

NEUROSURGICAL CONSULTANTS, INC.

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SPINAL SURGERY
CRANIAL SURGERY
MICRO NEUROSURGERY
SPINAL INSTRUMENTATION

HEAD INJURY

Discharge Instructions

What is a head injury? Any injury to the head is considered a head injury. Most head injuries do not cause brain injury. However, even minor head injuries can cause brain trauma. The brain trauma may be minor, such as a short cerebral concussion, or can be more serious with neurological deficits. When there is structural injury to the brain or its surroundings, there will be abnormalities on a CT Scan or MRI scan of the brain. Cerebral concussions do not cause structural injuries to the brain and do not cause any abnormalities on CT Scans or MRI Scans. They are diagnosed based on the history given by individuals who were with the individual at the time of the injury or immediately after the injury.

Most head injuries do not cause serious problems and get better within several days. If there were abnormalities on the initial CT or MRI scans, follow up scans will be ordered. Sometimes follow up scans will be needed after an initial normal scan in patients exhibiting neurological signs or symptoms. Therefore, continued observation by family or friends close to the patient is often recommended.

After Discharge from the hospital:

- You should not be left alone. Have a relative or friend stay with you until they think you are back to normal.
- Initially, you will be on a light diet. You may advance your diet as you feel better.
- Do not drink alcoholic beverages, including beer and wine.
- Avoid strenuous activities. No lifting or straining.
- Do not take sedatives, tranquilizers or other medicine that make you sleepy. If you have any questions about your medications, call your doctor.
- Do not drive or operate machinery.
- Avoid medicine containing aspirin or anti-inflammatory medications, such as ibuprofen (Motrin, Advil), Naprosyn, etc. You may use acetaminophen (Tylenol) or the medicine your doctor has recommended for mild pain.

Return to the Emergency Department or see your own doctor right away if any problems develop, including the following:

- Persistent nausea or vomiting.
- Increasing confusion, drowsiness or any change in alertness.
- Loss of memory.
- Dizziness or fainting.
- Trouble walking or staggering.
- Worsening of headache or headache feels different.
- Trouble speaking or slurred speech.
- Convulsions or seizures. These are twitching or jerking movements of the eyes, arms, legs or body.
- A change in the size of one pupil (black part of your eye) as compared to the other eye.
- Weakness or numbness of an arm or leg.
- Stiff neck or fever.
- Blurry vision, double vision or other problems with your eyesight.
- Bleeding or clear liquid drainage from your ears or nose.
- Very sleepy (more than expected) or hard to wake up.
- Unusual sounds in the ear.
- Any new or increased symptoms.

Follow Up (Check One):

_____ You should have a follow up with your primary care doctor in two weeks. Call his office the day you get home to schedule your follow up.

OR

_____ Schedule a follow up with (circle one)

Dr. Freed Dr. Warren Dr. Friedberg Dr. Gieger

in _____ weeks. Call the Cambridge office at (617) 492-7559, for an appointment if you were in Mt. Auburn Hospital. Call the Norwood office at (781) 769-4640 if you were admitted to Good Samaritan Medical Center or Norwood Hospital. If you were instructed to have a new CT or MRI scan before your visit, please tell the office receptionist when you call to make your appointment. You should call for your appointment the first day you are home.

Special Instructions:

The above instructions have been explained to me and I have received a copy of the same.

Patient Signature

Date

Nurse's Signature

These instructions are meant to be a guide to recovery from Head Injury for patients in our practice. We hope that you find them helpful. They are not a substitute for medical care by a professional. Also, other neurosurgeons may have different routines. For more information, visit our Web Site, <http://www.neurosurgical-consult.com> .

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