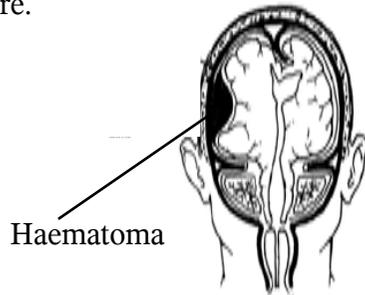


What is a Subdural Haematoma?

A Subdural Haematoma is a collection of blood on the surface of the brain. Between the brain and the skull there are three layers that cover and protect the brain. The layer nearest the skull is called the dura. The space below the dura is called the subdural space. If a blood vessel within this space is damaged, blood can leak out and form a clot; this is called a subdural haematoma (S.D.H).

S.D.H usually occurs on one side of the brain – Bilateral (both sides) S.D.H can occur but are rare.



What causes an Acute S.D.H?

S.D.H is a type of head injury that results from a blow to the head which can occur as a result of road traffic accidents, falls, assaults or contact sports. They are classified as acute or chronic based on the length of time between when the injury occurred and the onset of signs and symptoms.

Acute S.D.H-

- This happens when the blood clot occurs suddenly.
- It usually happens when there has been a significant trauma to the head.

- It is often associated with other injuries to the brain such as contusions (bruising) and a fractured skull.

Signs and Symptoms

The clot (S.D.H) takes up space in the brain and in turn causes pressure within the skull (intracranial pressure). This pressure can affect the function and structures of the brain resulting in symptoms as listed below. These symptoms can vary and are likely to change.

Acute S.D.H- symptoms usually develop immediately or shortly after the injury (usually within 48 hours after injury).

- Drowsiness or loss of consciousness
- Confusion
- Headaches
- Nausea and vomiting
- Visual disturbances
- Limb weakness
- Speech difficulties – slurring, problems finding words
- Increased number of falls in the elderly
- Seizure (fit)

An acute S.D.H can result in further damage to the brain as pressure increases and can be potentially life threatening. Symptoms can improve initially but can then worsen dramatically. If you develop any of the symptoms above following a head injury you should seek medical advice immediately.

Diagnosis

The doctor will make the diagnosis from the history, the symptoms and certain tests. These may include;

- **C.T Scan** – computerised X-ray of the brain showing where the clot is over the brain. This is the most common test used.
- **M.R.I Scan**-(Magnetic Resonance Imaging) a computerised image of the brain using a magnetic field. This test is not commonly used unless there is something unusual about location or appearance of the clot.

Treatment

The treatment of S.D.H depends on the size and type of clot that you have. If left untreated a S.D.H can grow and press on the brain. This pressure can cause damage to the brain and prevent it from functioning properly and can lead to further injury to the brain.

Conservative Treatment

A small acute S.D.H with no major symptoms may be treated conservatively (ie. not have an operation) as the clot can often reabsorb on its own. You will have to stay in hospital to be monitored and have further scans during this time to ensure that there is no further bleeding.

Surgical Treatment

If symptoms are more severe then surgery may be required to remove the clot. This can

be done in two ways, either by burr-hole or craniotomy surgery.

Burr-hole Surgery

Holes are drilled through the skull over the area of the bleed and the clot is removed. This operation requires two small incisions which are closed with stitches or staples.

Craniotomy

This is a larger opening in the skull which allows greater access to the brain. This is usually carried out if the clot is large and if it appears more solid and cannot be removed by burr-hole surgery. This is the most common surgery performed to treat Acute S.D.H. You may require a subdural drain after surgery. This will remain in place for between 1-3 days and will be removed by your doctor.

Recollection

There is a small chance that some S.D.H may not completely resolve even after surgery. As time goes on the risk that the S.D.H may reoccur becomes less and less. Sometimes symptoms may reappear and further surgery may be required.

Recovery

It is not possible to predict how long it will take or to what extent someone will recover. Recovery depends on the type of injury and the amount of brain injury that has occurred as a result. If you have been transferred from another hospital to Beaumont for treatment you may be transferred back once stable, to

that same hospital while you recover before you return home.

Other publications about **Craniotomy Surgery, Seizures and Brain Injury and Recovery after Brain Injury** are also available from the Neuroscience Department in Beaumont Hospital.

Long-term problems

The majority of patients will recover well and will not experience any long term problems. However some people may experience problems that can last for the longer term. This will be discussed with you in greater detail by your doctors and nurses if applicable.

This leaflet was developed in order to provide you with information on your condition. Whilst you are in hospital, you will be reviewed regularly by your doctors. If you have any questions, we encourage you to speak to a member of the nursing staff or your doctor.

Contact Details

Beaumont Hospital Tel: 01 8093000
Acquired Brain Injury Nurse Tel: 01 8092913

Further information and advice is available from:

Headway Ireland

The National Acquired Brain Injury Association

National Helpline: 1890 200 278
Email: info@headwayireland.ie
Website: www.headwayireland.ie

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Beaumont Hospital
Neuroscience, ENT & Cochlear Directorate



Patient Information
on
Subdural Haematoma