Head injury

Brain & Spine Foundation

A guide for patients and carers

The **Brain & Spine Foundation** provides expert information and support for anyone affected by neurological problems.

We publish a range of booklets and fact sheets that aim to answer your questions and help you know what to expect.

Our publications are designed as guides for anyone affected by a neurological problem, including family, friends, and carers.

You can call or email our **Helpline team** for further support or information at:

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About this booklet

This booklet provides information on head injury and concussion in adults. It provides information on the different levels of head injury and is divided into sections on minor head injuries and moderate to severe injuries. It also provides information on tests and investigations, possible treatments, recovery, rehabilitation and returning to everyday activities.

Sources of further support and information and details on requesting references can be found at the back of this booklet.

Common questions

What is a head injury?

A head injury is a blow to the head from a force outside the body.

Head injuries are common and are often the result of an accident, a fall, a sports injury, or an attack (assault).

Most head injuries do not affect the brain and are unlikely to cause ongoing problems once the person recovers.

When a head injury affects the brain, it may also be referred to as a traumatic brain injury (TBI). If someone has had a brain injury, it may take longer for them to recover and in some cases they may experience long-term effects.

Sometimes 'head injury' and 'TBI' are both used to describe an injury that has affected someone's brain, but it is important to remember that not all head injuries cause injury to the brain.

What are the symptoms?

The symptoms a person has following a head injury can vary depending on how severe the injury is and whether their brain has been injured.

You may see a bump or bruise on the head or face, and there might be bleeding. Some head injuries may also cause damage to the skull (see page 13).

If someone's brain has been affected by the injury, the symptoms they may experience can include:

- losing consciousness (passing out)
- difficulty staying awake or keeping their eyes open
- headache
- feeling sick and vomiting
- dizziness
- problems with balance/coordination
- unusual behaviour
- problems with concentration and memory
- seizure or 'fits'

Mild injury to the brain is often referred to as a concussion (see page 9).

How serious is it?

It can be difficult to know how serious a head injury is when it first happens and whether the brain has been injured. Sometimes there can be few or no external signs of injury, but the brain can still have been affected.

The Glasgow Coma Scale (GCS) is used by health professionals to assess a person following a head injury (see page 6).

At the time of the injury, and even in the early stages of treatment or recovery, it may not be possible for a health professional to answer all of your questions about how serious an injury is and what the chances are of a full recovery.

This might make you feel like you are being kept in the dark. However, it is important to understand that they are not withholding information from you and that it can take time for some of this information to become clear.

TBI does not necessarily lead to long-term disability or problems and it is possible to make a good recovery.

What are the different types of injury?

Head injuries and traumatic brain injuries are often described by how severe the injury is (i.e. minor, moderate or severe).

Health professionals might also describe the injury using one of the following terms:

- closed – when the brain has been affected by a strong force, like a blow to the head, but without fracturing the skull
- penetrating – when something pierces the skull, for example a brick
- crushing – when the head has been squeezed

What happens in the hospital?

The circumstances of your or your loved one's injury may have involved the emergency services and you may have been taken to hospital. It may be that you required immediate medical attention to help stabilise your condition and to treat any injuries.

If you were unconscious, you may not remember this taking place. You may also have chosen or been advised to go to A&E, and have travelled there yourself or called an ambulance.

If your head injury appears to be minor, you may be kept in hospital for a short time before being discharged home (see pages 9-10).

If you have had a more severe head injury, you might require more intensive care and monitoring (see page 12).

Post-traumatic amnesia

After a head injury, some people may experience temporary memory loss and find it difficult to remember things. They may be confused about why they are in hospital or be unable to remember the events surrounding their accident, fall or injury.

Tests and investigations

Observation and monitoring

In the A&E department, staff will make regular checks and observations (sometimes referred to as 'obs'), including:

- level of alertness (being awake, talking)
- size of pupils (the dark circle in the centre of the eye, which reacts to light)
- limb movements
- breathing rate
- heart rate
- blood pressure
- temperature
- oxygen level in the blood

If there are any changes that suggest your condition is getting worse, a doctor will reassess your condition.

Sometimes with a minor head injury, the doctor recommends staying in hospital briefly for these observations.

Glasgow Coma Scale

Health professionals will use the Glasgow Coma Scale (GCS) to check your level of consciousness and how alert you are at the time of injury.

