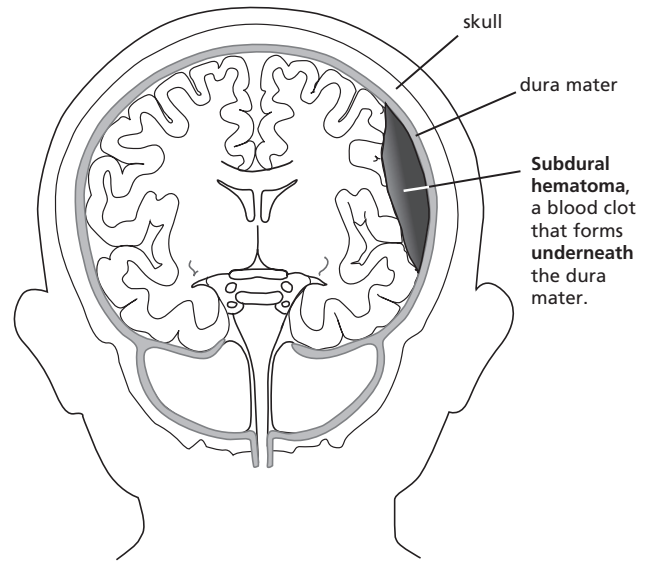
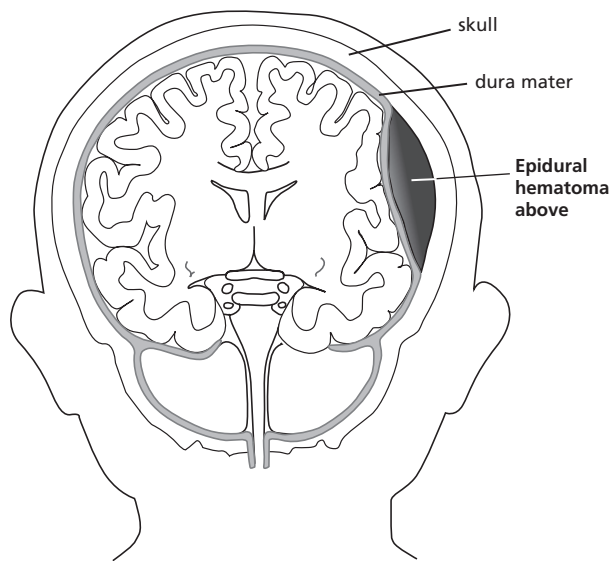


Let's Talk ABOUT...

Epidural and subdural hematomas



The **dura mater** (DOO-ra MAT-er) is a tough, fibrous membrane that surrounds the brain. An **epidural hematoma** (ep-ih-DOO-ral heem-uh-TOE-ma) is a collection of blood that forms above the dura mater (please refer to illustration). A torn artery usually causes this collection of blood. The blood that leaks from the artery forms a pocket that bulges out and puts pressure on the brain. If the epidural hematoma is removed quickly, the person will likely recover. This is because it prevents the brain from being bruised or permanently damaged. A **subdural hematoma** (sub-DOO-ral heme-uh-TOE-muh) is a collection of blood that forms underneath the dura mater (please refer to the illustration). The blood comes from small veins that are torn and bleed. The blood that leaks from the veins forms a pocket that bulges out and puts pressure on the brain. If the pocket is big enough, it can bruise or tear the brain tissue near it. This can damage the brain. If this happens, a full recovery may take longer.

What causes an epidural or subdural hematoma?

A person can get a hematoma from a car or bicycle accident, a fall, being shaken, or any blow to the head.

What does a child do when they have an epidural or subdural hematoma?

Your child may have a headache, vomit, be unusually sleepy, be fussy, or be unconscious (unable to wake up). Seizures may also occur with hematomas.

How does the doctor treat a hematoma?

Your child will receive a CT scan (also called a CAT scan) to find out where the injury is, what size it is, and how much bleeding there is. The scan takes pictures of your child's brain. Your child may need surgery to remove the blood and to make sure the bleeding has stopped. Before the surgery, the

nurse will shave part of your child's head so the surgery can be completely clean. Your child will also get some medicine to help her relax and sleep. During surgery, the surgeon removes an area of the skull to get to the hematoma. After the surgeon removes the blood, he puts the skull bone back and holds it in place with tiny screws. The skin over the surgical area will be closed with sutures (soo-churs) or skin staples.

After the surgery, your child will stay in the hospital for further care. The nurses will frequently check her temperature, pulse, blood pressure, and alertness. Every effort will be made to keep your child comfortable. It is common for children to have a low fever after a dural hematoma. It is part of the healing process, because the brain has been irritated. It is also common for children to vomit. If your child vomits a lot, this can cause dehydration (dee-hi-DRAY-shun). Dehydration is when there is not enough fluids in the body. To keep this from happening, your child may receive fluids an IV (a tiny tube inserted into a vein).

What happens after the surgery?

Children may stay in the hospital for two to three days. Your child can go home once she is alert, moving about, does not have a fever, or stops vomiting, is eating normal food, and her pain is managed with medication taken by mouth. Be sure to schedule a follow-up appointment before you leave the hospital.

Some children experience brain problems such as trouble walking, trouble speaking, or memory loss. If your child is having these types of problems, your nurse should educate you about mild brain injuries. Your child may have an evaluation by the rehabilitation team to make sure she doesn't have trouble healing. The team will talk with you about any continuing care your child may need before you leave the hospital. They will also help you schedule follow-up appointments.

What can my child do at home?

Once home, you must restrict your child's activities

until the first follow-up appointment. Keep your child away from the following:

- Contact sports (soccer, skiing, football)
- Any activity where your child may bump her head
- Bicycling (even with a helmet)
- Trampolines
- Roller-skating or T-Ball
- School for one to two weeks (contact the school's education specialist.) When your child goes back to school, start with a short day and increase the time as your child feels better.

Your doctor will tell you when your child can return to school. If she returns to school before the first follow-up appointment, she cannot participate in recess and gym class. A child life specialist can help you put together a list of quiet activities for your child. Tell your nurse you would like to speak to a child life specialist. They can help with concerns of self-image, anxiety, stress, and other emotions. Once your child is home, you may notice some changes. She may have headaches, tire easily, and have mood swings. Talk to your child's doctor if these continue or interfere with getting back to school.

How do I care for my child at home?

- 1** Keep the area where the surgery was performed dry and clean.
- 2** Call the surgeon's office if the surgical area becomes red or tender, if you notice any fluid leaking from the surgical area (this may be yellow, green, clear, or bloody), or if your child develops a fever.
- 3** Bathe according to the discharge instructions from your doctor.
- 4** If the wound area becomes wet, carefully pat it dry with a clean towel.
- 5** The staples or stitches usually need to be removed seven to ten days after the surgeon put them in place. See your child's discharge orders for specific instructions. If you live outside the area, your child's local healthcare provider

can do this for you. Otherwise, come to the surgeon's office at the hospital. Call to arrange a time to have the stitches or staples removed.

Call your doctor if...

- Your child is more and more sleepy or you find it difficult to wake your child.
- Your child can't stay awake for a short time.
- Your child has severe headaches that get worse.
- Your child has trouble seeing or blurred vision that gets worse.
- Your child has trouble talking or walking.
- You find fluid from the suture or staple site that is yellow, green, clear, or bloody. The fluid may also have an odor.
- Your child has more seizures.
- Your child has nausea and vomiting that continues or gets worse.