

## Neuroscience Department

# Seizures following craniotomy

This leaflet has been written to help your understanding of seizures following craniotomy (surgery on the brain) and answers many commonly asked questions. If you have any other questions that the leaflet does not answer or would like further explanation please ask your surgeon or get in touch with the contacts highlighted at the bottom of the leaflet.

Craniotomy can provoke seizures in a small proportion of patients. Some patients may already be experiencing seizures as a symptom prior to surgery. You may be required to start taking anti epileptic medication if you are at risk of suffering a seizure or already experiencing seizures. The anti epileptic medication is meant to prevent seizures during and immediately after surgery. This medication may be stopped before discharge if your risk of suffering a seizure was low, but is often continued for at least six months. The amount of medication you take would be altered or stopped depending on your seizure activity.

### What happens during a seizure?

There are different types of seizures. It is helpful to understand the seizure types you are likely to suffer following craniotomy and the various signs and symptoms.

### Tonic-clonic seizure

This is the most common type of seizure and the easiest to identify.

- The muscles contract forcing the air out of your lungs, your body stiffens and then jerks uncontrollably.
- Because of the muscles contracting you may let out a cry as you fall down unconscious.
- For the same reason, you may bite your tongue, be unable to swallow saliva normally, or be incontinent.
- Your breathing may be irregular, your face may look very pale with a bluish tinge around the lips due to lack of oxygen.
- The jerking movements nearly always slow down and then stop within five minutes, periods of drowsiness, confusion, headache and sleep often follows.
- When you come round, you cannot remember what has happened. Recovery time varies.

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## Focal seizures, also known as partial seizures

### Simple partial seizures

These are examples of what you may experience during a simple partial seizure, but there are many other symptoms. They may last for several seconds or minutes and your awareness or consciousness does not get affected.

- Abnormal jerking or twitching
- numbness
- pins and needles
- sweating
- dizziness
- nausea
- disturbance of perception and memory such as hearing, vision, smell or taste, things seeming larger or smaller, or feeling that you have been somewhere before (déjà vu).

Simple partial seizures can progress to complex partial seizures or to a generalised tonic-clonic seizure during which your awareness or consciousness are affected. When this happens, these early symptoms can serve as a warning and are known as an aura.

### Complex partial seizures

You may behave strangely, such as:

- pluck at your clothes
- fumble with buttons
- smack your lips
- swallow repeatedly
- wander around as if drunk

Such actions are known as automatisms. From time to time they take more unusual forms; for instance, some people may undress or behave affectionately to complete strangers.

### Status epilepticus

This is a prolonged seizure or a series of seizures that happen without recovery in between. It requires urgent medical attention.

### In the event of a seizure, this is what the people around you need to do:

- Stay calm.
- Loosen any tight clothing around your neck.
- Protect you from injury (remove sharp or hard objects from the vicinity, or guide you away from danger).

- Cushion your head if you fall down.
- Once the seizure has finished, they may aid your breathing by gently placing you on your side if you are lying down.
- Stay with you until you come round and are fully recovered.
- Be quietly reassuring.
- Following your recovery, inform your doctor that you have had a seizure. Subsequent seizures could mean that you require further investigations or review of your treatment.

## They should not:

- Try to restrain you.
- Put anything in your mouth or force anything between your teeth.
- Try to move you unless you are in danger.
- Give you anything to drink until you are fully recovered.

## They should call an ambulance if:

- A convulsion lasts for more than five minutes.
- One convulsion follows another without you regaining consciousness.
- You are badly injured during a seizure or may have inhaled water, for example in the bath or swimming pool.

## If you suffer a seizure, you need to be aware of the following:

- You must not drive and you are legally obliged to inform the DVLA (Driver and Vehicle Licensing Agency) about your seizures. They may ban you from driving for a year. You must also inform your drivers insurance company.
- You may be required to refrain from driving for a period of at least six months after craniotomy whether or not you have suffered a seizure. You can get more information from the DVLA who will confirm the length of the driving ban which will depend on your diagnosis.
- Do not operate dangerous machinery.
- If you go swimming, always make sure someone comes with you.
- Take your medication as prescribed

## Where can I get further information?

If you have further questions then please contact:

- **Your General Practitioner (GP)**
- **Consultant Nurse-Epilepsies** Telephone: 01223 217992
- **Neurosurgical Nurse Practitioner**

You will be informed of the name of your nurse practitioner at your consultation with the consultant.



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For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

## Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

[patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)



## Document history

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