this for the rest of my life. This is you know too much. The thing about practicing you know my rehab and doing the rehab, I found that I, when discovered exercises and myself, because I wasn't being told or given guidance in that area, I just found I had to be self-reliant in as much as my recovery went.

Bill Gasiamis 25:27

Self-motivated and taking the responsibility for that path of your recovery, and kind of leading the charge, is that what it was like?

Andrew Stopps 25:37

Yeah, I mean, the rehab team, in the first six weeks, sent me some goals of what

they wanted me to do, like, you know, we've got a two-story house and one of the goals was to be able to go up the stairs. And things like, you know, being able to shower and drama self-being able to be in the kitchen and butter bread.

Andrew Stopps 26:01

And so all those things were mine, I had those goals, I just practice and practice them. And, you know, by the time they came the next week, I was able to do them all. But they weren't. They weren't giving me things that were just things to help me, you know, with the big things in life, they weren't other things I needed to, you know, fully recover, there were just things I needed to get by.

Bill Gasiamis 26:25

So tell me, what about what were some of those things you needed to fully recover as in? Well, knowing that now, you probably didn't leave the hospital, saying in your head, I'm going to need all these things. Did you get home? And then you thought, Oh, what about this? And then you thought, Oh, what about that? Do you know, what those things are now? would you be able to tell us?

Andrew Stopps 26:48

just thinks like, Okay, well, I can I can, you know, they've taught me how to butter bread with my left hand. But how am I going to teach my rights?

Bill Gasiamis 27:00

Okay, the right hand, which is the

Andrew Stopps 27:02

straight effective side? Yeah. So now we're teaching, they were giving me lots of things. And lots of exercises to do that were sort of replacing my deficit side, rather than teaching it. And I knew already then, that if I didn't use the site, it would be neglected, and we'd learn nonuse.

Andrew Stopps 27:29

So rather than teaching me to bother with my left hand, which was good, initially, like, early on, when I had no when I couldn't hold a knife. I had. They weren't around when I needed to learn how to do it, and learning how to hold a pen again. I remember the one thing I did, just before I left the hospital on the morning of the stroke in the kitchen a scrap piece of paper was a piece of paper, and I wrote on the paper with my right hand, I m address drops.

Andrew Stopps 28:03

And it's the last thing I wrote before I lost the use of the hand. And it's it's really interesting. I wrote there because I was sort of, like, asserting my identity or, or saying, you know, this is who I am, is I've got to remind myself who I am. I don't know why I did that. It's very strange.

Bill Gasiamis 28:27

It is very strange. That's extremely strange. Now, I love that you did it. I made your stops when you came home. Did it mean anything to you? When did you see it? When did you see it again? What did you see it again? And we

Andrew Stopps 28:41

had a really powerful effect because when I got back, I saw it. I thought I was not Andrew stopped now. I am something new, someone new? I'm not the same person who wrote this, that piece of paper. And, you know, I've, especially in the last six months, been working on what is my identity and what my is self-identity. And, and what it all means, and not get too caught up in what I've lost.

Bill Gasiamis 29:20

Yes. Let's describe. That's, that's, that's, let's talk about that. So out of curiosity, how would you have described yourself before the stroke, okay? And the example is, you know, I'll do mine. I'm, I'm Bill, I'm a father of two, and my husband goes to work. I have, I enjoy sport. I ride a bike, those types of things.

Bill Gasiamis 29:46

That's how I would have. That's how I'm doing it now. 10 years later, I don't know what I would have done 10 years ago, but that's how I would describe it now. So your stroke was a little bit more recent. So I'm curious. Do you know how you describe I've just after somebody who asked you, who Andrew stopped a couple of years ago? Yeah,

Andrew Stopps 30:05

yeah. So, musician, composer, educator, husband, brother. I like riding bikes, too. Yeah, those but particularly musicians and educators were like,

Bill Gasiamis 30:23

the biggest part the broadest part. Yeah. Or the most, the most, the part that you identified with the most, yeah, but there seems to be some broad, a little bit of broadness to your identity, you all these other things while you are a musician,

right? So, when you came home, how did how would you have described yourself then?

Andrew Stopps Identity As A Musician Is Challenged



Andrew Stopps 30:48

Initially, when I came home, and I saw that piece of paper, I thought, I am not that Andrew stops anymore, but it was so so overwhelmingly painful. I didn't, I left it. And I just focused on, like, trying to claw back, the person that I was, now. I did some exploration, especially over New Year and years, it struck me the most, because every year of my life, the New Year, I knew what was coming up, you know.

Andrew Stopps 31:28

And there were no surprises like I knew what this year was gonna bring. And this year, for the first time in my life, I didn't know. I didn't know like, even last year was going to be recovery. So last year, I knew what it was, this year, I had no idea. And I got scared and depressed.

