



**The Leeds  
Teaching Hospitals**  
NHS Trust

# Following a head injury

Information for patients



Leeds Centre for  
Neurosciences

## Types of head injury

### Skull fractures

These may be uncomplicated, so can heal without an operation. However a depressed skull fracture (part of the skull bone pushes inwards towards the brain) may require an operation to lift the bone and stop it pressing against the brain.

If the scalp is injured and there is a skull fracture that exposes the brain, an operation will be needed to clean the wound and repair the damaged skin and bone to prevent infection.

Base of skull fractures involve the floor of the skull and include fractures around the ear, eyes, near the spine and the nasal cavity. Symptoms can include cerebro-spinal fluid leakage, blood behind the eardrum, bruising behind the ears or around the eyes and loss of hearing, smell or vision and double vision. It may be necessary to refer you to another medical team (Ear Nose and Throat surgeons or Ophthalmology / Eye specialists) if your hearing or vision is affected.

Most basal skull fractures do not require treatment and the fracture will heal itself. Persistent fluid leakage may require surgery to stop the leakage.

### Cerebral contusions

These are bruises to the brain which are caused by the brain bouncing off the inside of the skull. Contusions can cause the brain to swell, which can cause a person to become sleepy or irritable.

## Acute subdural haemorrhage

They can be caused by blood vessels in the brain rupturing or bleeding from bruises or cuts to the brain. Blood collects in the subdural space, beneath the dura (outer layer of the brain) and directly over the surface of the brain. An acute subdural haematoma will often require an emergency operation to remove the blood.

## Chronic subdural haemorrhage

These form more slowly often causing symptoms several weeks or months after a head injury, so symptoms may not be noticed straight away as sometimes the Head Injury is very trivial. An operation may be needed to drain the blood if there are symptoms.

## Extradural haemorrhage

This can happen at the time of the head injury or several hours afterwards, following a head injury, blood is collected in the extradural space (the space between the skull and the dura). It is usually the result of a tear an artery caused by a temporal bone fracture. Generally an urgent operation is required to drain the blood.

## Diffuse Axonal injuries

This is a more diffuse head injury, which means that instead of happening in a specific area of the brain, it occurs over a more widespread area. Diffuse Axonal injuries result from the brain moving back and forth in the skull. This injury is common after road traffic accidents, sports related accidents and falls. A Diffuse Axonal injury causes brain cells to die which lead to swelling of the brain. This is managed medically as surgery is not an option. This type of head injury often has the most serious complications and in some cases these can be permanent.

## Discharge advice following head injury

### After effects of head injury

The effects of a head injury can be wide ranging and depend on a number of factors including the type, location and severity of the injury. Every person's head injury is unique, so you may experience any number of symptoms which can range from mild to severe.

### Physical effects

#### Fatigue

Excessive tiredness is common to all severities of head injury, including mild injuries. Tasks that are normally taken for granted, such as getting dressed or walking around can require much more effort after head injury. It is important to allow for rest periods at regular intervals during the day, and not to feel that everything has to be done at once.

Try to avoid over exertion, think about whether family and friends could help out with child care, housework, shopping and preparing meals.

#### Mobility

This can be affected following head injury. This can range from very minor problems with balance or co-ordination, to requiring the help of a number of therapists to sit or stand. The aim of therapy is to improve your mobility; this may need to continue once you have been discharged home from hospital. You may also require equipment such as walking aids to ensure you can move safely.

## **Sensory impairment**

Hearing and eyesight may be affected and this may not be correctable with hearing aids or glasses. Taste or sense of smell may be impaired or lost, either in the short or long term.

## **Difficulties with speech**

Slow, indistinct or rapid speech is common after a brain injury. It may be hard to understand the person's speech at first. Some people may repeat what they have said many times over.

## **Epilepsy**

Head injury can make a person prone to epileptic seizures or 'fits'. Sometimes people who have had a seizure after a brain injury are given antiepileptic medicines to reduce the chance of it recurring. Your doctor will talk to you about these medicines if it is felt necessary for you to take them.

## **Weakness**

This often affects one side of the body more than the other. This could mean that help is needed during personal care and when getting dressed or undressed. Muscle weakness may affect continence, and continence aids may be needed.

## **Hormonal imbalances**

Head injury may cause damage to the hypothalamus and / or pituitary gland, which are small structures at the base of the brain responsible for regulating the body's hormones. Damage to these areas can lead to insufficient or increased release of one or more hormones, which causes disruption of the body's ability to maintain a stable internal environment. Women may find that their menstrual cycle is disturbed following a head injury.

## **Cognitive effects**

### **Problems with memory**

Memory problems, particularly short-term memory, are common after head injury. Some people may be unable to remember faces or names, or what they have read or what has been said to them. New learning may be affected, whilst previously learned skills may still be intact.

### **Reduced concentration span**

This is very common and can also impact on memory problems. Completing tasks can be a problem and the task may be abandoned before reaching the end. The person may initially appear eager to start a task, but then lose interest very quickly.

### **Reduced speed of information processing**

People can take longer to think things through or work out what has been said to them. 'Information overload' can be quickly reached, and can cause frustration and anger.

### **Lack of insight**

The person may have an unrealistic view of themselves and others, and may not appreciate that they have certain problems. This may lead to unattainable goals being set, which then leads to failure and frustration.