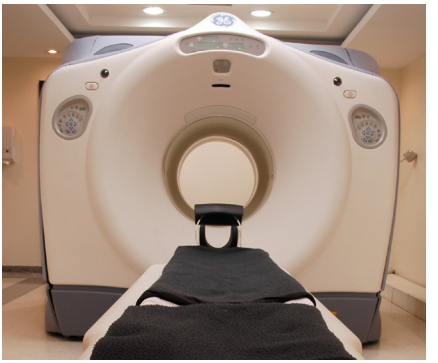
Changes to your level of consciousness and how alert you are can show whether your brain has been affected by a head injury.

A score is given based on a series of simple tests. These include answering questions, asking you to follow instructions and checking your reflexes.

The tests will be repeated to see whether your score changes as part of monitoring your condition.

Glasgow Coma Scale		
Score	**Degree of injury**	
13 - 15	Minor	Person remains alert, can answer and move the body in response to instructions. Might include loss of consciousness (passing out) but only for a short period.
9 - 12	Moderate	Confusion, difficulty with speaking clearly or following instructions. Loss of consciousness for a longer period.
8 or lower	Severe	Low or no response, little control over speech or movement. Prolonged loss of concsciusness.

CT scan



CT stands for computerised tomography. This is a special type of X-ray which uses a computer programme to produce detailed three-dimensional (3D) images of the body, including the brain.

During the CT scan you will lie on a flat bed which moves through the middle of the scanner. The scanner rotates around your head to produce the 3D images. It is a quick and painless examination.

A CT scan can provide more information and detail about your head injury as well as monitor for changes that might need treatment. You may have more than one scan during your hospital stay.

MRI scan

MRI stands for magnetic resonance imaging. This is a type of scan that uses magnetic fields and radio waves (instead of X-rays) to produce 3D images of the body, including the brain. MRI scans produce a different image to X-ray based scans, such as CT scans, and can provide more detailed information about your injury. Not everyone will require an MRI scan.

During an MRI scan you will lie on a flat bed which moves through the middle of the scanner. The length of the scan can vary and it can be noisy, so you may be given ear plugs or headphones to wear.

Minor head injuries

What is a minor head injury?

A minor head injury is one where there has been trauma to the head but no or only mild injury to the brain (e.g. concussion).

Following the injury, a person may lose consciousness (pass out) but this will only last for a short period of time (usually less than 30 minutes).

Health professionals will usually consider a head injury as minor if the person's GCS score is 13 or above (see page 7). This means the person remains alert and can answer questions and move their body in response to instructions.

For information on moderate to severe head injuries, see page 12.

What is a concussion?

A concussion is a temporary (short-lived) injury to the brain.

The signs of a concussion can begin to show almost immediately following an injury, but may sometimes take longer to appear. These can include:

- losing consciousness (passing out)
- headaches
- feeling sick and vomiting
- dizziness
- unusual behavior
- problems with concentration, memory, balance and/or coordination.

Concussion is a recognised as a mild TBI. Some people can experience ongoing symptoms that are sometimes referred to as 'post-concussion syndrome (see page 21).

Getting discharged and going home

Following a head injury, you may have been taken to hospital for further assessment or to receive treatment or care.

Medical staff will make regular checks and observations to see how quickly you are improving and to ensure your condition is stable.

If your condition or injuries do not require you to remain in hospital, then you may be discharged home. It is important that there is someone suitable who can supervise you for the first 24-48 hours and your doctor will advise you on this.

You will be given clear advice about any signs or symptoms to look out for that mean you should return to hospital immediately. You should ensure that you have access to a phone after going home, and it is important that you are able to reach medical help quickly if you need it.

The hospital will send a letter to your GP after you are discharged. You might be advised to make a follow-up appointment with your GP and you may be offered an out-patient appointment at the hospital.

If your injury has been caused by an assault and you feel worried about your safety when you leave hospital, staff can help you make contact with the police, an emergency social worker and Victim Support.

Recovery

Many people have symptoms after a minor head injury. These can include:

- feeling dizzy
- feeling very tired
- vision problems
- being sensitive to light and noise
- insomnia (can't sleep)
- problems with memory, concentration and thinking
- irritability
- anxiety

These should improve over time and will almost always go away within a few weeks or months. A small number of people may have ongoing problems after three months.

If you are worried about your symptoms, you should speak to your GP.

For more about recovery after a head injury see page 20.

Moderate to severe head injuries

What is a moderate to severe head injury?

A moderate or severe head injury is one where there has been trauma to the head as well as a more significant injury to the brain.