Andrew Stopps 31:51

And I started to think about my who, who I am, and my identity. And I thought about I must have had a time of my life when I didn't have a very strong identity, like, oh, any at all, when I wasn't a musician or an educator. So I thought back, and I can remember a time when I was 18 months old. And my dad was holding me up in his arms.

Andrew Stopps 32:23

And I remember him, me saying to him, Dad, can I have a brother? And Dad said I'll talk to him. We'll see what we can do. I can remember so vividly, and I've had a 10-month-old. Yeah. And I had to be 18 months old.

Bill Gasiamis 32:40

You didn't speak any words? Or were you speaking?

Andrew Stopps 32:43

I can speak to them. Yeah, I can speak at 18 months.

Bill Gasiamis 32:46

And you said you wanted a brother? Yeah,

Andrew Stopps 32:48

I got one. So I was really, it's but I remember that had like that memory so vividly. And I thought to myself, Okay, who was I then? Like, if I see, if I looked through the eyes of the 18-month-old me, what did I see? And I saw potential. And I thought that's who I am. I'm potential. And as soon as I realized that, I stopped stressing about who Andrew was. Okay,

Bill Gasiamis 33:21

I love it. So let's go back for one second. You're a musician before the stroke, the stroke, you don't cease to be a musician? Do you feel like you have ceased to be a musician at that moment? Because it's not true that just because you can't hold your favorite instrument you're no longer a musician. So how does that impact you? Like what's happening there at that moment? How does that identity become challenged?

Andrew Stopps 33:58

Not being able to play my instruments is hard. Because I had them me in this room here. I have like a keyboard over there and a clarinet down there. And I can twiddle around with my left hand on them. But you know. Yeah, like, I can't play them anywhere near like you're used to. I can compose those still. But yeah, it's it's

Bill Gasiamis 34:28

just because you can't play Does that mean you're no longer a musician?

Andrew Stopps 34:35

No, no, it doesn't. Because everything's there. Everything's in my head. I still know how to play. I just my right hand just feels like it's in molasses.

Bill Gasiamis 34:48

So feels like it's in molasses. Yeah. I love it. Yeah. Great explanation.

Andrew Stopps 34:54

It's just in the thick Yeah, something The same. And I mean, I've held my clarinet with and move my fingers on, on my right hand, but they're, they're slow. I mean, I'm grateful that I can, especially after what 14 months, you know, I'm so grateful that I can move my fingers independently, but they're just slow. So I guess, you know, I'm still a musician, but I'm just now a nonpracticing musician. I guess that's what it is,

Bill Gasiamis 35:34

like a lot of Christians or Catholics? Yep. We still identify as whatever we are. But, you know, like this anymore or whatever? Yeah. Okay, I hear. All right. So that's the thing. I've been doing how? And I've been, in my mind trying to work out. What is the thing that morning that people mourn? And I don't know, I don't speak for everybody.

Bill Gasiamis 36:02

But I'll speak for myself. So I'm wondering that question. So it's something that I've been thinking about the last few months, particularly. And I'm not sure where I heard it. But I think somewhere what I heard was that people mourn the potential that they have, they can no longer achieve. And that potential is what they mourn.

Bill Gasiamis 36:30

And when I think about me, there's no morning of my past self, like the self that was physically able to play sport, for example, or to ride a bike without feeling the left side, go all stiff, and, and all that sort of stuff. I didn't mourn, having to change the way that I worked, because I was working terribly.

Bill Gasiamis 36:57

And in an in an unhealthy way. I didn't mind my personality, or, because that was not the best kind of me that I could be I was mourning the potential that I wasn't going to achieve or stuff that perhaps now that I've had the stroke, I'm not going

to be able to do because my brain, for example, doesn't work the same way that it used to never.

Treating Yourself Like A Child After A Stroke and Hearing Loss

Bill Gasiamis 37:27

And I felt at the beginning of that perhaps it's not going to come back and be a brain that can support stuff like an audio, podcast, or stuff, like writing a book or anything. And I didn't know what was going to be possible either. So I felt like I was mourning the loss of potential in the future. Yep. I don't know if that resonates with you. Did you have any of those types of feelings or thoughts?

Andrew Stopps 37:55

It's funny I did the morning after the brain tumor when I lost my hearing, okay, so when this happened, I didn't have so much more than the loss potential. I was frustrated by the lack of movement or the lack of being able to do things as quickly, but I saw it more as a brain reset like, my brain was reset to a childhood time. For example, when my speech started to return, I had a clear British accent.

Andrew Stopps 38:46

And my first five years of life in the UK, so that's what I had as a as a really small child. And suddenly I was speaking with this British accent again, when to the speech therapist. And it wasn't till you know, weeks, weeks later that my old Australian accent returned, because as I grew up in Australia, I just moved here, like 14 years ago.

