

The Hospital Stage after an Acquired Brain Injury

Naturally, when someone has a brain injury from an accident or illness, it's a shock for everyone involved. We hope that the information here might help to make it easier to understand what is going on, and to make coping in the early days a little easier.

Recovery

One of the most urgent questions for a family member is what the chances of survival and recovery are for their loved one. Due to the complexity of the brain, it is difficult for doctors to tell how fully someone will recover, or how long it will take.

Every injury is unique and symptoms and abilities can change rapidly, which can be frustrating while you wait and hope. During this time, it can help to make a note of all your concerns and questions for the medical and nursing team, so you don't forget what you want to say when you have a chance to speak to them. They will usually make their diagnosis after a medical assessment, brain scan and lab tests.

Medical and Diagnostic Tests

There are a number of tests that may be carried out after an injury. Some tests, such as the CT and MRI scans are designed to look at brain structure, and some, such as EEG and Evoked Potentials look at the way the brain is functioning.

CT scan – A detailed X-ray accompanied by an injected dye that looks at the brain's structure.

MRI scan – Used to look closely at brain structure following a CT scan. This scan can sometimes reveal damage missed by a CT scan.

Electroencephalogram (EEG) – Measures electrical activity in the brain. This test can indicate the presence of seizures (epilepsy).

Angiogram – Examines blood vessels in the head and neck by introducing a small catheter. This can help to identify blockages that might give rise to strokes and aneurysms.

Evoked Potentials – This test registers the electrical activity on the scalp resulting from activity of our senses, such as smell and hearing.

Lumbar Puncture – This test extracts some of the cerebrospinal fluid for examination. This can help to diagnose tumours and haemorrhages.

If the person is unconscious

An unconscious person will usually spend time in the Intensive Care Unit (ICU), in which round-the-clock care is provided. When the person is unconscious, a number of aids are used such as an intravenous drip, a catheter to remove urine or an enema to remove solid wastes.

A heart monitor is used to check heart rate and electrical activity along with a respirator to supply oxygen. All monitors are equipped with alarms which warns staff if a patient needs attention.

If the person is unable to breathe unaided, their endotracheal tube may be replaced with a tube going directly into their windpipe, in a small operation known as a tracheostomy

How someone looks in intensive care can take a bit of getting used to. They may be unable to move their arms or legs, or they may move them in a strange way.

In the early stages of recovery, some people have seizures (fits) caused by brain swelling or scar tissue. For most people this is a passing phase.

What is coma?

When a person experiences a brain injury, they can fall unconscious. When the unconscious state is prolonged, it is termed a "coma". Coma is defined as a state of unconsciousness from which the person cannot be woken up, in which the person responds very little, or not at all, to stimuli, and doesn't do anything voluntarily. Most brain injuries will involve some period of unconsciousness, which will vary depending on the severity.

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Measuring Levels of Coma

A common tool to measure someone's level of consciousness, while in a coma, is the Glasgow Coma Scale. It measures a person's responses to being stimulated physically or verbally. The scale goes from 3 to 15. Someone who is fully unconscious will have a low score, while someone who is awake but confused, will have a higher score.

Emerging from Coma

A coma can last from a few days to a few weeks, or even months. Recovery usually occurs gradually, with patients becoming more and more responsive over time. In the first few days, patients are usually only awake for a few minutes and gradually the length of time they are awake increases.

Post-Traumatic Amnesia

Post-Traumatic Amnesia, often referred to as "PTA", is a condition in which the person with a brain injury is very confused and unable to remember things from one day to the next.

PTA is a temporary state for most brain injury survivors, and may last from a few days to a few weeks. It can be a difficult time, but it is a normal part of recovery. For most people, it will soon pass.

It is important to remember that PTA occurs as a direct result of injury to the brain and that it does not mean that the person has a "bad attitude", isn't making an effort, or that they are mentally unwell. Most people will progress through PTA, and remember little, or nothing, about what went on during this time.

People in PTA may be restless, may call out, or use bad language which they wouldn't normally do. Friends and family members will probably be embarrassed and worried by this, but try to remember that what they are doing, and how you're feeling, or both completely normal.

A common frustration for family members is the complaint "Why don't you ever visit me?" - despite the fact that they have visited their loved one every day since their injury. It will probably work the best for you if you just try to be patient at this stage, and don't disagree with the injured person while they are still confused.

Tips for Coping at this stage

- Do accept practical help that friends or family offer - such as cooking, or minding the children
- Try to reduce other stresses in your life
- Acknowledge how you're feeling and talk to other people
- Try to eat properly, and get enough sleep
- Write down questions you want to ask nursing and medical staff
- Accept that other family members, or friends, may react to the situation differently to you
- Knowing more, and understanding better what's going on, can help. Read any literature offered to you, if you feel able.
- Contact support organisations such as Headway's Info and Support line: 1890 200 278 if you want to talk or get more information.