Health professionals use the Glasgow Coma Scale (GCS, see pages 6-7) and the results of any scans to help them assess the injury and identify how severe it is.

A person with a moderate head injury will have a GCS score of between 9 and 12. They may appear confused after the injury and find it difficult to speak clearly or follow instructions.

A person with a severe head injury will have a GCS score of 8 or lower. They may be unresponsive after the injury or appear to have very little control over their speech or movement.

Both moderate and severe head injuries may result in a prolonged loss of consciousness. If someone does not regain consciousness and cannot be woken up, then this termed a coma (see page 14).

Post-traumatic amnesia (see page 5) after a moderate to severe head injury is common, and in some cases may last a number of days or weeks.

Moderate and severe head injuries might also involve:

- skull fractures (see page 13)
- bleeding (haemorrhage) around or within the brain
- blood clots

Complications may occur at the time of the injury or develop soon after. They can lead to further damage to the brain and may need to be monitored or treated to prevent this.

Complications of a head injury may include:

- hydrocephalus (a build up of fluid around the brain)
- post-traumatic seizures
- infection

Not everyone will experience complications and it often depends on how severe the injury is and what parts of the brain or head were injured.

Although some people will make a full recovery, others can experience ongoing symptoms and long-term effects after a moderate-to severe head injury (see page 20). Unfortunately, some people who have had a significant head or brain injury will not recover and their injury may be life-threatening.

Skull fracture

A head injury can sometimes result in a skull fracture, which is a break in the bony structure of the skull that surrounds the brain.

The different types of skull fractures include:

- closed – where the skin over the fracture hasn't broken and the surrounding tissue isn't damaged
- compound (open) – where the skin and tissue over the fracture is broken and the bone, and maybe the brain, can be seen
- linear – where the fracture has not caused the bones of the skull to move or be displaced, and the fracture may look like a straight line
- depressed – where part of the skull has moved inwards
- basal – a fracture to the base of the skull

If someone has a fractured skull, they may be kept in hospital for observation. Treatment will depend on the type of fracture and whether there is a risk of further damage being caused to the brain.

There is an increased risk of infection with open skull fractures and antibiotics may be prescribed to prevent this.

Simple and linear fractures will often heal by themselves over time without any specific treatment. If someone has a depressed fracture or a basal fracture, they may require surgery to prevent any further damage and to repair the skull.

Coma

When someone is in a coma, they are deeply unconscious and cannot be woken up. They do not speak or respond to voices, or even pain. They might require a ventilator to help them breathe (see page 15).

When someone comes out of a coma, it is usually gradual, with small improvements over time. Health professionals will continue to use the GCS to measure the patients responses. Unfortunately, some people who go into a coma may never regain consciousness.

Induced coma

Sometimes a person who has suffered a head injury is given a controlled dose of anaesthetic to put them into a medically induced coma. This is done to reduce the activity of the brain, limiting any further damage and allowing it to repair. Later on, the sedation drugs can gradually be decreased to allow the person to wake up.

What happens in hospital?

If someone has had a moderate to severe head injury, they will have been taken to hospital to help stabilize their condition and to treat their symptoms and injuries.

Medical staff will ensure that their airways are clear and will support them to breathe properly. They will also check the person's blood circulation.

Medication may be given to help the person feel more comfortable and to try and prevent complications. This can include:

- sedatives, which keep the brain and body deeply relaxed
- painkillers
- anti-epilepsy drugs to prevent seizures
- blood thinners to prevent blood clots
- drugs to reduce swelling around the brain

CT or MRI scans (see page 8), may be done to help get a better understanding of the injury.

Ventilator (breathing machine)

A ventilator (breathing machine) is a machine that can assist someone to breathe and delivers the right amount of oxygen, at the right rate.

When someone is on a ventilator, they are usually sedated to make them more comfortable. A tube runs from the machine, down the person's windpipe and into the lungs to deliver oxygen-enriched air.

A person may be on a ventilator because they are deeply unconscious following the head injury (see Coma and Induced coma on page 14) and they are unable to breathe on their own.

Sometimes when the brain is swollen, people can become agitated or aggressive and may hurt themselves, so they may need to be sedated and put on the ventilator to enable them to rest safely.

Intracranial pressure monitoring

A head injury can cause bleeding or swelling inside the skull. It is important for health professionals to monitor this..

A small device called an intracranial pressure monitor (ICP monitor) can be fitted to look for signs of increased pressure that may be caused by bleeding or swelling.