Andrew Stopps 39:15

So Right? Yeah, so a sound and everything else, like, you know, how my emotions were affected like I respond as a child does with, you know, how little kids can't control their emotions, they're crying or they're laughing or I'm responding the same way. The sensory overload you get is like a child or like a toddler, you know?

Andrew Stopps 39:44

And so I'm exposing myself gradually to more sensory stimulus to try to get used to it again, even to the point where now I've I've found on YouTube that

background sounds of a pub With all that noise and I just listened to it through headphones just to get myself used to this the sensory input, because it's tiring, that much noise going into your heart after you've had a stroke, and I'm finding that I'm, yeah, I'm filling myself like, or training, what's happened up the stroke like it like a child, and teaching again how to do things, how to write, you know,

Bill Gasiamis 40:31

I liked that approach, it's probably the most. Because when you're a child, you have the most potential ahead of you, and you can, you're, you're not going to stop a child, regardless of what happened to their child to reach its potential. Because that child had an injury or something unfortunate happened when it was early on, it's gonna go for that recovery.

Bill Gasiamis 40:55

And it doesn't even really know it, it's just instinct is going, Well, my friends are playing, I'm going to play all my friends are doing this, I'm going to do this. So I love that idea of treating yourself like a child in that you're going to give yourself all the space, I imagined that a child needs to just go through the motions, terrible at something early stage, and then see the improvement and then focus on where you've come rather than what you're lacking.

Andrew Stopps 41:24

Yeah. And, you know, one thing, one of my rehab people said to me early on, when I was having home rehab, is I would get really angry and frustrated with myself, I couldn't move my arm. And she said, Look, your anger is what's stopping you from moving it. You have to be patient with yourself.

Andrew Stopps 41:46

And that's when I started realizing that, like, my brain has had a factory reset. And I have, I have a half of me now as a child, like a small child, and I had to treat it like that. I treat myself like, it's a small child with patience and love. And, you know, and I think, you know, for the most part, it's worked. I mean, I still get frustrated at some things.

Andrew Stopps 42:14

But nowhere near like, I used to log I used to have put stamping, you know, screaming tantrums, like a two-year-old. Because I you know, I dropped something right? You know, I was clumsy. It was almost funny. You know, the way

it was?

Bill Gasiamis 42:31

We can be our own worst enemies for sure. In that way, we can put the most pressure on ourselves and anybody. Oh, God. Yes. Yeah. But it's why you have awareness of it now. So that's great. So you know, the pub sound that you put in the background? Have you therefore because of the sensory overload? Because I did this avoided going into public places.

Andrew Stopps 42:54

Yep. Yep. And my husband has been good with knowing how far to push me and knowing when I'm overloaded, he's, he's got a really good sense of it. And so and knowing when I just want to be lazy, so if I'm just being lazy, who pushed me to do something, and so we've gone to cafes and restaurants and, and been there and when he sees me starting to fade, he knows I've reached my overload point. And we just go.

Andrew Stopps 43:30

And it's been really good because I've been able to extend the time I could spend in those places. And I'm, and Monday nights this Monday, I'm doing something new. So I'm, I've just rolled in a postgraduate composition program. Then the lecturers and the students meet in a pub for a pre-lecture, pre-lectures, drinks, and a meet and greet.

Andrew Stopps 43:59

And I wasn't in the gut first, I thought, now I'm going to try this out. I'm going to I'm going to go for as long as I can, you know, handle it for and and see what happens. So yeah, Monday, I'm going to rock along to this pub and see if I can stand it. Yeah. I mean, they know I've had a stroke. So if I have to go, just go.

Bill Gasiamis 44:18

Yeah, I think I think that's a great thing to do. I stopped saying no, and then I started going, and then we would just leave earlier. A lot of our parties that we went to during that time, family birthdays, things like that. For me, that would have ended at nine o'clock or 930. We just had to go ahead, and we went home. And then as the years went on, the recovery continued. I found myself being able to be there a little longer, a little longer.

Bill Gasiamis 44:49

Yep. But I remember and I've even done the one to three o'clock in the morning from time to time, but last Friday, so a couple of days ago today Are we recording on Sunday morning is windy up, and it was really hot in Melbourne. And I think I was dehydrated. I remember struggling by about 1130 To get back to the car, as in, I was walking fine and I got there. But I remember not being able to feel my left leg and my foot underneath.

Bill Gasiamis 45:20

So I had to pay attention to walking, which is something I haven't done for a while, like really paying attention to make sure. And then I could feel my balance was out. So most of my time now is great in that my deficits don't get in the way, I don't notice them too much.

