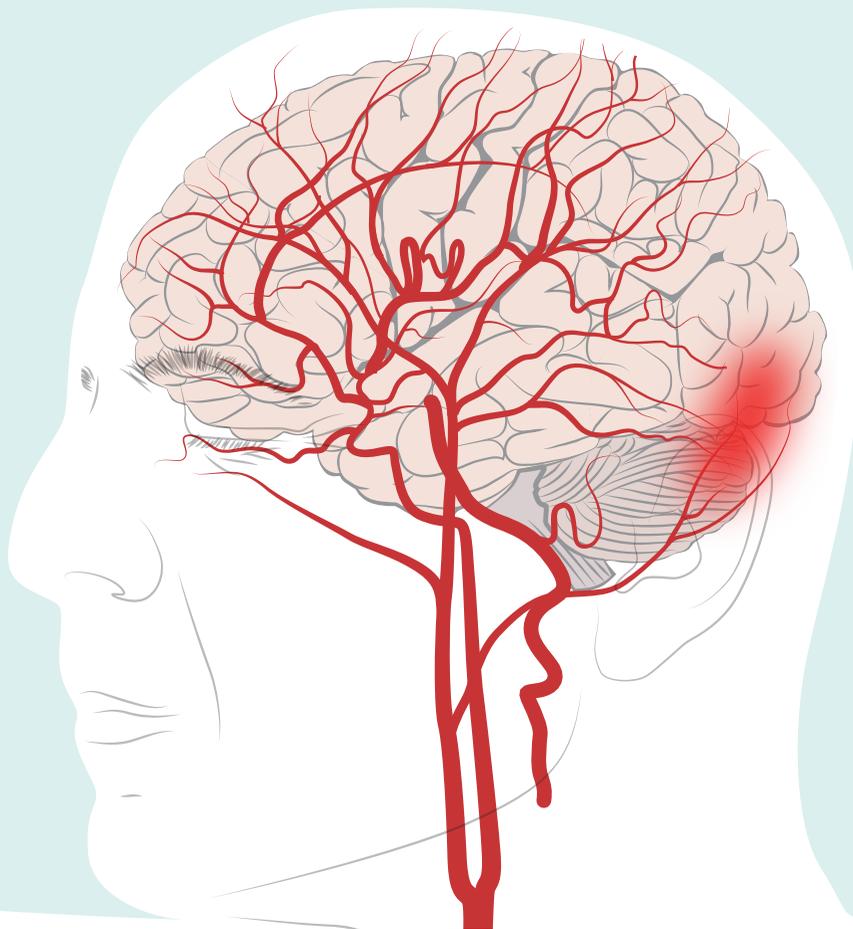


Subarachnoid Hemorrhage

(a type of bleeding stroke)

What can I expect?

A guide for patients and family



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This material is also available at:

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MUHC Patient Education Portal www.muhcpatienteducation.ca



IMPORTANT: PLEASE READ

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It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care.
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Table of Contents

Introduction.....	6
What is a subarachnoid hemorrhage?.....	7
What causes a subarachnoid hemorrhage?.....	8
Symptoms.....	9
Common questions.....	10
Could I have prevented it?.....	10
Are my family members at risk?.....	10
What happens in the hospital?.....	10
Common tests for diagnosis.....	11
CT and CTA scans.....	11
MRI and MRA scans.....	12
Lumbar puncture.....	13
Angiogram.....	14
Possible treatments for aneurysms.....	15
Coiling.....	16
Clipping surgery.....	19
Other possible problems after a subarachnoid hemorrhage.....	23
Hydrocephalus.....	23
Epilepsy.....	25
Vasospasm.....	25
Trouble eating and drinking.....	25
Medication.....	26
Your health team at the hospital.....	27

Table of Contents (cont.)

Leaving the hospital.....	30
Recovery.....	32
Sleep and fatigue.....	32
Headaches.....	33
Unusual sensations.....	33
Muscle weakness and numbness.....	33
Communication.....	34
Vision.....	35
Memory.....	36
Feelings and worries.....	37
Everyday activities.....	38
Useful contacts.....	41
Further reading.....	44
Reference.....	44
Your Notes.....	45

Introduction

This booklet has information to help you and your family understand subarachnoid hemorrhage. It explains the usual tests and treatments. It also covers what you can expect during your recovery.



