Discharge Instructions for Subdural Hematoma Patients

You have been diagnosed with a subdural hematoma. A subdural hematoma results from venous bleeding that layers along the surface of your brain. A subdural hematoma may result from a bump on the head, a fall, or occur due to use of medications which increase your bleeding time (blood thinners). These instructions provide additional information regarding your care at home.

Activity
- You will need to have someone with you for the next several days to watch for worsening of symptoms (see below) and to allow you to rest.
- Start with light activity around the house for the first 3 days you are home.
- Gradually increase your activity starting with short walks 1-2 times per day.
- Avoid contact sports, skating, bike riding, or other such activities for 6 weeks.
- You may **not** drive until cleared by your neurosurgeon.

Nutrition
- Avoid alcoholic beverages, NSAIDs (Motrin, Advil type products), or aspirin for the next 12 weeks.
- Eat plenty of fruits and vegetables to prevent constipation.

Medications
- Take your medications as prescribed and gradually decrease pain medications as your pain improves.

Follow-up
- If you have not already been scheduled for a follow-up appointment, call your neurosurgeon when you get home to schedule your follow-up appointment.
- Follow up with your primary care physician for all medical issues.

Call your doctor or return to the emergency room if you experience any of the following symptoms:
- Clear or bloody drainage from your nose or ears
- Worsening headache
- Changes in vision or differently sized pupils
- Seizure activity or jerking / twitching of the face, arms, or legs
- Sleepiness or difficulty waking up
- Memory loss
- Irritability
- Nausea or vomiting that won’t stop
- Confusion or difficulty talking
- A fever above 100 degrees F
- Arm, leg, or facial weakness
- Difficulty walking, loss of balance, and dizziness
- Stiff neck