Bill Gasiamis 45:39

Especially when I'm walking with these friends and we're chatting, you don't notice them, I just keep walking. Whereas this time, in our conversations that we were having, while we were walking, I had to pay attention and notice where my foot was. Now, I haven't done that for a while. And that kind of took me back a few years to when I first got out of the hospital after brain surgery I had to where we were at, we were at an event and there was a dance floor.

Bill Gasiamis 46:07

And people needed to get up and go dance at a certain point in the Proceedings of the night. And I was on the dance floor. But I wasn't dancing. I was standing there just moving, paying a debt looking down and paying attention to my leg and moving it strategically around the place.

Bill Gasiamis 46:30

I don't roll an ankle or do some damage at that moment. Yeah, whatever. Yeah. So it's as it gets for me, it gets better and better and better and better. And then every once in a while there's that reminder of this is how far you've come like this is what it was, like, X amount of years ago.

Bill Gasiamis 46:55

And that's usually because I've done something to neglect myself that day, whether I haven't slept enough the night before, or whether I've eaten something I shouldn't have, or whether I haven't deep, I haven't drank enough water.

Bill Gasiamis 47:13

Something I've done has impacted that in a negative way. And that's kind of the part where I get in my way unknowingly. And then I've got to have a little bit of a reminder, and a bit of reminder, the reset, and then it's like okay, focus again.

Andrew Stopps 47:28

So, two things come out that I need to ask you, firstly, are you less tolerant to heat now since

Bill Gasiamis 47:37

Yeah, yeah, but only on half. So half my side. Really? Yeah. So my left side is the only part that's less tolerant I love the hate Bill loves the hate of my left side. doesn't do too well with it kind of shuts down quicker. It gets fatigued, hate fatigue quicker. Yes. Yes.

Bill Gasiamis 47:59

And also the cold. So the cold Yes. Oh my god, which I dislike build dislikes it. My left-hand side dislikes that even more than build dislike, so we hate the cold together. We don't mind. But the heat fatigues me quicker. Yeah.

Andrew's Continued Recovery From His Stroke And Hearing Loss

Andrew Stopps 48:17

Yeah, I mean, New Zealand's not known for its heat. And I'm in Wellington. Sorry, it's even less so. But um, a few weeks ago, we were having timber stopped me 30 Which is hot for here. And I just found it was wiping me out like, totally, I was getting, like heat fatigue so quickly.

Andrew Stopps 48:38

And I was like basically laying up in front of an air conditioner with a winter coat back on my head because I could not function. And I was really surprised that I was that affected by the heat.

Bill Gasiamis 48:50

Early on, I was affected as well. So as things have improved, and time has passed, and I've become more resilient to it, but early on, it was like that, even though I was enjoying being in the heat. I still was protected by and couldn't participate for example at the beach in the same way that I would normally have participated

before the stroke. So now for me the beach, I've got to be covered otherwise I don't want to be there by an umbrella or a tree or in the shed and before that wasn't essential that wasn't necessary.

Andrew Stopps 49:26

Yeah, yeah. Yeah, the same with me because in Andrews the same Andrew loves the heat, especially, you know, growing up in Adelaide is less like you know, nice and

Bill Gasiamis 49:38

the Adelaide weather a couple of days later, right? So yeah, yeah, you know exactly what I'm talking about.

Andrew Stopps 49:44

I totally and yeah, now like, you know, I wouldn't go back to Adelaide for a holiday in the summer because we're Not at the moment anyway, because it would just destroy me I couldn't function. But the other thing that I was going to ask or mention And from what you said, was your continued recovery.

Andrew Stopps 50:04

So it's been 10 years, and you're still recovering, I was told that my recovery would finish in six months. That's a lot of bullshit. Yep. And so I was racing and panicking to get as much recovery in six months, I could have a pulley where I rented a hyperbaric chamber for three months.

Bill Gasiamis 50:27

Excellent. Well, we're going to talk about that a little bit as well, you're going to tell me about that. But let me just go back for a second guy. There's no such thing as recovery for six weeks, six months, or whatever, and it stops, it does never stop. I'm always doing things to try and improve my deficits.

Bill Gasiamis 50:45

And to try and be better than I was the day before, always has never started. And some days, that means doing nothing, that means going, You know what, today, you have to do nothing. Because if you go too far, today, you're going to be screwed for the next two or three days. And there's no point in doing that.

Bill Gasiamis 51:03

So I get into that stage, every so often. But the amount of times I find myself there

has reduced, and the time between the last time in this time, has grown apart. So that's why you, you experience you experience all these things, but in lower, what's the word like it's lower, I'm going to use the word volume at a lower volume at a lower level.

Bill Gasiamis 51:29

So I get the reminders of what it was like, in 2014, when I had surgery, and what it was like in 2012. But when I had the first blade, it was not as dramatic and as intense as it was back then. It's just a milder version. Yeah, I just, I if I don't take recovery, if I don't consider myself still in recovery.