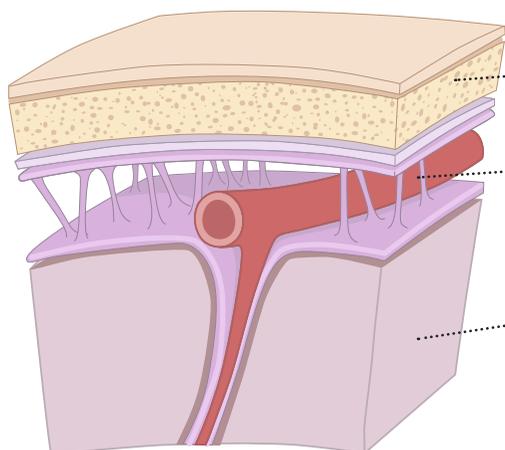
What is a subarachnoid hemorrhage (SAH)?

A **subarachnoid hemorrhage** is a sudden leak of blood into the space around the brain. It is a type of stroke. The space the blood leaks into is called the subarachnoid space. The blood vessels that bring blood to the brain lie in this space, surrounded by a clear liquid called cerebrospinal fluid (CSF).

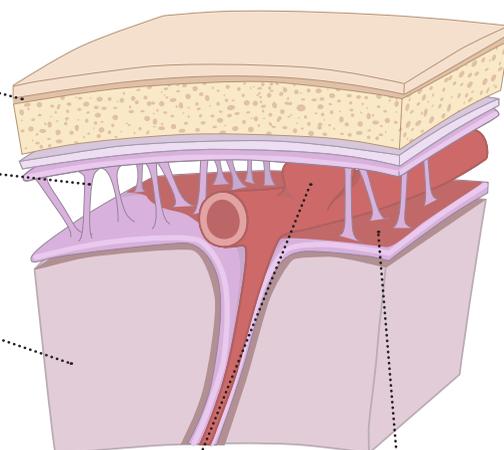


Subarachnoid hemorrhage is a life-threatening medical emergency.

Normal brain



Brain after SAH



skull

subarachnoid space

brain

aneurysm in artery

blood in subarachnoid space

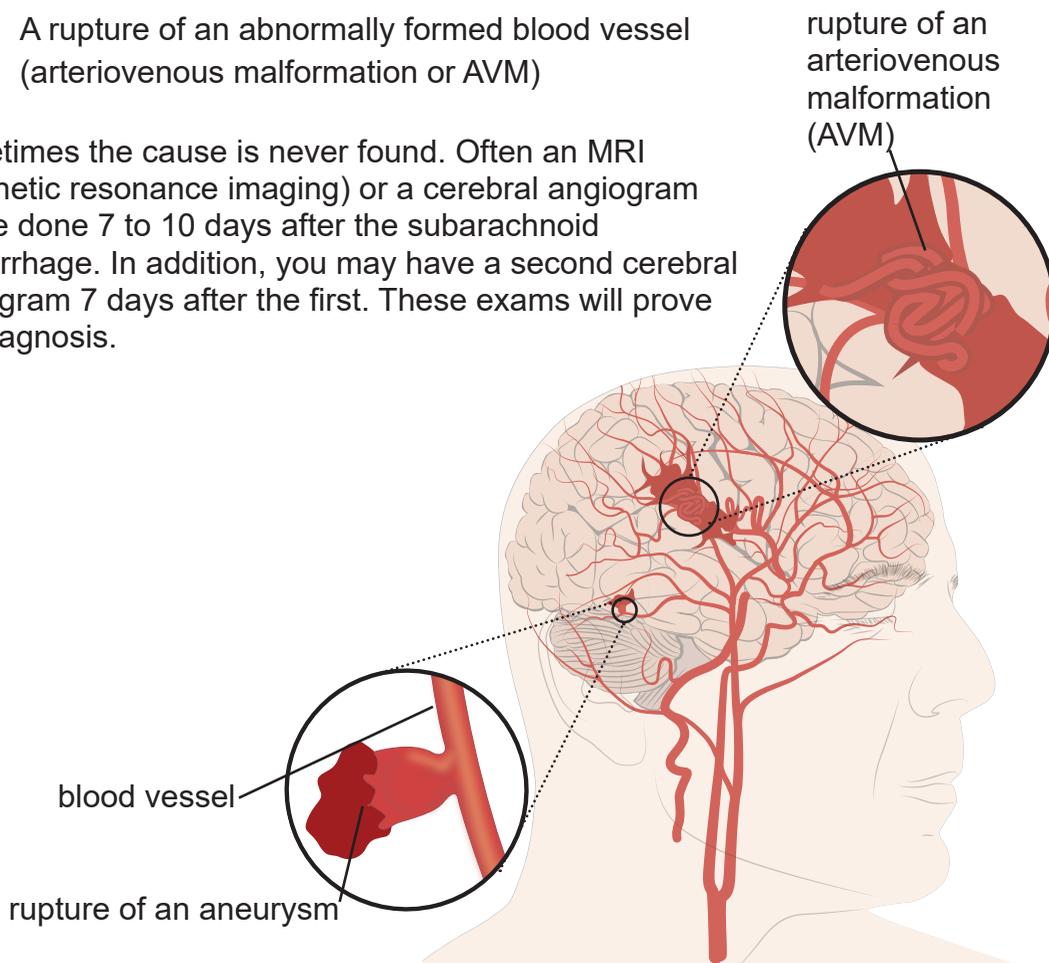
What causes a subarachnoid hemorrhage?

