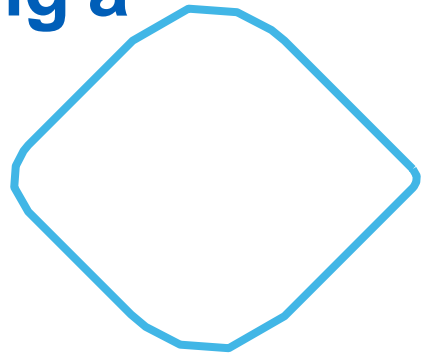


Advice following a First Seizure

Information for Patients



Have I had a seizure?

The most important thing your doctor needs in order to make a diagnosis is a clear description of the event. You will be asked what you remember about it, but it is vital that anyone else who witnessed the episode also gives their account. **It is extremely helpful for the doctor if they can see videos of any events.**

What is a seizure?

A seizure (or 'fit') is an event caused by abnormal electrical activity in the brain. The symptoms depend on whereabouts in the brain this occurs. Some seizures can be 'generalised': these can affect consciousness and cause a convulsion. Other seizures can be 'focal': they may not affect consciousness. The symptoms can be very subtle, such as an strong feeling of a strange smell, taste or memory.

Is it epilepsy?

If you have suffered a seizure it may be the only one you ever have. About one in twenty people experience a single seizure during their lifetime. A single seizure does not necessarily mean that you have

epilepsy, and usually no treatment is given, unless there are reasons to believe there is a high chance it might happen again.

Epileptic-type seizures start in the brain, but other things can cause seizures. A high fever, lack of oxygen, erratic alcohol intake, a low blood sugar, and some medications can all cause seizures. These are not classed as 'epileptic'. Some events look like seizures, but can actually be something else such as a faint, cardiac issues, or a dissociative/psychological attack.

Tests you may need:

You may have a brain scan as an inpatient or as an outpatient after you have gone home. This will be a CT or MRI scan. It cannot tell if you had a seizure but looks at the structure of the brain to see if there is anything wrong there that might cause seizures.


You will have some blood tests, and other investigations such as a heart tracing (ECG) or chest x-ray may be carried out. Sometimes a lumbar puncture is performed to obtain a sample of spinal fluid, which can then be analysed for signs of infection or other problems.

You may have an EEG. Wires are attached to the scalp to record the natural electricity of the brain and to see if there is any sign of a tendency to seizures

What to do if it happens again

Your friends and family may be concerned about what to do if you have another seizure. In that event it may be helpful to:

- loosen tight clothing around your neck
- put a cushion under your head to protect you
- move any hard or sharp objects from around you

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- move you to safety if you are in a dangerous situation (road, fire, water)

They should not:

- try to restrain you or hold you still
- put anything in your mouth or between your teeth
- try to move you unless you are in danger

After the seizure has stopped they should place you in the recovery position and:

- check that your breathing has resumed
- stay with you until you have come round fully

When should they call an ambulance?

There is usually no need to call an ambulance as long as everything stops quickly and you recover normally. However, your friends or family should dial 999 for an ambulance if:

- there appears to be difficulty with your breathing
- a seizure lasts for more than 5 minutes or you have more than one seizure without recovering consciousness
- you have suffered an injury that needs medical attention

After you have recovered, you should tell your GP that you have had another seizure and they can discuss this with the neurologist.

Things you need to be aware of:

Driving

You should not be driving until you are reviewed by the Neurology team and we are clearer which DVLA rules will apply in your case.

Other activities

You should avoid swimming or bathing alone, operating at heights or with heavy machinery, at least until your neurology review and potentially for longer. Some activities will make another seizure more likely and so try to avoid sleep deprivations and alcohol excess.

What happens next?

You will be sent an appointment to see a Neurologist in the outpatient clinic. This may be a face-to-face or telephone appointment. If you do not hear within 8 weeks then please contact your GP for advice. The Neurologist may organise additional tests to confirm the diagnosis and treatment if required.

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If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

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