Bill Gasiamis 51:58

And I go back to doing some of the behaviors or the habits or the patterns that I was in. Before my whole situation started 10 years ago, I was going to suffer badly, because of it that I had back then was resilient, enough more resilient, to deal with all the junk that I was doing to it.

Bill Gasiamis 52:19

Right now. It's not going to cope, I'm going to suffer dramatically. If I go back to those old routines and old ways of being myself and doing myself and you know, treating myself, it's not going to work. So yeah,

Andrew Stopps 52:35

it's it's interesting, I pride myself on why doctors or physios insist on telling people that they will see the most gains in six months, and then not to expect anything or very little after that. And, you know, I think maybe the trying to give people false hope, or maybe because a lot of the people that they do see sort of aren't as motivated, or just

Bill Gasiamis 53:04

there is a technical reason and an actual reason in the brain that happens. So there's that. Now for people who are listening, I'm gesturing with my hands, and you can't see it, but I'm going to try and explain it at the same time. So there's the area of the brain that was damaged by the damaged spot, and then there's the area around that, that has been impacted but not damaged by the stroke.

Bill Gasiamis 53:29

So it's kind of like it's like a target on a bullseye. So there's the bullseye where the area has been damaged. And there's the next ring out. That next ring is called

the penumbra. Usually, it is damaged, it is impacted, and kind of put to sleep. But then, when the penumbra comes back online, people see the most gains. That's where the gains come.

Bill Gasiamis 53:57

That comes back online far quicker. Because the stroke quality ischemic stroke or hemorrhagic stroke is dealt with in the actual location where it happened. Even though the brain cells around there would be dead and not firing the way they were in the area around it, The Penumbra is going to be just negatively impacted. And then it's going to start settling down. And then as it settles down, you see the most gains.

Bill Gasiamis 54:29

So they go after a lot of recovery during that time. And they know that they can encourage recovery because they know they're going to benefit from the penumbra coming back on board. Right, so that's why they say that they don't have a good way of describing it. And they don't explain it properly. And they don't even tell Yeah, yeah. And then there is a combination. I will also not set the expectations too high, because we don't want to disappoint them.

Bill Gasiamis 55:03

And we don't want to give them hope, where there isn't any. And they're doing it from the perspective of a nonstroke survivor. Even though they're working stroke, even though they understand what's going on. They are they've never lived the experience. And they are coming at it from somebody who is naive in that space.

Bill Gasiamis 55:25

So there are a couple of things kind of working against them to give us the appropriate information about what is happening and why they say what they say about the six months. recovery continues forever. I know people who have been interviewed who have said that had an arm movement came back 10 years later.

Bill Gasiamis 55:46

Wow. And that was by Imagine, not that they would know. But I imagine it was because of what we spoke about earlier, I learned nonuse, yes. In the beginning, they thought their hand wasn't working. Therefore they didn't use it. They weren't encouraged to butter their bread with the effect at hand. And 10 years down the track.

Bill Gasiamis 56:09

The hand was just sitting there idly by waiting for somebody to rehabilitate it. And when they got curious about it, and thought, of let's see if I can get something back with this. And let's see if I can rehabilitate it. That's when the hands started to go. Yeah, thanks for that. Appreciate. Yeah, I can have the hand back, you know?

Andrew Stopps 56:29

Yeah. Like, because I wish someone explained it to me, because that's, that was, is so clear, and is so like, it's so obvious to me now, how in the brain hills. Because I just remember thinking that I had this time limit, and yet I've seen constant improvement past and emitted in like given to last week, you know, I'm seeing improvement.

Andrew Stopps 56:59

But I don't think I think it's appropriate for the physios to be giving devices that help people or aid people to use their ineffective side. Like, let me think of something like devices that help you hold a knife like, you know, properly or just, or in a car, like a steering wheel device who you have to, you can do with one hand.

Andrew Stopps 57:38

All those things, you know, are great, if you have only got one hand. But if you've got another hand, you've you've, you've got to use it. You've got to use it.

Bill Gasiamis 57:51

Yeah, I hear I know exactly what you mean, there's is kind of a decrease in this. That's it's also guided by the people who are recovering, right? So some people will go, and fair enough, I need to drive a new drive now. And I can't drive with one hand, I need a steering wheel knob thing, whatever.

Bill Gasiamis 58:15

Yeah, called, you know, get it for me. And so complicated, this whole recovery, and every stroke is different. And everyone's impacted differently, and some people aren't going to get their hand back. Whereas some might. I think that everyone has to go after getting it back and see if they can. And then if they can't, for sure, we need to make sure that people can still not go

Andrew Stopps 58:40

straight to the aids like because they're impatient. Yeah. Because impatience can drive you to, you know, to doing those and then not using your affected side.