The most frequent cause of a subarachnoid hemorrhage is from a hit on your head. This is called head trauma (Traumatic SAH). This condition usually fixes itself.

Subarachnoid hemorrhages from other causes are life-threatening medical emergencies. The most common causes are:

- A rupture of a weak ballooned section of a blood vessel (aneurysm)
- A rupture of an abnormally formed blood vessel (arteriovenous malformation or AVM)

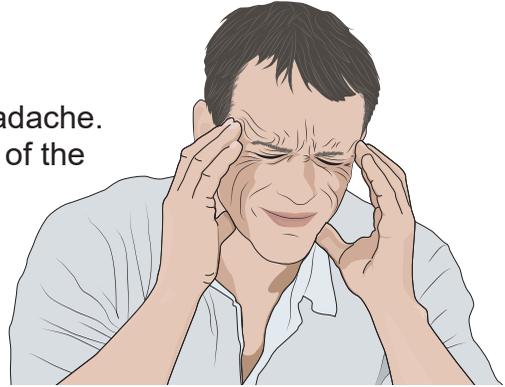
Sometimes the cause is never found. Often an MRI (magnetic resonance imaging) or a cerebral angiogram will be done 7 to 10 days after the subarachnoid hemorrhage. In addition, you may have a second cerebral angiogram 7 days after the first. These exams will prove the diagnosis.



Symptoms

What are the symptoms?

The main symptom is a sudden, severe headache. It is often described as the worst headache of the person's life, or like a stabbing headache.



Other symptoms along with headache can include:



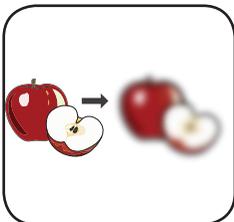
Nausea and/or vomiting



Loss of consciousness



Stiff neck



Changes in vision/
double vision



Weakness of
arms and/or legs



Seizure



**Anyone with these symptoms should immediately go to the nearest emergency department
Or Call 911**

Common Questions

Could I have prevented it?

No.

People who smoke and people with high blood pressure have a higher chance of having a subarachnoid hemorrhage from an aneurysm. However, they also happen in people who do not smoke or who have low blood pressure.

Are my family members at risk?

Rarely.

If more than one person in your immediate family has had a subarachnoid hemorrhage, your family members may need to be tested. Speak with your family doctor to see if this is needed.

What happens in the hospital?

Most people arrive at their local hospital by ambulance. If possible, a CT (computed tomography) scan is done to check for blood in and around the brain.

You are then transferred to the Montreal Neurological Hospital or another specialized hospital for treatment. The team of doctors and nurses assesses you and helps decide the best treatment.

