

Subarachnoid Haemorrhage (SAH)

This leaflet provides information about what to expect during your admission, before and after treatment and for discharge. If you have any further questions or concerns, please speak to the staff member in charge of your care or ask them to contact the Neurovascular Clinical Nurse Specialist to come to speak to you. You will be given an SAH booklet, produced by the Brain & Spine Foundation, with detailed information. Please ask for an extra copy if you need it for a relative.

What is SAH?

SAH is a sudden leak of blood over the surface of the brain. The most common cause of an SAH is from a burst brain aneurysm (a 'bulge' or weakness in a blood vessel in the brain). There is more information in the SAH booklet.

What are the signs and symptoms?

The first sign is a severe, sudden headache, often described as the worst headache ever. Some people may also vomit, lose consciousness, have slurred speech, have a stiff neck or the light may hurt their eyes. Some people may have a fit or have weakness on one side of their body. There is more information in the SAH booklet.

Do I need any tests to confirm the diagnosis?

You will need a scan, maybe two. This will be a CT scan and / or a CT Angiogram (CTA), which shows the blood vessels in the brain more clearly than a plain CT scan. Dye is injected into the drip in your arm. Depending on the results of the CTA, you may need an angiogram. An angiogram can sometimes detect aneurysms that

haven't been detected by CT or CTA scans.

For an angiogram, local anaesthetic is used to numb the groin area, before a small catheter is inserted into the large artery in the groin (femoral artery) or into the radial artery in the wrist. The radiologist gently passes the catheter through blood vessels in your body to the neck. Dye is then injected through the tubing and X-rays are taken of the blood vessels of the brain. There is more information in the SAH booklet.

What treatments are available?

There are several factors that influence the treatment you will need. This includes the position of the aneurysm and its dimensions. Treatment will either be surgical clipping or endovascular coiling or no treatment if the angiogram is negative. The doctors will discuss this with you. This is also discussed in the SAH booklet.

What happens if I do not get treatment?

The risk is that the aneurysm will bleed again.

If no treatment is advised by the doctors, this is the safest option for you. Two consultant neuroradiologists will have reviewed your scans and angiogram (if you have had one) and will have discussed your case with the consultant neurosurgeon.

What happens prior to treatment?

You will need to be on strict flat bed rest until the aneurysm has been treated or you have been told that it is safe for you to sit up / get up to the commode. It is very important that you comply with this for your safety, as it maintains a constant pressure within the brain.

You may have a drip running. This is to ensure you are getting enough fluids, especially if you are 'nil by mouth' or are feeling sick. Good hydration is important to help prevent vasospasm (blood vessels in the brain going into spasm which could cause decreased blood flow, which could result in a stroke).

If you are not 'nil by mouth', make sure you drink lots of water. (The nurses will encourage you to do so.)

You may have a urinary catheter inserted to monitor your fluid balance. The nurses and doctors need to make sure you are having enough fluid going in but also that the amount of urine you pass out is in balance. (Not too much and not too little).

Make sure you take regular pain killers and ask your nurse for more if needed. (Some painkillers are prescribed 'as needed' and so you will need to let the nurses know if you need them). If you are feeling sick, please ask the nurses to give you anti-sickness medicine.

What happens after treatment?

You will be in Intensive Care for at least a day or two, maybe longer.

Make sure you take regular pain killers and ask your nurse for more if needed as mentioned above.

Headache is common and will continue for weeks or months but will lessen.

You will have a urinary catheter in place to monitor your fluid balance as discussed in the previous section.

Drink lots of water as directed by the nurses and doctors. We aim for around three litres of water a day, but this is directed by blood

results and the medical team.

Get lots of rest. You will feel very tired. Do as much as you feel able to do. You are not being lazy.

All consuming fatigue is common and may continue, although it does lessen within a few months. Let your nurse know if you have any unusual symptoms (visual changes / feeling muddled / increasing headache / sudden headache / 'funny feeling' in legs or arms).

Aim for 'normal' bowel movements although you will probably need to take laxatives or have suppositories until things settle. The nurses and doctors will monitor that you have had your bowels open and give medication as needed. Please let them know if you feel constipated.

You may see the physiotherapist, occupational therapist and speech therapist during your stay, depending on your symptoms.

You will probably be in St George's Hospital for 10 to 14 days. Depending on your recovery, you will either go home from here or return to your local hospital (if St George's isn't your local hospital) for a period of recovery.

Before you are discharged, if you have had coiling of the aneurysm, you will need an MRI scan. This forms the baseline for the first repeat MRI in six months' time. If you have had clipping of the aneurysm or no treatment, this will not be necessary.

What to expect

Time off work. Everyone recovers differently but we expect that you will need at least a month off work. It is possible that you will require longer than this, depending on your recovery. This should be

discussed with your consultant.

Fatigue. You may continue to feel tired for many months.

Headache. This can persist for several weeks but should reduce over time.

Nimodipine. This medication is used to help prevent vasospasm as mentioned above.

It needs to be taken every four hours for 21 days total (from time of bleed). You will need to set an alarm at night.

No driving. You need to let the DVLA know about the aneurysm and the treatment given. (The SAH booklet has more information)

Role of the Clinical Nurse Specialist

The neurovascular clinical nurse specialists aim to see each patient daily whilst in hospital. They will check up on how you are doing and answer any questions you might have. They are a link between you and the medical team. If you have had coil treatment of the aneurysm, they will make sure that you have an MRI scan before you are discharged and again in six months. If you have had clipping of the aneurysm or no treatment, this will not be necessary.

Along with the ward nurses, they will discuss with you whether you need Physiotherapy, Occupational Therapy or Speech Therapy. They will also arrange a telephone clinic appointment with you in a few months after discharge to make sure that things are going well. You will receive a letter in the post if they are planning on ringing you.

If you need to speak with the neurovascular clinical nurse specialists, their contact details are on the bottom of this leaflet.

Is there anything I can do to help myself?

There are a few things you can do to improve your health. Stopping smoking will reduce the risk of further aneurysms developing, as well as many other health benefits. There are smoking cessation specialists within the hospital or your GP can refer you. Reducing alcohol intake – your GP will be able to help with this if needed. Ensure high blood pressure is being monitored and treated.

Useful sources of information

Brain & Spine Foundation
Brain and Spinal Injury Charity
The Brain Charity
The Stroke Association
Headway

Contact us

If you have any questions or concerns about anything, please contact Helen Wood or Jan Hickin (Clinical Nurse Specialists on 020 8672 1255, bleep 7711 (Monday to Friday, 7.30am to 4pm). Mobile number – 07920 456 725. Out of hours, please contact the ward on which you were during your admission.

Brodie Ward – 020 8725 4646
McKissock Ward – 020 8725 4644

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have

received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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