Bill Gasiamis 58:53

Yeah, I was speaking to some stroke, two-stroke survivors yesterday. And we're talking about some of the things that get in the way of helping recovery as well. And I'm going to mention it now because this particular stroke survivor wasn't told to stop drinking alcohol. And the Australian Stroke Foundation says you have to stop drinking alcohol for at least 12 months. I didn't drink alcohol for five years.

Bill Gasiamis 59:18

One of the reasons is because the brain is brain is already inflamed. And what alcohol does is inflame it further. And what, what they want to do? Well we want to do is we want to decrease the things that inflame the brain, so that we can give it more chance for the sleepy neurons to come up to come awake so that we can utilize them and then support them and strengthen them.

Bill Gasiamis 59:43

So the reason I mentioned that to this other gentleman was that he was waiting to get his skull reinstalled in his brain. After all, they removed it when he had his stroke. After all, he had a lot of swelling and inflammation. If the doctors are saying to him until the inflammation goes down, we cannot put the skull back in place.

Bill Gasiamis 1:00:07

So he'll eventually get it back. And when he told me that and told me at the same time, or a few minutes later told me that he was drinking a couple of beers every so often. I realized that he was getting in the way of getting his skull back. Yeah, he's continuing to do things that will inflame the brain keep it swelling, and swelling, and stop them from putting the skull on.

Bill Gasiamis 1:00:33

And the thing that he's most motivated to see is this callback on his head, so that he's going to feel more like himself is going to start to identify himself much. And even those types of things I would have thought that in this situation, he would have been told, in no uncertain terms, you should not be doing any of these things.

Bill Gasiamis 1:00:56

One of them is to drink alcohol from now on. Yeah, so would I, but especially when you've got like Nerf skull, yeah, but it was missed, right? And that's the thing, sometimes we get in our way because we need to go back to what you said, Life, or the way we used to do things quickly because we're impatient. And we don't understand that there's a, there's been a line drawn in the sand and things are different now.

Bill Gasiamis 1:01:22

And our old patterns of behaviors need to be modified because they don't serve us, some of them won't serve us with this new way that we have to go about life or the skills that we have to learn or the stuff we have to overcome. And it's really important to be able to understand that there has to be a shift what was good for you before the stroke may not be good for you now and you can just park it pocket for now.

Bill Gasiamis 1:01:49

And pick it up later. If it's worth it. If it's worth it, you can pick it up later. But for right now, some of those things you have to park one of them 100% is alcohol. So I'm not sure if you were told about alcohol.

Meditation And Hyperbaric Chambers

Andrew Stopps 1:02:01

No, it wasn't, but I don't drink anyway. So it's like, you know, I wasn't me since the tumor. And alcohol had a different effect. I mean, it wasn't pleasant. So I stopped drinking. And so

Bill Gasiamis 1:02:16

back to you like so for me, I don't drink because it makes me feel like I'm having another stroke.

Andrew Stopps 1:02:22

For me. It made me feel sick. Yeah. Yeah. It just wasn't pleasant. It led it wasn't a pleasant feeling. And so like, I stopped drinking years ago, after the tumor, and so yeah, like, now, you know, having a stroke. I haven't missed it. So but I know a bit about the inflammation as well, like, like, I've been reading about that. So I, I mean, that's one of the other reasons I got the hyperbaric was to try and reduce

Bill Gasiamis 1:03:00

the inflammation. Let's talk about that. Yeah, like climbing into a hyperbaric chamber. And how long does it last how long does it take? And what do you notice?

Andrew Stopps 1:03:10

So, I had it for three months in the house. It's like a thick plastic tube. And it has a little seat inside it. And, your breathing, really, through a mask or a cannula in your nose, really, highly oxygenated air. Almost, you know, 100% Pure bubble close to it.

Andrew Stopps 1:03:37

They raised the air pressure inside the chamber to one and a half or two times the normal air pressure. So what it does is it forces the oxygen into the cells. I found I was in the chamber for an hour and a half every day. And I couldn't wait to get in there. It was I loved it. It was like having a little little cocoon.

Andrew Stopps 1:04:03

I just got a blanket in there. And I had my headphones and listened to meditations. And I would just meditate. guided meditations. And just doing that for an hour and a half every day it was it was the best. I mean, if I could afford to buy one, I'd buy one. I just did. You know, it was so good. So good.

Bill Gasiamis 1:04:23

Did you notice improvements in the deficits that help in that way? Is that what you experienced?

Andrew Stopps 1:04:30

Yeah, well, well, I did actually. But you know, I don't know if it's it was the act of the hyperbaric and the oxygen or it was the fact that for an hour and a half every day

Andrew Stopps 1:04:43

I was meditating and I was calm. And I wasn't thinking about everything. Or a combination of both. I don't know what it was but I saw improvement. combination of both for sure. Absolutely.

