



Orthopaedic Department

Recovering from a Traumatic Brain Injury – Inpatient Information Sheet

You are being given this advice sheet because you may have sustained a traumatic brain injury or 'TBI'. Hearing that you have a brain injury can be very scary, and it might not be the only injury you have sustained, but most people with a TBI recover well. With mild and moderate injuries, good recovery is expected over three to six months, but it is important that you avoid exposing yourself to demands that you are not yet ready to meet as this might prolong symptoms. This information leaflet will guide you through the rest of your hospital stay and the early phase of your recovery.

What is a Traumatic Brain Injury and how is it diagnosed?

Not all injuries to the head affect the brain but those which follow a high-speed collision or fall from height often do. Physical shaking or directional change to the head can disrupt the delicate messaging system within the brain. This can lead to loss of consciousness, memory disturbance and confusion. The injury may be followed by a period of memory loss and confusion that can last for several days. This is called Post Traumatic Amnesia and will eventually clear.

A scan of the head may then show a fracture or evidence of bleeding either within the brain or between the brain and the skull. The extent of bleeding depends on various factors, such as how the injury was sustained, your age, medications (including blood thinners) and use of alcohol.

As Dorset County Hospital does not have neurosurgical facilities on site, we would then need to discuss your case with the specialist team in Southampton. They will either want us to transfer you to them for further treatment or will give advice on how we should continue to manage you here.

What might you experience with your TBI and how will it be managed?

Early on after the head injury, you may experience memory loss and confusion. You may be confused about why you are in hospital or be unable to remember the events surrounding the injury. This 'post-traumatic confusion' will clear as connections within the brain are restored but you may still not remember things that happened shortly after the injury.

Observation and monitoring

You will be monitored throughout the day and night to ensure you are getting better. This monitoring will include checking

- how orientated you are to your situation
- how easy it is to wake you
- how your eyes respond to light
- your movement, strength and sensation
- your vital signs, including your heart rate, blood pressure, oxygen level and temperature.

This monitoring is most important in the first 24-72 hours following injury as this is when any complications are likely to occur. If a member of the nursing team is concerned about anything they see, they will quickly let a doctor know. If you notice something that concerns you, discuss it with the nurse or doctor looking after you. These problems can be effectively managed if picked up quickly.

Common initial symptoms after TBI

These include:

- headache
- feeling sick
- dizziness
- problems with balance/coordination
- fatigue and poor sleep
- poor concentration and memory
- anxiety, irritability, and low mood
- loss of sense of smell and taste
- sensitivity to noise and light.

Most of these symptoms respond to a period of rest and recovery but loss of sense of smell can be long-lasting. Seizures (fits) can follow a TBI, and you should contact your doctor if you pass out or suffer a funny turn. You should also seek medical assessment if you have episodes of dizziness or loss of balance, or notice a change in your vision, facial movement or hearing. You should keep a look out for any clear fluid coming from your nose or bleeding from your ears.

What happens now I have been diagnosed with a TBI?

For the first 48 hours after injury, we recommend a period of **complete rest**. This means that you should try to reduce the amount of work your brain has to do. Avoid screens, such as those on your phone, television and other devices. Do not listen to music or make important decisions and avoid long conversations.

Following the 48 hours of complete rest, you can begin to gradually increase your activity whilst being mindful of how you feel. If a certain task gives you a headache, or makes you feel unwell or particularly tired, perhaps reduce this level of activity or postpone it until another day. It is common not to feel completely better at this point and it is important to listen to your body, find a balance and take things slowly.

What should I do when I get discharged?

Most patients will only need to be observed for 24-72 hours following a TBI and are then discharged home (unless there are other injuries or reasons to be in hospital). This is normal. The doctors and other members of the team will have assessed you during your stay and will decide when it is safe to let you go. This may feel scary, but it is important to know that once your initial monitoring period has passed, it is highly unlikely that things will get worse.

What happens when you get home will largely depend on how tired you feel and how much your usual function has been changed by the injury. If there is a big difference from how you were before your injury, you may need help with some things. This help may come from family and friends, or the hospital team may arrange visits from carers. Either way, your activity levels should be guided by how you feel so that you are 'always winning' and making progress. It is generally unhelpful to do a lot on one day and then be unable to do anything the next.

We advise you to establish a routine and slowly increase your activity level over the following days to weeks until you reach your usual capacity. This should include daily exercise, a rest in the middle of the day and some cognitive activity in the form of crosswords or reading. Be careful to initially restrict screen time and to negotiate some recovery time before following a phased return to work. Your employer is required to make 'a reasonable adjustment'. Your therapist can advise on this, and medical staff should be asked to provide a certificate regarding your work capacity - a 'fit note'. If you have suffered a particularly severe injury, or have extensive responsibilities, we will refer you to the ABI Rehabilitation Service (ABIRS) in the community.

Driving after a Brain Injury

Although we may take it for granted, driving is a complex task involving the coordination of both physical and cognitive components, and the ability to react to unpredictable situations simultaneously. Any, or all, of these skills may be temporarily, or permanently, damaged by a traumatic brain injury and you may not be aware of it. You should therefore seek medical advice before returning to driving.

There is a legal requirement to inform the DVLA if there is evidence of bleeding within the skull because of the risk of seizures, particularly over the first three to six months. A driving ban of six months is usually imposed. You should either surrender your license or send in the form B1, which can be downloaded from the DVLA website, at a time advised by a medical practitioner. Any Group 2 licence should be surrendered and then reapplied for at a later date.

Review and Further Information

It is advised that you contact your GP about a week after you have been discharged to seek a review. Take this information with you. Should your symptoms continue, and particularly if they cause difficulty returning to work, training or other important roles, your doctor should discuss your case with the Rehabilitation Medicine department at University Hospitals Dorset. If you are worried, you can contact the department yourself on 0300 0198070.

Useful Websites

If you would like more information about your head injury, as well as advice regarding legal and practical matters surrounding rehabilitation, driving and working, we advise using the following websites:

Headway UK

<https://www.headway.org.uk>

The Brain and Spine Foundation

<https://www.brainandspine.org.uk>

About this leaflet

Authors: Dr John Burn, Consultant Rehabilitation & Brain Injury
Dr Dan Vowles FY3
Dr Anna Harrison FY1

Written: December 2021

Approved: August 2022

Review Date: August 2025

Edition: V2

If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



INTEGRITY | RESPECT | TEAMWORK | EXCELLENCE

© 2022 Dorset County Hospital NHS Foundation Trust
Williams Avenue, Dorchester, Dorset DT1 2JY
www.dchft.nhs.uk