You may be admitted to a neurosurgical unit, the neurological intensive care unit (Neuro ICU) or sometimes, go directly to the operating room.

Common tests for diagnosis

CT and CTA scans:

CT (computed tomography) and CTA (computed tomography angiography) scans are special types of X-rays, which take pictures of your brain and your blood vessels from different angles. The scan shows the location of the hemorrhage (bleeding) and any problems it might be causing. During the test, you lie on a scanner table while the scanner rotates around your head and takes pictures. It is quick and painless.



A CTA scan is a special type of CT scan that uses a dye that is injected into a vein in either the back of your hand or your inner elbow through an intravenous tube (IV). The dye flows through your bloodstream to highlight the blood vessels in your brain.

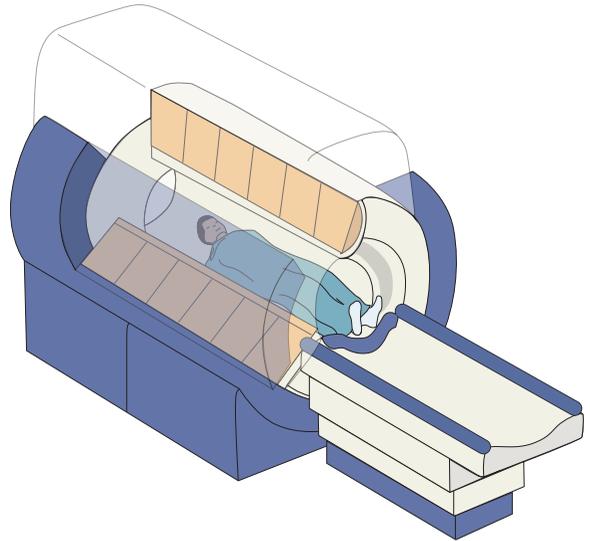
Common tests for diagnosis

(continued)

MRI and MRA scans:

- MRI (magnetic resonance imaging) and MRA (magnetic resonance angiography) scans use magnetic fields to take pictures of your head and brain.

The MRI is a long, tube-like machine. The space inside the machine can be very small. If you have issues with claustrophobia, please tell your doctor or nurse.