Bill Gasiamis 1:04:55

Meditation is like a superpower if you can meditate and you can put yourself into

a state of calm and create the right environment, healing will happen it does.

Bill Gasiamis 1:05:07

But then the hyperbaric doing it in hyperbaric with oxygen in that state is an Amen. What a combination of the two things to do. I love that you meditated. So you're, are you meditating, sitting down lying down? How do you

Andrew Stopps 1:05:26

so it's like it, you kind of get either seat in there and, but it's sort of laid back seat. So it's, it's not an upright seat. So you're kind of laying back in the seat. It's comfortable. And you and you have an I had a thick blanket in there as well.

Andrew Stopps 1:05:43

So I was cocooned in this chamber, and the chamber got warm after a while but not like uncomfortably warm, but just nice warm. So yeah, it was just such a safe space. Especially after the stroke, you know, and when everything in your world is chaotic, it was such a nice, calm, safe space for me. I loved it.

Bill Gasiamis 1:06:13

Have you been able to recreate that feeling? Same bed with a warm blanket?

Andrew Stopps 1:06:21

Yeah, well, I still keep on meditating. Every day. I'm just on my bed, with a warm blanket, but it's not the same. You know, it's like I have an eye mask as well. So it's you know, a blackout. But yeah, there's some there's that one element missing? Yeah, look. Yeah, yeah.

Bill Gasiamis 1:06:46

Yeah, I love it. So what has stroke taught you?

Andrew Stopps 1:06:52

Oh, my God, so much, so much. I mean, where do I start? I guess the most important thing, the most important thing has taught me is that Andrew stops his potential. Andrew stops us from being a musician, husbands educators, or any of the other labels that society gives us. Andrew stops as potential. That's, that's what it's told me.

Bill Gasiamis 1:07:28

It's brilliant. I love that. On that note, Andrew, thank you so much for reaching

out. And being on the podcast. I appreciate you connecting with me. And I'm so happy to have you on the show. And I'm glad that you've come such a long way, especially since you had that experience earlier on in your life in your mid-20s. And, it and striking that you've come out of both of those. And you still talk about your potential. I love it.

Andrew Stopps 1:07:58

Yeah. Yeah. Thanks. Thanks a lot. I enjoy being here. Thanks for having me.

Bill Gasiamis 1:08:03

That's right, man. Oh, wow, what a chat, Andrew, thank you. I'm gonna edit this and put all my intros and outros in. And it'll be up in about two weeks. I'll let you know when it's up. Yep. I love your work, man. I love what you're doing. Congratulations. And keep going. If there's anything you need from me just reach out. If you got to ask if you're not sure about something, if you want to do the old did this happen to you? Or just let me know.

Andrew Stopps 1:08:32

Yeah. Yeah. Like, I was, like, I had such an aha moment when you were describing what happens in the brain. Like with the penumbra, like, Oh, it's just going oh, my God, why didn't someone tell me? This is genius. That was perfect. Thanks, man.

Bill Gasiamis 1:08:49

You're welcome. And it's the same thing that I went through. I had to do constant and never-ending research. You google you name it. And then yeah, I was getting these aha moments again. Okay. All right. I can, I can breathe a sigh of relief, I can deal with that. I can approach it differently.

Bill Gasiamis 1:09:07

It's just I don't blame doctors and nurses because they do a great job. I mean, without him, we wouldn't be here. But somebody, there's going to be some middle person, a liaison that says, here's a thing. And all it is is like a list of words or stuff. And then there's a paragraph in the middle of the book about it. Just go there and have a bit of a look.

Andrew Stopps 1:09:32

Yeah, well, well, I've contacted the local hospital a couple of times now, and just said, Look, can I go in and just sit with newly stroke patients and just answer any questions or just talk to them about their experience? Because, you know, as a

teacher, I'm like police checks and everything so that I don't have to worry about any of that.

Andrew Stopps 1:09:56

But that's it's too hard for the hospitals to organize it Um, and which is such a shame because like, from the oldest stroke survivors I've talked to, they will, you know, they all said they would love to have had someone, they could just sit with them for 20 minutes, you know, in the hospital and just, you know, show them what's possible.

Bill Gasiamis 1:10:15

Can you not do it even as just a guest to the ward? Like? Can you not even just be somebody who turns up and goes for a walk around the ward?

Andrew Stopps 1:10:26

I don't know. I mean.

Bill Gasiamis 1:10:32

I mean, with their blessing. You know how sometimes. Some preachers go around or I don't know who but there are sometimes there's some advocates that you see flooding around the place. I wonder if they could just let you do it like that?

Andrew Stopps 1:10:48

Yeah, well, there's a Stroke Foundation here. But they're so underfunded. And I've tried to work with them. And like, I mean, even when they came out to visit me, they didn't come to visit me two or three months after my stroke. And they stayed for like 20 minutes and gave me some pamphlets and left.

