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Epilepsy after ABI

This section will tell you more about epilepsy and seizures. There is lots of information about epilepsy so please only read what you would like to know. Not everything applies to you so only read the bits that you need.

You may have had a few seizures when you hurt your head. Just because you have had a seizure that does not mean you are epileptic. This section will tell you:

- What is a seizure?
- What is epilepsy?
- Why does it affect me?
- What happens in a seizure?
- What are the different types of seizure?
- I've heard my seizures called other things. Why is this?
- How long do seizures last?
- How do I know if I am going to have a seizure?
- How do I stop a seizure once I have one?
- What happens after a seizure?
- Do seizures damage my brain?
- How do I know if I have epilepsy?
- What can be done about seizures and epilepsy?
- Will I get seizures after taking the medicine?

What is a seizure?

In the section 'All about the brain' we learnt that the brain controls all of the things we do with our body. The brain does this by sending messages as small electrical signals around the brain and body.

There is lots of information travelling around the brain and to the rest of the body all day long. Messages are passed around as little electrical impulses. It is a bit like how electricity moves through the circuit board of a computer.

Most of the time, the electrical signals in our brain are very well organised and there is not a problem. The electrical message goes to where it needs to go and everything works properly.

A seizure is when these electrical signals in the brain get confused and shoot off in all directions and go to places they weren't meant to. All of these confused messages zooming around the brain and body can





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make you have something called a seizure. Sometimes, people call it a 'fit' or 'convulsion'.

Anyone can have a seizure. In fact, most people will have a seizure at sometime in their life even if it is a short one. People tend to have a seizure if they are poorly or something has gone wrong in the body that needs to be fixed.

Remember, just because you have had a few seizures it does not mean you are epileptic.

What is epilepsy?

If you have had many 'fits', 'seizures' or 'convulsions' over a period of time, the doctors call it epilepsy. Epilepsy is the general name. They will do more tests to see which type of epilepsy you have.

Why does it affect me?

Some people are born with epilepsy, and some people get it after an illness or accident. 456,000 in the UK have epilepsy.

In the case of ABI, epilepsy, can sometimes develop after you hurt your head. This is because any nasty knock can cause the brain to stop working properly. Sometimes, epilepsy can develop as the brain tries to adjust. Part of this adjustment might be sorting out the electrical signals. Sometimes it is too difficult and epilepsy can develop.

What happens in a seizure?

Seizures and fits can be very frightening. They can make you do lots of things with your body that you are not aware of and that you are not in control of.

There are many different types of seizure. Some seizures can be very small and you don't really notice you've had one and some can be really big where you might fall to the ground and start to shake. Seizures can last from a few seconds to a few minutes. The longer the seizure lasts the more serious it is.





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What are the different types of seizure?

Some people worry about what type of seizure they are having. There are many different types of seizures and it can be really frightening. Sometimes, seizures can be hard to put a label on them because they affect each person uniquely.

The main types of seizure are:

- **Generalised seizures**
- **Partial seizures.**

Generalised seizures

There are six types of generalised seizure. It is not something you should worry about too much as it takes doctors who have trained for many years to figure out what sort of seizure you are having.

These seizures include:

- **Absences:** This is when someone appears to be in a world of their own. They will remain awake but they may stare into space and they won't respond to you when you talk to them. When they come around they won't know what just happened.
- **Myoclonic jerks:** These are little muscle spasms that make your arms and legs jerk. Babies do them all the time although this is normal for babies. If we do this as adults or young children it can make us throw things.
- **Atonic seizures:** This is where all the muscles in the body relax and you can fall down. This can be dangerous as someone having an atonic seizure may fall somewhere, or onto something, dangerous.
- **Tonic seizures:** This is when all of the muscles in someone's body contract and they fall to the floor.
- **Clonic seizures:** These are when the muscles contract in a rhythm. It can almost look like a big twitch that keeps on going.
- **Tonic clonic seizures:** This is when the person falls to the ground tenses all of their muscles and jerks.

Partial seizures

Partial seizures begin in one part of the brain and sometimes affect another part too. The person who is having the seizure will have some symptoms with the area that is controlled by that part of the brain. So if the seizure is starting in the occipital lobe maybe the person's vision will go funny for a bit.





Sometimes the person can lose consciousness and sometimes they don't. If they lose consciousness it is called a 'complex partial seizure'; if they remain conscious it is known as a 'simple partial seizure'.

I've heard my seizures called other things. Why is this?

You will sometimes hear people talk about 'grand mal', 'petit mal' and 'temporal lobe seizures'. These are old terms now but occasionally people will still use them. All it means is that some seizures appear to be big, others appear to be small, and others aren't very noticeable.

How long do seizures last?

Seizures can last for different amounts of time. Sometimes they only last a few seconds, other times they may last a couple of minutes. If a seizure lasts for more than two minutes, you will need to have some anticonvulsant medication to stop the fit. Your doctors will decide what is best for you.

How do I know if I am going to have a seizure?