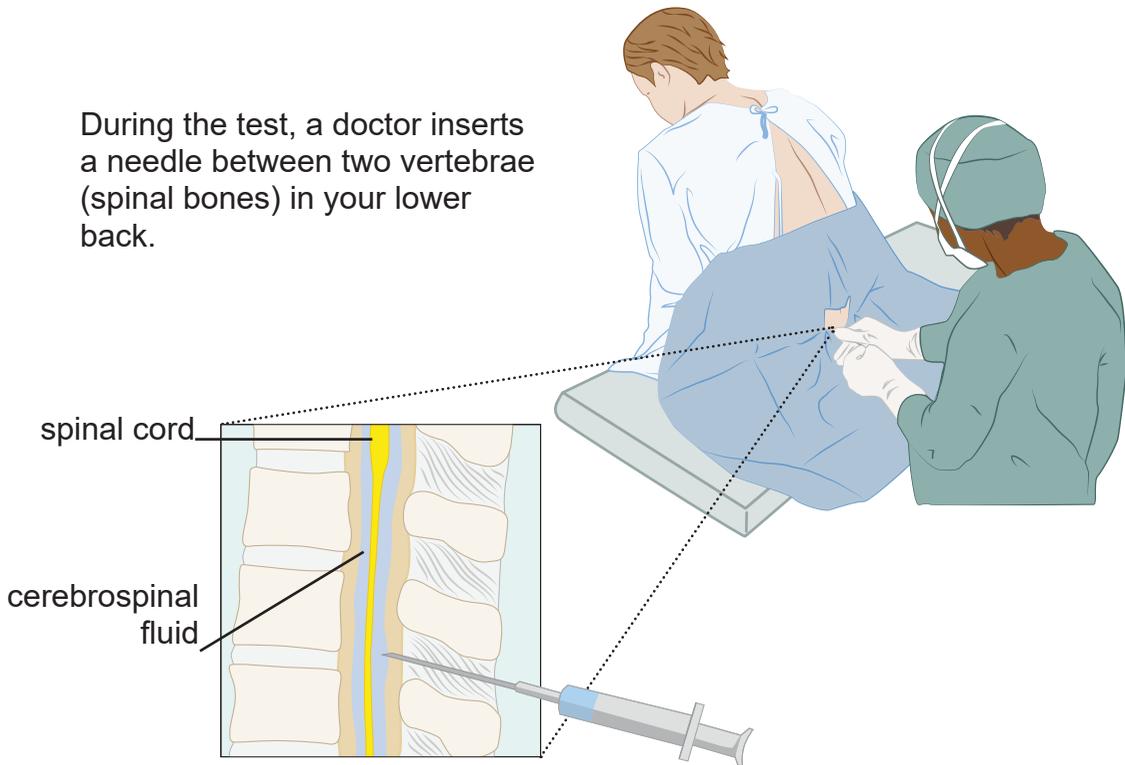


An MRA is a type of MRI scan that shows the blood vessels in the brain. Dye maybe used. During the test, you lie down on a long table that gently glides you into the scanner. You must lie still when you are in the scanner. The scan is painless but the scanner is very noisy.

Lumbar puncture:

A lumbar puncture is a test that takes a sample of the liquid that surrounds your brain and spinal cord called **cerebrospinal fluid (CSF)**.

During the test, a doctor inserts a needle between two vertebrae (spinal bones) in your lower back.



A small amount of cerebrospinal fluid (CSF) is removed and sent to a laboratory for testing. If you have a subarachnoid hemorrhage, there will be blood in the cerebrospinal fluid.

Common tests for diagnosis

(continued)

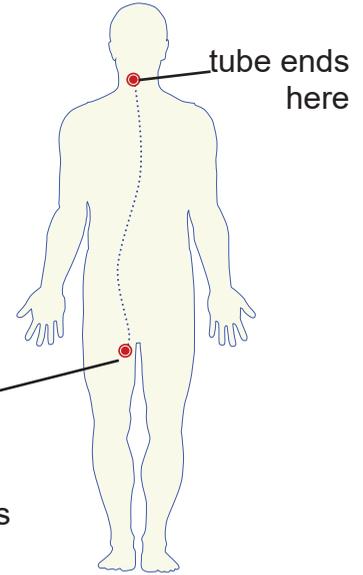
Angiogram

An **angiogram** is a kind of x-ray that helps doctors see what is happening in your blood vessels and locate the source of the bleed. A cerebral angiogram shows the blood vessels in your head and neck.

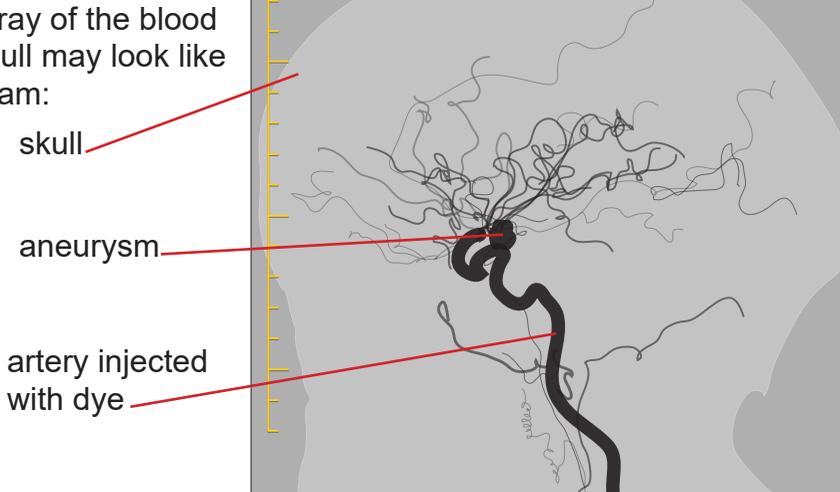
During the exam, a small tube is inserted through a blood vessel in your groin.

You will have local anesthetic (freezing) in the skin of your groin so that you will not feel any pain. The tube travels through other blood vessels in your body until it reaches your neck blood vessels.

You are then given injections of a dye through the tube to produce more detail in the x-rays. It is very important to remain still while the x-ray pictures are taken. The injections might give you a general warm feeling, but this goes away quickly.