Andrew Stopps 1:11:04

And it was useless. So I've tried to approach them as well, to ask, you know, if they could organize for me to go to the hospital, I like to do that. I really would like to do that. Because, you know, we both know how scary it is. You know, when you're laying in the hospital, and you don't know what the hell's going on.

Bill Gasiamis 1:11:28

They need reassurance I immediately sought out somebody through the family who had had a brain hemorrhage in his 20s as well. I never met the guy before, but he just happened to turn up on my doorstep, literally two bloody weeks before my brain surgery. And he had had brain surgery.

Bill Gasiamis 1:11:47

So it was like, oh, man, this is exactly what I needed. We went through a lengthy conversation about what to expect and what's going to happen later and all that it was a game changer. I went into surgery instead of being anxious and afraid. I went in, being calm and confident. Just changed everything.

Andrew Stopps 1:12:11

Well, I knew that my dad had a stroke. In the early 2000s, my dad passed away in 2018. So I couldn't talk to him about it. But I remember, he had had a stroke. And like, he fully recovered, like literally, like we would never know, for the latter part of his life. And so I just kept hanging on to that.

Andrew Stopps 1:12:35

Like, if my dad can have a stroke and fully recover, then so alive. But yeah, I would have liked to just have someone who, you know, I can ask questions. Is this normal? is filling this normal? Am I having another stroke? It was that normal, you know?

Bill Gasiamis 1:12:54

Reach out anytime, honestly. Well, yes, I mean, it just sent me an email. I always get my emails and we can do a quick catch-up Zoom call or whatever. Or we can just send you a message back. Anytime now. Oh, lovely. Thank you. That's great. Just give me just give me a 7 am Start by around 7 am is when the world is okay for me anything before that?

Bill Gasiamis 1:13:17

Then I'm stuffed. No, no worries. All right, I appreciate it so much. I will get in touch with you and let you know when it's live. Okay, thanks a lot. Have a great day. See ya. Thanks for joining us on today's episode to learn more about my guests including links to their social media and other pages.

Bill Gasiamis 1:13:39

And to download a full transcript of the entire interview. Please go to recoveryafterstroke.com/episodes. If you'd like to try the course on foods to avoid after stroke, go to recoveryafterstroke.com/courses and get on board now. If you would like to support this podcast, the best way to do it and I would appreciate it if you do is to leave this show a five-star review and a few words about what the show means to you on iTunes and Spotify.

Bill Gasiamis 1:14:09

If you're watching on YouTube, comment below the video. Like this episode and to get notifications of future episodes, subscribe to the show on the platform of your choice. If you are a stroke survivor with a story to share about your experience, come and join me on the show. Interviews are not scripted, you do not have to plan for them.

Bill Gasiamis 1:14:28

All you need to do to qualify as a stroke survivor or care for someone who is a stroke survivor. And you are one of the fabulous people who help others who are stroke survivors.

Bill Gasiamis 1:14:40

Go to [recovery after stroke.com/contact](https://recoveryafterstroke.com/contact) fill out the contact form and as soon as I receive your request I will respond with more detail with more details on how you could choose a time that works for you and me to meet over Zoom. Thanks again for being here and listening. I appreciate you. See you on the next day. episode

Intro 1:15:01

importantly, we present many podcasts designed to give you an insight and understanding into the experiences of other individuals. The opinions and treatment protocols discussed during any podcast are the individual's own experience and we do not necessarily share the same opinion nor do we recommend any treatment protocol discussed all content on this website at any length blog, podcast, or video material controlled by this website or content is created and produced for informational purposes only and is largely based on the personal experience of Bill Gaseous the content is intended to complement your medical treatment and support healing.

Intro 1:15:35

It is not intended to be a substitute for professional medical advice and should not be relied on as health advice. The information is general and may not be suitable for your personal injuries, circumstances, or health objectives. Do not use our content as a standalone resource to diagnose treat, cure, or prevent any disease for therapeutic purposes or as a substitute for the advice of a health professional.

Intro 1:15:55

Never delay seeking advice or disregard the advice of a medical professional,

your doctor, or your rehabilitation program based on our content if you have any questions or concerns about your health or medical condition, please seek guidance from a doctor or other medical professional if you are experiencing a health emergency or think you might be, call 000 if in Australia or your local emergency number immediately for emergency assistance or go to the nearest hospital emergency department medical information changes constantly. While we aim to provide current quality information in our content.

Intro 1:16:25

We did not provide any guarantees and assume no legal liability or responsibility for the accuracy, currency, or completeness of the content. If you choose to rely on any information within our content, you do so solely at your own risk. We are careful with the links we provide however third-party links from our website are followed at your own risk and we are not responsible for any information you find there.