The procedure to fit an ICP monitor may be performed under a general anaesthetic, sedation, or with a local anaesthetic. The doctor drills a small hole in the skull, about the size of a five pence coin. A thin wire is inserted through the hole, and rests in the space between the skull and the brain.

The wire is attached to an electronic pressure monitor. If the pressure goes up, the staff will be alerted and take measures to reduce it, to lessen the risk of further brain injury.

Treatment and care

Treatment options for a moderate to severe head injury depend very much on the individual and their situation. Factors to consider include:

- how severe the head injury is
- how the injury occurred
- which part of the brain is affected
- whether there is bleeding in the brain
- other injuries that might be present

Performing careful, regular observations is an important part of care. Treatment may include medication and will be focussed on managing someone's symptoms and preventing complications.

Only about three in 100 people with a head injury will need surgery. Some reasons for surgery include:

- removing blood clots
- repairing a skull fracture or removing debris or fragments of bone
- inserting a temporary drain if there is bleeding or a build-up of fluids
- repairing a hole in the lining around the brain

Treating serious head injuries can be complicated and require specialist expertise and equipment. Your medical team will make an informed decision about whether they are able to provide the necessary treatment or if you require urgent transfer to a neuroscience centre (which is a regional specialist centre).

Early recovery in hospital

After you have been assessed and had treatment for any injuries or complications, you will be transferred to a ward where you will continue to receive care.

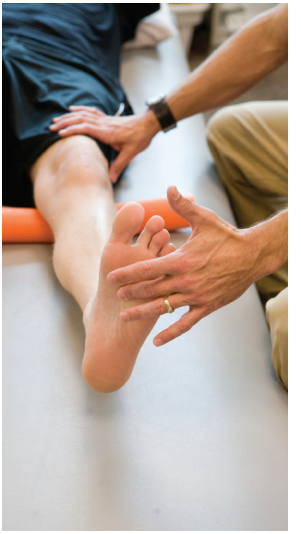
If you have had surgery or you need more intensive care, you may be taken to an intensive care unit (ICU) or high dependency unit (HDU) to begin with.

On the ward, you will continue to be monitored to make sure your condition is stable and to see how you are improving. You may be assessed by specialists and therapists to help identify your needs and to plan any longer term treatments or care that you may require.

For people who have had a moderate or severe head injury, it may be weeks or months before they are ready to return home. Recovery can have its ups and downs. Depending on your recovery and the effects of your injury, you may be transferred to a neuro-rehabilitation centre.

Rehabilitation

After a more serious head injury, many people may benefit from rehabilitation. During rehabilitation, a team of health professionals will help you to set goals for recovery and provide daily therapy or exercises to help you achieve these goals.



Rehabilitation may be started whilst you are in hospital, or following transfer to a neuro-rehabilitation centre, or you may be referred to specialists in the community if you have already returned home.

A neuro-rehabilitation centre serves as a bridge between hospital and home. The typical length of stay at a neuro-rehabilitation centre is about six weeks but can be longer. These centres may run by the NHS or by charities, and some are privately operated.

Some therapy sessions during your rehabilitation might seem short and will probably not fill up the day. This is because people get tired easily when they are recovering from a head injury.

It is a good idea for friends and family to get involved in the therapy if possible, so that they can help the person carry on with the exercises and adjust to living at home again once they are discharged.

Going home

Before you return home, you will have an assessment and be given a care plan. This will outline the next steps to help your recovery.

You should continue to get therapy as part of your rehabilitation from a community-based team. This may include physiotherapy, occupational therapy or speech therapy. If you need adjustments to your home or special equipment, this should form part of your ongoing care.

You may also need help once you are home with everyday activities, for example help with personal hygiene, housework, transport, or shopping. Some people are eager to return to their everyday routine as soon as possible and resume activities like driving or going to work. However, it is important to give yourself time to adjust and recover following a head injury.
For more about recovery after a head injury see page 20.

For more about returning to work, finances and benefits, and returning to driving, see page 28.

Recovery and long-term effects

Each person's recovery will be individual to them and will often depend on:

- how severe their injury was
- what part of the brain (if any) was affected
- whether there were complications

For some people, it may not be realistic to go back to life as it was before the head injury.

Managing symptoms during recovery

It is common for people to experience symptoms after a head injury, such as headache and fatigue. You may been given advice or medication to help you manage these during recovery.

Tiredness and fatigue

Many people feel very tired and need to sleep a lot at first – this is normal. Resting is an important part of recovery and you should not return to your normal activities until you start to feel better.