If you have seizures quite often, you will probably become familiar with the warning signs, which tell you that you may be going to have a seizure. This can be different for everyone and there is no list that will tell you that you are going to have one. It also depends on which part of the brain the seizure affects that will tell you if you are going to have a seizure.

Signs include:

- Headache
- Seeing auras – sometimes people see colours around people
- Blurred vision
- Photosensitivity (dislike of bright lights – a flickering television screen can cause a seizure sometimes)
- Becoming hot and sweaty
- You may start to panic
- A dislike of loud noise
- Becoming distant – hard to talk to
- Becoming wobbly on your legs

Sometimes seizures can be very sudden. You may just start to fit without any warning signs.





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How do I stop a seizure once I have one?

Sometimes, seizures will stop all by themselves and you don't have to do anything. If your seizure lasts longer than a couple of minutes you will need some medication to stop it.

Remember, you won't really be aware when you have a seizure so someone else will need to give you the anticonvulsant medication. Anticonvulsant medication works by slowing the brain down. The electrical signals then slow down too and your fit stops as the brain regains control of the electrical signals.

There are a number of ways you can be given the medication. Sometimes it can be given underneath your tongue (called 'sub-lingual') or sometimes up your bottom. This sounds very strange but medication is absorbed really quickly if it is given up the bottom. If you are having a fit you need the fit to stop quickly. Giving medicine up the bottom will help you get better in the quickest way possible.

Try not to worry about this too much though. Only someone who really knows what they are doing would give you medication up the bottom, such as your carer, doctor or nurse.

If you have a fit in hospital they might give you the anticonvulsant medication intravenously, which means into a vein.

Anticonvulsant medication works really quickly and there are many different types. If you are having a particularly bad fit that is lasting for a long time, there are many anticonvulsant medications that you can be given to stop the fit.

What happens after a seizure?

After the fit has stopped, people usually wake up fairly quickly. If they have had lots of medication though, they may need lots of time to 'sleep off' the medication. Sometimes, a person is given so much anticonvulsant medication that they need to spend some time in intensive care.

If you have had a big generalised seizure such as a tonic clonic seizure, you may have fallen down and hurt yourself. It might be a good idea to be seen by a first aider or go to accident and emergency department in hospital.





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Do seizures damage my brain?

Most seizures do not cause any damage to the brain. Damage is only caused if you have had a very long seizure which the doctors and nurses could not stop with anticonvulsant medication.

Sometimes there can be other complications which make dealing with your seizure difficult and occasionally this can cause brain damage. Also, having a long seizure, not regaining consciousness and then having another seizure can also cause damage the brain but this is rare.

In any case, a prolonged seizure will mean you are taken to hospital. If this ever does happen to you, you will be in hospital and you will be around lots of doctors and nurses that will make sure you get all the help that the brain needs to get over the seizure.

How do I know if I have epilepsy?

Epilepsy is just the general name given for having lots of seizures over a period of time. The doctors will run some tests to see which type of epilepsy you have. This is so they know what sort of problems you may have when you have an epileptic fit.

Seizures can be very small and not very noticeable and some seizures can be very big and affect you a lot. Sometimes seizures can be very complicated and the doctors can find it hard to decide what sort of epilepsy the person has.

Doctors and nurses know that epilepsy can be a problem after an ABI so they look out for it when you are in hospital. They will also send you for tests to see if the brain has any signs of epilepsy. These are:

- **Electroencephalography, called an 'EEG' for short:** This is a special test that looks at all the different electrical signals in the brain. It is very easy to do and isn't painful at all. The doctor will put lots of sticky dots on your head which are hooked up to a computer. The computer will then look at the electrical signals in your brain to see if you are epileptic. If your seizures are small they may ask you to stay in hospital overnight so they can do the test over a day or two. This allows them to look at your brain activity over a couple of days. They can then see if you are epileptic.
- **Scans and imaging** – Using a CT or MRI machine to look inside your, doctors can see if any damage caused may have made you epileptic.





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What can be done about seizures and epilepsy?

First thing's first! Try not to worry. You are not alone - 456,000 people in the UK have epilepsy. The good news is that 80% of those people have their epilepsy well controlled on medication. That means that they very rarely have a fit.

When you are diagnosed with epilepsy your doctor will prescribe you 'anticonvulsant' medication called antiepileptics.

These work by controlling the brain signals that shoot off around the brain. It doesn't stop them from working it just reduces the chances of any electrical signals firing off in the wrong direction and causing a fit. It is a bit like having a traffic warden controlling the traffic.

There are lots of different antiepileptic medication. It will involve having to take a few tablets each day but it is much better than having a fit. Here are some antiepileptic medication you may have heard of:

- Phenobarbitone
- Tegretol
- Carbamazepine
- Lamotrigine
- Diazepam.

Your doctor will think long and hard about what medication is right for you.

Will I get seizures after taking the medicine?

You will be pleased to know that most people who take antiepileptic medication do not have many fits. In fact, it is possible to go for many years without having a fit.