## Language loss

This may be 'receptive' (difficulty making sense of what is said or read) or 'expressive' (difficulty finding the right words to say or write), or both. This can be very frustrating for the person and for others, and patience is needed on both sides.

**Remember - just because a person cannot express themselves, does not mean they do not need or want to be heard.**

## Emotional and behavioural effects

### Loss of confidence

This is very common after head injury and a person can need a lot of encouragement and reassurance from family and friends.

### Mood swings

The person may have a tendency to laugh or cry very easily, and to move from one emotional state to another quite suddenly.

### Depression

Depression may be caused by injury to the areas of the brain that control emotion, but can also be associated with the person gaining an insight into the other effects of their head injury. After head injury, many things that are precious to the individual may be lost and there may be much sadness, anger and confusion, surrounding this.

### Anxiety

This can be another consequence of head injury. Life has been changed forever in a matter of seconds, and the future can look frightening. Anxiety can quickly lead to frustration and anger and needs to be identified and alleviated as early as possible.

## Frustration and anger

Frustration can build up quickly, especially when things that were once so easy are now more difficult or impossible. The resulting anger may be very difficult for the person to control.

## Wound care

If your head injury was treated by an operation, your wound will have been closed by self-dissolvable sutures or skin staples. Your nurse will be able to tell you which type has been used to close your wound. If your wound has been closed with self-dissolvable sutures they will dissolve over a couple of weeks and do not need removing.

If your wound has been closed with skin staples, these need to be removed by your practice nurse at your GP surgery in 5 - 10 days following your operation. Please check with the ward nursing staff as to when they should be removed.

If you have steri strips covering your wound, these can be removed after your first hair wash (2 days following surgery).

Keep your wound clean and dry. You can wash your hair (using mild baby shampoo) but be careful not to dislodge scabs. Dry your hair by dabbing your head gently with a clean towel. Avoid direct heat (hairdryer) in first couple of weeks after surgery. Do not apply any hair styling products or hair dyes to your hair for up to 12 weeks after surgery (these will irritate the scar).



Your wound will feel sore for a couple of weeks. This is normal due to local nerve damage and it will return to normal in 6 - 8 weeks. It is recommended you take pain killers (prescribed by your doctor) to help with this. Always contact your GP or the ward if your headaches are not resolved by paracetamol.

Please contact the ward you were discharge from or your GP if you notice any of the following signs and symptoms:

- Redness and increasing pain from around the wound
- Leaking or bleeding from the wound (especially a persistent watery leak)
- A raised temperature

### **Signs and symptoms to look out for:**

The following signs and symptoms need urgent medical attention:

- Increasing drowsiness
- Difficulty walking / weakness in legs, arms or face
- Confusion or memory problems
- Double vision or blurred vision
- Stiff neck or raised temperature
- Severe sensitivity to light
- Severe headache
- Any signs of seizure (twitching or jerking movements)
- Persistent vomiting or feeling sick
- Surgical wound showing signs of redness, swelling, fluid leak or feeling hot to touch

## Driving

You are required by law to inform the DVLA of your operation as you have had a severe head injury. This will determine the length of time you are unable to drive. **Failure to notify the DVLA is a criminal offence and is punishable by a fine of up to £1000.**

The DVLA contact details are as follows:

DVLA  
Swansea  
SA99 1TU

<https://www.gov.uk/browse/driving/disability-health-condition>

Telephone: **0300 790 6806**

Fax: **0845 850 0095**

Telephone lines open:

**Monday to Friday, 8.00 am to 5:30 pm**

Telephone lines open:

**Saturday, 8.00 am to 1.00 pm**

## Drinking alcohol

After a head injury people often notice they are more sensitive to alcohol. Drinking alcohol can increase your chances of getting injured again, makes cognitive (thinking) problems worse and increases your chances of developing emotional problems such as depression. Drinking alcohol can reduce brain injury recovery. For these reasons it is advisable not to drink alcohol until you are seen in clinic and can discuss this with your consultant.

## Flying

It is advisable that you do not fly for up to 6 weeks after a head injury. This is because the pressure difference and lower oxygen levels on board the aeroplane can sometimes trigger a seizure. You will need to inform the airline and insurance company of your condition and if you received an operation.

### Questions or concerns

If you have any questions or worries, please contact the wards on:

- Ward L24  
**0113 392 7424**
- Ward L25  
**0113 392 7425**
- Dez Guest (Head Injury Nurse)  
**0113 392 5386**

## Useful links

- Headway - the charity that works to improve life after brain injury  
**0808 800 2244**  
**[www.headway.org.uk](http://www.headway.org.uk)**
- Brain and Spinal Injury Charity (BASIC)  
**0870 750 0000**  
**[www.basiccharity.org.uk](http://www.basiccharity.org.uk)**
- Leeds Centre for Neurosciences - provides patient information on common conditions and links to charities and support networks.  
**[www.LeedsNeurosurgery.com](http://www.LeedsNeurosurgery.com)**
- National Brain Injury Service Directory - an online directory for head injury services in England  
**[www.brainnav.info](http://www.brainnav.info)**
- Neuro Support - runs Employment and Community service to help and advise people affected by head injury with any employment issues or wanting to find an alternative to work  
**0151 298 2999**  
**[www.neurosupport.org.uk](http://www.neurosupport.org.uk)**



**What did you think of your care?**

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LN000946  
Publication date  
04/2023  
Review date  
04/2026