This is what an x-ray of the blood vessels in your skull may look like during an angiogram:



Possible treatments for aneurysms

After consultation between the interventional neuroradiologist and the neurosurgeon; a decision is made about the best treatment for you; endovascular (coiling) or clipping surgery. The goal of each treatment is to prevent more bleeding.

Coiling

Coiling is a treatment that uses small wire coils to fill the aneurysm. There is no need to open the skull. The coils will prevent more bleeding and secure the aneurysm.

What are the risks of coiling?

No procedure is without risk. The risks related to an invasive procedure like coiling are stroke-like symptoms; such as weakness or numbness in an arm or leg, problems with speech or vision and aneurysm rupture. The interventional neuroradiologist will discuss all the risks with you before the treatment.

What happens before the treatment?

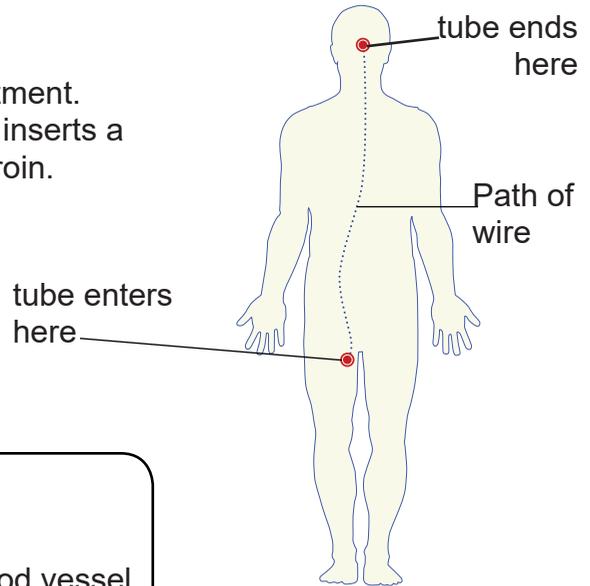
An anesthetist will give you a general anesthetic. This medicine will keep you asleep and pain-free during the treatment.

Possible treatments

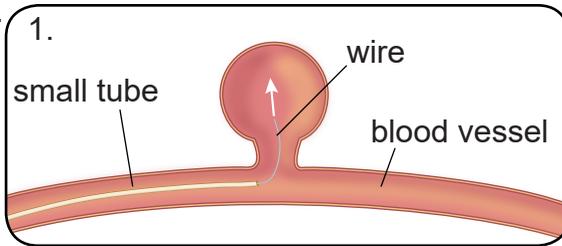
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What happens during the treatment?

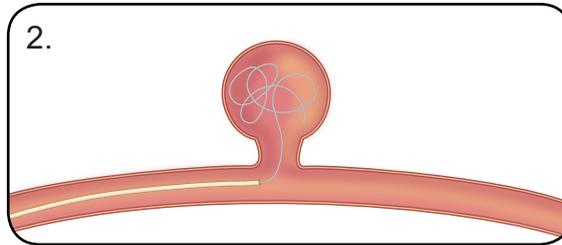
Coiling is done in the neuroradiology department. The doctor (interventional neuroradiologist) inserts a small tube through a blood vessel in your groin.



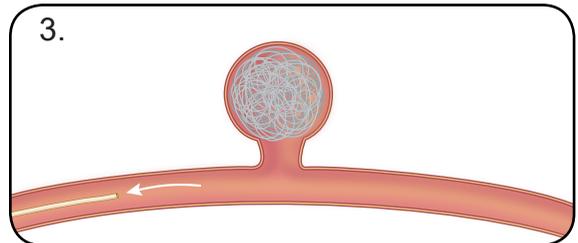
The tube travels through other blood vessels in your body until it reaches the aneurysm.



The doctor advances the coils in the aneurysm through the tube until the aneurysm is filled. The coils are very thin and vary in length.



The number of coils needed depends on the size of the aneurysm. The coils are **permanent** and are MRI compatible.