Excessive tiredness that does not improve through resting is known as fatigue. You might find that you become exhausted even after activities like going to the shops, watching television, or talking with your friends.

A daily routine can help you to set realistic targets for what you want to achieve each day and to make time for relaxation and rest. If you have children or are caring for someone, you may need help with these responsibilities.

Headache

Headache following a head injury can last from a few weeks to several months. You may have been prescribed painkillers by your hospital specialist or GP. Paracetamol may be taken to relieve pain or a headache, and always follow the advice on the packaging. You should avoid taking ibuprofen or aspirin (unless advised by your health professional) as these may cause the injury to bleed.

Other symptoms

Some people may be sensitive to bright lights or loud noises following a head injury, and can find busy environments overwhelming and difficult to cope with. This usually improves but you may find you prefer quieter environments.

Post-concussion syndrome

If you experience ongoing symptoms following a minor head injury or concussion, you may hear it described as 'post-concussion syndrome.' The symptoms and effects of post-concussion syndrome can be the same or similar to the long-term effects discussed in this section, and may be physical, emotional or cognitive.

For people who are experiencing post-concussion syndrome, these symptoms and effects usually resolve within three months but can sometimes last longer.

You should speak to your GP if you are concerned or if you still have symptoms after three months. They may be able to recommend treatments to help you manage your symptoms, or they may refer you to a specialist.

Long term effects

Following a head injury some people may have symptoms or problems that continue after the rest of their symptoms have gone. These are known as long-term effects.

The problems or effects that someone may face will often depend on how severe their injury was and on what parts of their brain have been affected. Some effects may appear immediately following a head injury, whereas as others may only start to show later on.

Long-term effects can be physical, emotional or cognitive (meaning that they can affect someone's memory and ability to 'think.') These may get better and resolve over time, but for some people they can be life-long.

Physical long-term effects

Head injuries may cause long-term physical effects, which can include:

- weakness or loss of the use of a limb
- muscle spasms
- headaches
- fatigue
- dizziness
- problems with balance and/or co-ordination
- problems with vision or hearing
- loss of taste or smell
- changes in hormone levels (see page 23)

Some people go on to develop epilepsy (seizures or 'fits') and will be given medication to help control this.

Physical therapy may be included as part of your rehabilitation to help you manage long-term effects such as weakness, muscle spasms, and balance or

co-ordination problems. These therapies might include physiotherapy or occupational therapy.

Hormone changes following a brain injury

The hypothalamus and the pituitary gland are parts of the brain which are responsible for regulating hormones in the body.

A head injury may cause damage to either or both of these parts of the brain, and this can affect their ability to function. If too little, or too much, of one or more hormones are released then this can lead to an imbalance in hormone levels.

Some symptoms of hormonal imbalance can be the same as the effects of a brain injury on other parts of the brain. These may include headache, fatigue, emotional or behavioural changes, and sexual difficulties.

Other symptoms of a hormone imbalance can be different depending on which hormone(s) are involved. These might include weight gain, loss of body hair, dry skin, constipation, and sensitivity to cold.

If you continue to experience any of these symptoms after the first few months following your head injury, speak to your GP or specialist who might refer you for further tests. Treatment for hormonal imbalances can include lifestyle changes, medication, and hormone replacement therapies.

Emotional and cognitive long-term effects

Long-term effects can impact someone's emotions and their ability to 'think' (cognition.) This can lead to problems with:

- memory and concentration
- making plans or getting started on things
- moodiness or being irritable
- low mood, anxiety or depression
- changes to personality or behaviour
- disinhibition (losing the sense of control that would normally make someone think twice about their behaviour)

Some people who have had a serious head injury may not notice these changes within themselves, and this can make it more difficult for those around them to support them and to adjust.

To family and friends it may seem as if the person's personality has changed since the injury. They may lose their temper more easily or seem uninterested in things they used to enjoy. This can be one of the most difficult things for family and friends to cope with and to come to terms with.

Memory and concentration

After a head injury, certain parts of your memory can be affected. At first you might not remember very much about the injury itself or what happened when you were admitted to hospital. This is a symptom of post-traumatic amnesia.

Post-traumatic amnesia may only last minutes or hours following a minor head injury, but with more severe injuries it can last days, weeks or months. You might be able to remember things that happened many years ago, but find

it difficult to remember recent events and new information. Many people find that their memory improves with time, however for some people it may never be quite as good as it was before the injury.

