



Patient & Family Guide

2022

Subdural Hematoma



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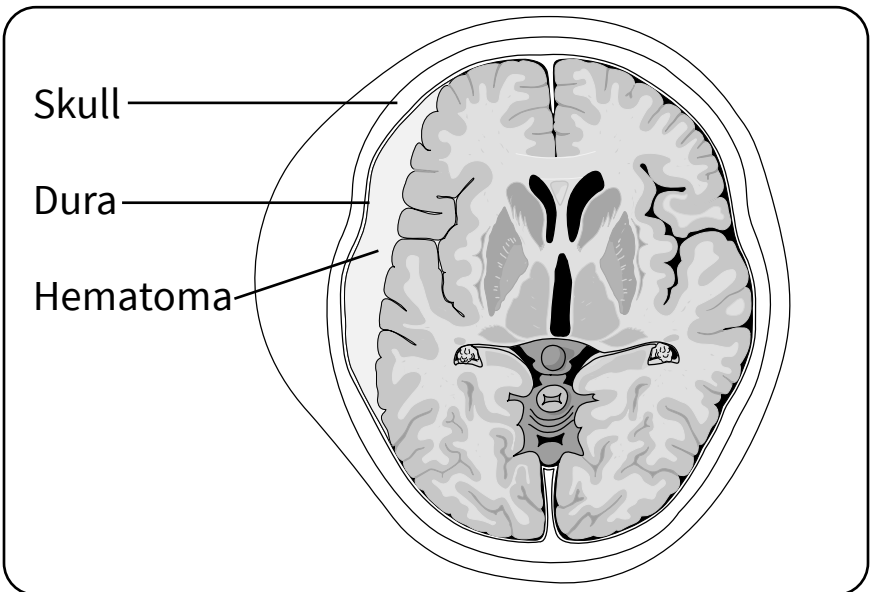
Subdural Hematoma

This pamphlet will help you and your loved ones learn about:

- › Subdural hematomas
- › Possible tests, treatments, and other care you may need

What is a subdural hematoma?

The brain is protected by a tough outer covering called the dura. Around the dura, there are many blood vessels that supply blood to the brain. If a blood vessel (usually a vein) is torn below the dura, blood collects between the dura and the brain. This is called a subdural hematoma.



Types of subdural hematomas

Acute subdural hematoma

An acute (short-term) subdural hematoma happens when the blood collects quickly, within hours of an injury.

Chronic subdural hematoma

Blood may leak slowly over the brain for days or weeks. This is called a chronic (ongoing) subdural hematoma. You may have symptoms over a period of days or weeks.

What causes a subdural hematoma?

- A subdural hematoma can be caused by trauma (like a motor vehicle crash, a fall, or a blow to the head).
- You are at risk of a subdural hematoma if you:
 - › Take blood thinner medication
 - › Are elderly
 - › Are at risk of falls
- Many people with a chronic subdural hematoma do not remember hitting their head.

What are the symptoms?

Symptoms may include:

- › Confusion
- › Trouble remembering
- › Seizures
- › Weakness or numbness in the arm, leg, or face
- › Headache that gets worse
- › Trouble talking or swallowing
- › Trouble walking
- › Vomiting (throwing up)
- › Drowsiness (feeling tired)
- › Falling more
- › Personality changes (like becoming drowsy, withdrawn, or aggressive)

How is a subdural hematoma diagnosed?

- You may have a **CT scan (X-ray) of your head** to find the size and location of the hematoma. This will help your doctor decide on the best treatment for you.



- You may need **blood tests** to find out if you have any health problems.

How is a hematoma treated?

- The neurosurgeon (a doctor who does surgeries to treat diseases and conditions that affect the brain) will talk about treatment options with you and your loved ones.
- **If you do not wish to get blood for any reason**, please tell your a member of your health care team before your surgery. Your doctor will talk with you about your options.

Medical treatment

- If the hematoma is small and your symptoms are not severe (very bad), your doctor may prescribe a steroid medication. This will help prevent the hematoma from getting bigger. It will also give your body time to reabsorb (take in) any blood that has collected. When you are stable, you will be discharged home in the care of a loved one or a support person.
- You will likely be given a follow-up appointment in the Neurosurgery Clinic.
- **If your symptoms get worse before your follow-up appointment, call your primary health care provider (family doctor or nurse practitioner) or go to the nearest Emergency Department right away.**

Surgical treatment

- The neurosurgeon will drill 1 or 2 small holes (called burr holes) in your skull to drain the blood.
- If the hematoma is too big or is solid, you may need a more involved surgery. Your neurosurgeon will talk about this with you.

How is the surgery done?

- Your surgery will be done at the Halifax Infirmary.
- Your loved ones may wait in the neurosurgery waiting room on Unit 7.3.
- You will be taken to the Operating Room (OR) on a stretcher.
- The anesthetist (a doctor who gives you medication to put you to sleep or to freeze an area of your body before surgery) will put an intravenous (IV) into a vein in your arm. This is a small plastic tube through which medications will be given to put you to sleep for surgery.
- The surgery will take 1 to 2 hours. You will then be taken to the recovery area.
- As soon as the surgery is over, your doctor will go to the waiting room to talk about your condition with your loved ones.

What will happen after the surgery?

- After spending time in the recovery area, you will either go back to your hospital room or be taken to the Intermediate Care Unit on 7.3.
- Sometimes a drain is placed under the skin near the site of the surgery for 24 to 48 hours (1 to 2 days) to collect any blood. Your health care team will check the amount of drainage often.
- A small bandage will cover the surgery site(s).
- You may be asked to stay flat in bed for 24 to 48 hours.
- A catheter (hollow tube) may have been placed in your bladder during surgery. It will be taken out as soon as possible.
- Your health care team will check you often for any change in your condition (like a headache that gets worse, loss of strength in an arm or leg, problems talking, or drowsiness).

Special situations

- If you were taking a blood thinner medication (like warfarin or enteric-coated ASA), it may be stopped for a short time. Your doctor or nurse practitioner will tell you when you can start taking it again.
- After surgery, your doctor may prescribe a steroid called dexamethasone for a short time. Over time, your neurosurgeon will slowly lower the amount. Dexamethasone may raise your blood sugar. **If you have diabetes, you may have to check your blood sugar more often.**
- There will be stitches or staples at the surgery site. The stitches will usually dissolve (go away) on their own. If you have staples that need to be removed, you will need to see your primary health care provider 7 to 10 days after your surgery.

What are the possible complications?

The surgical team will talk with you about possible complications. Subdural hematomas may happen again and you may need more surgery.

Discharge planning

- Your neurosurgeon will recommend whether:
 - › You can return home.
 - › You need more inpatient care. If so, you may be transferred to a hospital near your home.
 - › You need more specialized care. If so, you may be transferred to the Nova Scotia Rehabilitation and Arthritis Centre or be seen by their team as an outpatient.
- You may or may not need follow-up with your neurosurgeon. They will talk about this with you. A report of your hospital stay will be sent to your primary health care provider.

How will I know if the subdural hematoma comes back?

- The symptoms that you had before your surgery may return.
- These symptoms may include more headaches, confusion, trouble walking, weakness in an arm or leg, trouble talking, or drowsiness.

If you or your loved ones see any of these symptoms, call your primary health care provider or go to the nearest Emergency Department right away.

