Subdural Hematoma

This pamphlet will help you and your family learn about subdural hematomas, as well as possible tests, treatments, and other care that you may need.

What is a subdural hematoma?
The brain is protected by a tough outer covering called the dura. Above and below the dura’s covering 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 subdural hematoma happens when the blood collects quickly, within hours of an injury.

Chronic subdural hematoma
Blood may leak slowly over the brain for a period of time (days or weeks). This is called a chronic subdural hematoma. A person becomes aware of the symptoms over a period of days or weeks.

What causes a subdural hematoma?
Trauma (as a result of an accident, such as a motor vehicle crash, fall, or blow to the head) can cause a subdural hematoma. People at risk of a subdural hematoma include those taking blood thinners, the elderly, and those at risk of falls. Many people with a chronic subdural hematoma can’t remember hitting their head.
What are the symptoms?

Symptoms may include:

› confusion
› decreased memory
› seizures
› weakness or numbness affecting the arm, leg, or face
› headache that gets worse
› trouble speaking or swallowing
› trouble walking
› vomiting
› drowsiness
› more falls
› personality changes, such as becoming withdrawn

Possible tests

A CT (X-ray) of your head is needed to find the size and location of the hematoma. This will help the doctors decide on the best treatment for you.

Blood tests are needed to find out if you have any health problems.
How is a hematoma treated?
The neurosurgeon will talk about treatment options with you and your family.

If you do not wish to get blood for any reason, please tell your doctor or nurse before your surgery. Your doctor will talk about the options with you.

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, and allow time for your body to reabsorb any blood that has collected. When you are stable, you will be discharged home with supervision.

Arrangements are usually made for outpatient followup in the Neurosurgery Clinic.

If your symptoms get worse before your followup appointment, call your family health care provider or go to the nearest Emergency Department right away.
Surgical treatment
The neurosurgeon will drill 1 or 2 small holes (burr holes) in your skull to drain the blood. If the hematoma is too big or is solid, a bigger surgery may be needed. Your neurosurgeon will talk about this with you.

The surgery
• Your family 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 will put an intravenous (IV) in your arm. This is a small plastic tube through which medications will be given to put you to sleep.
• The surgery will take 1–2 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 family.
After surgery

- After spending time in the recovery area, you will either go back to your 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 operation for 24–48 hours (1 to 2 days) to collect any blood. The nurse and doctor will be checking the amount of drainage closely.
- A small bandage will cover the operation site(s).
- You may be asked to stay flat in bed for 24–48 hours.
- A catheter (hollow tube) may have been placed in your bladder during surgery. It will be taken out as soon as possible.
- Your nurses and doctors will check you regularly for any change in your condition (such as increased headache, loss of strength in an arm or leg, speech problems, or drowsiness).
Special considerations
If you were taking a blood thinner, such as warfarin or enteric-coated ASA, it may be stopped temporarily.

After surgery, your doctor may prescribe a steroid called dexamethasone for a short time. The amount will be slowly lowered at the direction of the neurosurgeon. Dexamethasone may raise your blood sugars. If you have diabetes, you may have to check your blood sugars more often.

There will be stitches or staples at the site where the hematoma was drained. These stitches will usually dissolve on their own. If you have staples that need to be removed, you will need to see your family health care provider 7–10 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 further surgery may be needed.
Discharge planning
Your neurosurgeon will recommend whether:
› you can return home
› you will need further assistance in a hospital closer to home
› you will need further assistance in a rehabilitative setting
You may or may not need followup with your neurosurgeon. They will talk about this with you. A report of your hospital stay will be sent to your family health care provider.

How will I know if the subdural hematoma comes back?
You may find that the symptoms that you had before surgery return.

These symptoms may include: increased headaches, confusion, problems with walking, weakness in an arm or leg, problems talking, or drowsiness.

If you or your family notices any of these symptoms, return to your family health care provider or go to the nearest Emergency Department right away.