Following a head injury, you might also find it difficult to concentrate for long periods of time. This can make even simple tasks like reading a book or making a cup of tea difficult and frustrating. Try to break tasks down into small steps so you only have to concentrate for short periods of time before taking a rest.

There are techniques to help you cope with these difficulties, such as using memory aids or breaking tasks down into more manageable steps. An occupational therapist or a neuropsychologist can help you with any problems you experience that affect your memory or ability to think. You can ask your specialist or GP to refer you for a neuro-psychological assessment. Typically, this will involve doing a number of different tests to assess what specific memory and concentration problems you are experiencing.

Communication difficulties

Communication difficulties are common after a serious head injury. They can be due to a combination of physical and psychological effects, and may include:

- trouble co-ordinating the movement of the lips and tongue
- problems with the thought processes that go into communication
- finding the right words or tone of voice
- saying inappropriate things without realising there is a problem

Speech and language therapy may help to improve these problems or help you manage them.

Emotions

Head injuries can impact a person's ability to express, experience and control their emotions and feelings. The effects of a head injury on someone's emotions may include:

- sudden changes in emotion, which might be short-lived but intense ('mood swings' or emotional lability)
- stronger emotional responses than might be normal for that person
- difficulty controlling emotions and displaying them in inappropriate situations
- low mood or anxiety

If you are struggling with low mood or anxiety, your GP can advise you of services that can help you to manage and improve your mental health. These may include psychological therapies and counselling.

Depression

Some people may experience depression following a head injury. This may be an effect of the injury to their brain, but could also be related to their own thoughts and feelings about the injury and how it has, or might, impact their quality of life.

Signs of depression may include:

- feeling unhappy almost all the time
- losing interest and enjoyment in life
- losing self-confidence or feeling useless
- sleep problems
- change in appetite
- avoiding other people

There are effective treatments for depression, so talk to your GP if you are worried.

Thoughts of self harm or suicide should always be taken seriously and you should speak to your GP about these. If you feel you need more immediate support, you may want to call the Samaritans (see page 37).

Post-traumatic Stress Disorder

Head injuries, and the events that lead to them, can be a very distressing experience and can lead to a severe psychological reaction. This is referred to as post-traumatic stress disorder (PTSD).

Symptoms of PTSD can include:

- re-experiencing the traumatic event e.g. flashbacks or nightmares
- avoiding people or places that act as reminders of what happened
- avoiding feeling emotions ('emotional numbing')
- sleep problems e.g. insomnia

If you are experiencing these problems, you should speak to your GP or specialist about services and therapies that can help you to manage PTSD.

Everyday activities

Can I drive?

You must not return to driving until you are told it is safe for you to do so by your doctor or specialist.

When you can return to driving will depend on your recovery and whether you are experiencing any on-going problems that affect your ability to drive. If you have seizures or epilepsy, for instance, you will have to wait until the seizures are controlled.

Your doctor or specialist will be able to tell you if it is necessary for you to contact the Driver and Vehicle Licensing Agency (DVLA).

It is your responsibility to tell the DVLA about your head injury if it is necessary. In some cases the DVLA may require a driver to surrender their licence until they are recovered and have been certified by their doctor as safe to return to driving.

If you are required to contact the DVLA, you must also contact your motor insurance provider. You must tell them of any changes to your licence or adaptations you make to your vehicle.

Even if you have not been told to contact the DVLA, it is best to speak to your insurance provider about your injury before returning to driving, in case this affects your policy or you want to make changes to it.

Drivers with HGV (Heavy Goods Vehicle) or PSV (Public Service Vehicle) licences are required to notify the DVLA, as restrictions are stricter for this group of drivers.

Can I fly?

Yes, depending on your recovery. There is nothing to stop you from flying once you are fit enough to do so and your specialist will be able to advise you on this. You should inform your travel insurance company about your head injury before you travel.

You might experience headaches during take-off and landing due to pressure changes. You should make sure you keep moving during longer flights and maintain your fluid intake to stay well-hydrated. Try to avoid alcohol and caffeine as these can increase the risk of headaches.

It is worth bearing in mind that air travel can be stressful for people in good health so it can be especially stressful if you are feeling unwell.

Can I play sport?

Everyone is affected differently by head injury and you will need to take it easy during your recovery. This can mean that it may not be appropriate for you to start exercising for months after your injury.

You will go through a period of rehabilitation, with physiotherapy and occupational therapy exercises that will help you regain basic physical skills.

