



DR VANESSA SAMMONS
NEUROSURGEON



Guide to
SUBDURAL HAEMATOMA

Acute and Chronic

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KEY FACTS

- A subdural haematoma is a treatable condition in which blood leaks out of a torn vein in a membrane between the brain and skull
- Head injuries are the most common cause of subdural haematomas
- Symptoms include headaches, confusion, dizziness, nausea, speech disturbance, and weakness on one side of the body
- Surgery is recommended to relieve the symptoms of haematomas, although some are small enough not to need any treatment
- Surgical recovery can take up to 6 weeks, while it can take a year or more to recover from a severe subdural haematoma

WHAT IS A SUBDURAL HAEMATOMA?

A subdural haematoma is a serious, but treatable brain condition. It occurs when a vessel in the subdural space (an area between the skull and the surface of the brain) ruptures and leaks blood. These are categorised in two ways:

- **Acute** – when the haematoma forms immediately after an injury
- **Chronic** – haematomas that form slowly over the three weeks following injury

The possibility of death due to an acute subdural haematoma increases with age:

- Under 40 – 20% risk of death
- 40-20 – 65% risk of death
- 80 and over – 88% risk of death

The prognosis for people with chronic subdural haematoma is significantly better.

WHAT ARE THE SYMPTOMS OF SUBDURAL HAEMATOMAS?

Symptoms related to acute subdural haematoma develop quickly following head trauma, less quickly for chronic haematoma, taking as long as three weeks to appear after a minor injury. Symptoms include:

- Headache
- Nausea
- Confusion
- Shifts in personality
- Fatigue
- Slurred speech
- Double vision

WHAT CAUSES SUBDURAL HAEMATOMA TO DEVELOP?

Acute subdural haematoma occurs when trauma causes the skull and the brain inside the skull to be propelled forcefully in one direction, followed by a sudden stop. The injury is commonly related to:

- Motor vehicle accidents
- Falling
- Assault

These injuries can damage the brain by:

- **Tearing vessels** that carry blood from the brain to the heart and lungs
- **Damaging arteries** that provide the brain with oxygen-rich blood
- **Damaging brain tissue** and causing bleeding

The risk of developing a chronic subdural haematoma increases due to these factors:

- **Age** – As we age, the brain reduces in size, creating a larger subdural space and creating a greater possibility for injury
- **Alcohol abuse** – Long-term excessive alcohol consumption has been shown to enlarge the subdural space
- **Anticoagulant medication** – Anticoagulants used to treat conditions such as deep vein thrombosis can prevent blood in the subdural space from clotting

- **Shunts** – Thin tubes used to treat hydrocephalus can over-drain fluids and cause chronic subdural haematoma
- **Medical conditions** – Health problems such as haemophilia prevent blood from clotting properly, leading to a build up

WHEN SHOULD I CONSULT A DOCTOR?

If you have had an injury and have begun to experience what may be symptoms of a subdural haematoma, you should contact your doctor right away. Subdural haematomas can be life threatening, and early diagnosis can accelerate treatment and help to achieve a positive outcome.

HOW ARE SUBDURAL HAEMATOMAS DIAGNOSED?

Acute subdural haematomas are frequently diagnosed in a hospital emergency department following an injury. After discussing symptoms and medical history and performing a physical examination, doctors use a diagnostic known as the Glasgow Coma Scale to determine whether the damage is minor, moderate, or severe. A CT scan is always done after a head injury, which also shows the subdural haematoma.

Chronic subdural haematoma can be difficult to diagnose, primarily because:

- Symptoms of a chronic subdural haematoma can worsen slowly. They can also be subtle. Often headache is present, and only when it becomes severe or persistent, or when other symptoms develop do people seek medical attention.
- People may not remember sustaining the head injury that may have brought on the symptoms

To get as clear a picture as possible of the damage done to the brain, your doctor may order:

- CT scan
- MRI brain

These tests are non-invasive and well tolerated by patients. The information they provide is used to develop a targeted treatment plan.

WHAT ARE THE TREATMENTS FOR SUBDURAL HAEMATOMA?

Your doctor may take a wait-and-see approach with a small subdural haematoma that may resolve itself without intervention. Surgery is recommended in cases where an acute haematoma is 10mm or larger, or if it is causing symptoms, as well as for most cases of chronic subdural haematomas.

WHAT IS SUBDURAL HAEMATOMA SURGERY?

Surgeons use one of two techniques to treat a subdural haematoma:

- **Burr holes** – This surgery is generally recommended for chronic subdural haematomas. Small holes are made in the skull so that a flexible rubber tube can be fed into the brain to drain the haematoma. The surgery is performed under general anaesthetic and takes under an hour. When it's complete, incisions over the burr holes are closed using staples or stitches. Patients remain in hospital for 3 to 9 days following surgery.
- **Craniotomy** – Recommended for acute subdural haematomas, this surgery involves temporary removal of a section of the skull closest to the blood clot. Patients receive general anaesthetic, and the surgeon uses suction and irrigation to remove the haematoma. The removed section of skull is then replaced and secured with stitches or staples. Recovery is more variable with acute subdural haematomas and depends on any underlying brain injury from the trauma.

WHAT CAN I EXPECT AFTER SUBDURAL HAEMATOMA SURGERY?

After surgery, patients are taken to an observation room where their progress is monitored by a member of the team. After approximately two hours, you will be taken to your hospital room to begin your recovery.

Recurrence of the haematoma occurs in an estimated 10% of cases and patients may require further surgery to correct the problem.

WHAT SHOULD I DO AFTER SURGERY?

Prior to leaving the hospital, you will be given a set of guidelines to help you in the days and weeks after surgery. You will need to self-monitor, take time to rest, care for your wound, and be patient about healing.

When a haematoma has led to brain damage, further care and recovery may include:

- Physiotherapy
- Speech therapy
- Occupational therapy

It can take a year or more to recover from a severe subdural haematoma.

SHOULD I FOLLOW UP WITH DR SAMMONS AFTER SURGERY?

Yes. A practice nurse will contact you to schedule a follow-up appointment for 4-6 weeks after surgery. At that time, Dr Sammons will examine you and evaluate your overall recovery. Should any concerns arise prior to your follow-up, do not hesitate to contact Dr Sammons for guidance.

Please call our rooms if you have any additional concerns or questions.

Hello!

I'm a Neurosurgeon at North Shore Private Hospital, Gosford Private Hospital, Brisbane Waters Private Hospital and the Sydney Adventist Hospital. I treat all neurosurgical conditions, but with a particular interest in Peripheral Nerve Surgery. I pride myself on providing personalised and thoughtful patient care and utilising my skills to achieve the best outcome possible.

I believe that a great neurosurgeon will ensure you feel listened to, will ensure that you understand what your surgery involves, and should also work together with your GP to achieve the best outcome for you.

Dr Vanessa

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