Your physiotherapist, GP or specialist will tell you what type of physical activity is suitable for you and when you can start increasing your

levels of activity. You should avoid all contact sports like rugby, boxing or martial arts, and strenuous exercise like lifting weights, for at least six months. You can then discuss with your specialist the possibility of resuming these sports if you wish to.

Can I drink alcohol?

You should not drink any alcohol for the first few weeks. After that, small amounts of alcohol are safe, depending on any medication you may be taking. If you are taking any medication, you should check with your doctor if it is safe to drink alcohol.

If you are going out to drink it should be around people who know you have had a brain injury in case of any problems. You are likely to feel the effects more than you used to. Some people find that they have more severe hangovers after a head injury.

When can I go back to work?

It is important to take things slowly and not return to work before you are ready. You should discuss this with your GP or specialist to make sure they agree it is appropriate before returning to work.

After your head injury you may not be able to do all the things you previously could, and you should consider ways in which you could adapt your work or workplace to make things easier for you.

If appropriate, many people find it helpful to go back part-time or for a few hours each week before returning to full-time work. You might want to talk to your employer about the possibility of being given time for extra breaks during the working day.

Other people find it helpful to do a less stressful or less physical job than the one they used to do.

As a stepping stone to returning to work, you might like to see if there are any clubs or voluntary organisations with whom you can volunteer.

How can I support myself if I can't work?

Being unable to work can be a source of worry for many people and can greatly affect their household income.

Depending on your situation, you may be entitled to sick pay from your employer or you may be able to claim benefits. Organisations such as the Citizens Advice Bureau or Money Advice Service, can provide you with information on what income support you may be entitled to.

If income is likely to become a problem and you have loans or a mortgage, you may want to speak with your bank or building society early on to explain your situation.

For friends and family

When someone has a serious head injury, it is hard to know what will happen in the future, how the person will recover and what kind of care they will need.

Take it gently

Try to be aware of the person's limits and take it gently. For example, someone who is recovering from a head injury may get tired very quickly. They can also find it difficult to concentrate for long periods of time. Keeping your visits short might be helpful.

Adjusting to change

It can take time and patience to adjust to the changes brought on by a head injury. How someone acts, feels, and what they are able to do can all be affected. Their personality might be different. Relationships and roles might change too, and you may need to share or take on new responsibilities whilst the person recovers.

Sometimes partners or family members have to take on the role of carer. This can have a significant impact on partners and family. If you are worried or feel overwhelmed, you might want to speak to your GP or you can find details of other support services on page 36.

Keeping a diary

Friends and family often worry that recovery is not advancing fast enough. It can help to keep a diary and record what happens each day.

When you look back over it you will be able to follow the progress the person has made, which can be encouraging.

Knowing what to say

Sometimes it is difficult to know what to say to someone who is affected by a head injury. You might find it helpful to let that person lead the conversation. You could offer to help with practical things like driving to the hospital, looking after the children or doing the shopping. Families say that it can be a lonely and worrying time and that the support of friends is important to them.

Looking after yourself

Caring for someone with a head injury can be difficult at times and may be worrying and stressful.

Try to make time for yourself, and do not neglect your own health and wellbeing. Getting enough sleep, fitting in some exercise and eating a healthy diet will all give you more energy. It is important to find time for your own interests too, whether that means chatting with a friend, keeping up a hobby or regularly doing something you enjoy.

Finding support

Your local council's Social Services department should provide a range of services to help with your caring responsibilities, including a Carers Assessment to identify what help you might need. You can also ask your GP or practice nurse about other local services. Charities for carers can also help with issues such as finance, transport, legal issues and finding local services. For details of other useful organisations, see page 36.

Your Healthcare team

You will be looked after by health professionals who specialise in different areas of your care. They form a team called a multi-disciplinary team or MDT. We have listed some of the main professionals you are likely to see, but you may not have contact with all of them.

Clinical nurse specialist (CNS): a nurse who specialises in a particular condition, or conditions.

Counsellor: a person trained to give guidance on personal or psychological problems

Neurologist: a doctor who specialises in the diagnosis and treatment of people with neurological conditions, for example epilepsy.

Neurophysiotherapist: a physiotherapist who specialises in treating people with neurological conditions, and assesses symptoms, plans treatment and treats people with physical problems.

Neuropsychologist: a psychologist specialising in the functions of the brain, particularly memory, concentration and problem solving.

Neurosurgeon: a specialist doctor who performs brain and spine operations.

Occupational therapist: a specialist health professional who offers practical support and advice on everyday skills and activities like washing, cooking and using equipment at home.

Radiologist: a specialist doctor who performs, reads and reports on scans such as angiograms, CT scans, MRI scans and X-rays.

Speech and language therapist: a specialist health professional who assesses symptoms, plans treatment and treats people with communication and swallowing problems.

Other useful organisations

Brain and Spinal Injury Charity (BASIC)

 basiccharity.org.uk

 0161 707 6441

 enquiries@basiccharity.org.uk

A charity that supports people recovering from acquired brain injury and spinal injury, and helps people manage long-term neurological conditions.

The Brain Charity

 thebraincharity.org.uk

 0800 008 6417 (helpline)

 info@thebraincharity.org.uk

A charity who offer emotional support, practical help (such as employment and benefits advice), and social activities to anyone with a neurological condition and to their family, friends and carers.

Headway - the brain injury association

 headway.org.uk

 0808 800 2244 (helpline)

 helpline@headway.org.uk

A charity that provides support, services and information to people affected by a brain injury, including families and carers.

National Brain Injury Service Directory

 brainnav.info

An online directory for brain injury services in England

Mental health

Anxiety UK

 anxietyuk.org.uk

 03444 775 774 (helpline)

 support@anxietyuk.org.uk

Information and support on anxiety.

Mind

 mind.org.uk

 0300 123 3393 (helpline)

 info@mind.org.uk

Research, information and support on mental health.

Samaritans

 samaritans.org

 116 123

 jo@samaritans.org

A charity that provides emotional support for people who are struggling to cope, including those who have had thoughts of suicide.

Visual problems

Royal National Institute of Blind People (RNIB)

 rnib.org.uk

 0303 123 9999

 helpline@rnib.org.uk

A charity offering information, support and advice to people in the UK with sight loss and visual problems.

Epilepsy

Epilepsy Action

 epilepsy.org.uk

 0808 800 5050 (helpline)

 helpline@epilepsy.org.uk

A charity providing information, advice and support for people with epilepsy.

Epilepsy Society

 epilepsysociety.org.uk

 01494 601 400 (helpline)

 fromthehelpline@epilepsysociety.org.uk

A charity providing information, advice and support for people with epilepsy.

Driving

Driver and Vehicle Licensing Agency (DVLA)


dvla.gov.uk


direct.gov.uk/motoring


0300 790 6806

Information and services for drivers.

General advice

NHS Choices


nhs.uk


NHS non-emergency line: 111

Medical advice and information on NHS services.

Money and benefits

Brain Injury Group


braininjurygroup.co.uk


0800 612 9660

A network of professional services that can help with access to legal, financial and welfare services

Citizens Advice Bureau

 citizensadvice.org.uk

 03444 111 444

Citizens Advice give free, confidential information and advice to assist people with money, legal and other problems.

Money Advice Service

 moneyadviceservice.org.uk

 0800 138 7777

 enquiries@moneyadviceservice.org.uk

An independent service that provides free and impartial advice on money and financial decision to people in the UK.

Carers

Carers Direct Helpine

 0300 123 1053

Information service from the NHS for carers

Carers UK

 carersuk.org

 England, Scotland and Wales: 0808 808 7777

 Northern Ireland: 028 9043 9843

A charity that provide advice and support for carers.

More information from us

The Brain & Spine Foundation produces other booklets and fact sheets.

These publications are available to read or download through our website. Booklets are also available in print, on request.

Requests can be made through the website or the Brain & Spine Helpline: 0808 808 1000

References and feedback

Details of references used for this booklet can be requested by sending an email to references@brainandspine.org.uk

We welcome any feedback or comments you may have about this booklet. Send an email with your thoughts to feedback@brainandspine.org.uk

Thank you

We would like to thank all our service users who helped us review this booklet and our health professional reviewers: Alice Kershberg (Neurotrauma Clinical Nurse Specialist), Helen Wood (Neurovascular Clinical Nurse Specialist), Kate Kerry (Neuro Occupational Therapist and TBI Case Manager), and Melissa Roe (Neuro Occupational Therapist).

Notes

Notes

Brain & Spine Foundation

Our mission is to improve the quality of life of people affected by neurological problems by providing expert information, support and education.

You can call or email our **Helpline** for further support or information at:

0808 808 1000

helpline@brainandspine.org.uk

We rely on donations to provide our services to anyone who needs us. If you want to **support us**, you can:

Donate **online**

Donate **by phone**

Send a cheque **by post**

Contact us

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