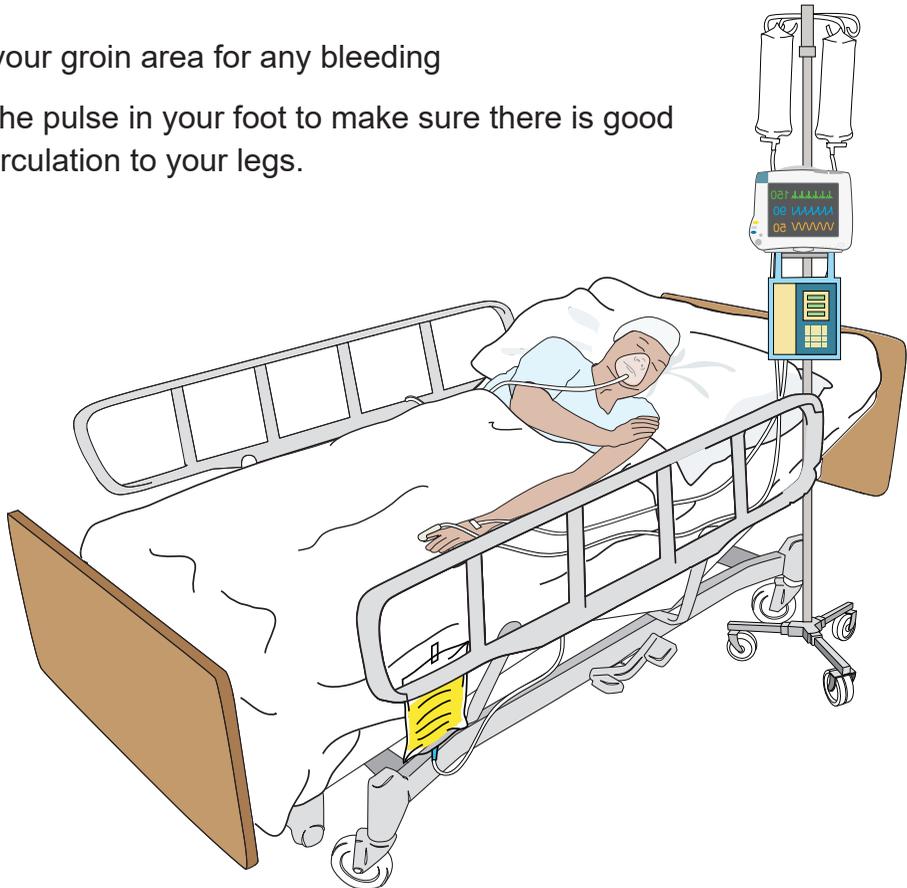


After the tube is removed, the small opening in your groin is sealed. This area might be slightly painful.

What happens after the treatment?

You will recover in the neurological intensive care unit (Neuro ICU). While you recover, your nurse may:

- Ask you simple questions.
- Shine a light in your eyes.
- Test the strength of your arms and legs
- Check your blood pressure, pulse, breathing and oxygen levels
- Check your groin area for any bleeding
- Check the pulse in your foot to make sure there is good blood circulation to your legs.



Possible treatments

(continued)

You may be given:

- Pain medication for any pain or headache
- Liquids with an IV (intravenous) drip to keep you hydrated
- Other medication prescribed by your doctor



For at least 4 hours after the coiling, you will have to lie flat or at a slight angle. This helps your blood pressure and lowers your chance of bleeding in your groin area.

While on bed rest, you will wear pressure stockings to help prevent blood clots from forming in your legs. You may also have a urinary tube (catheter) to collect your urine. The bandage over your groin will be removed 48 hours after the treatment.

Will I need more coils?

Rarely.

Sometimes the coils move inside the aneurysm and create an empty space. If this happens, more coils are needed to fill the aneurysm. Your doctor will check for this during your regular follow-up angiogram and MRA. These appointments will be organized for you at regular intervals for at least 5 years.

Clipping Surgery

Clipping surgery is a treatment that places a clip around the base of the aneurysm. This closes off the weakened area and prevents more bleeding. The clip is left in place permanently. A part of your skull is opened to do the surgery.

What are the risks of surgery?

There are no procedures without risks.

The most common ones for clipping surgery are: stroke, bleeding, seizures and infections. Your neurosurgeon will explain to you the benefits and risks of surgery.

What happens before the surgery?

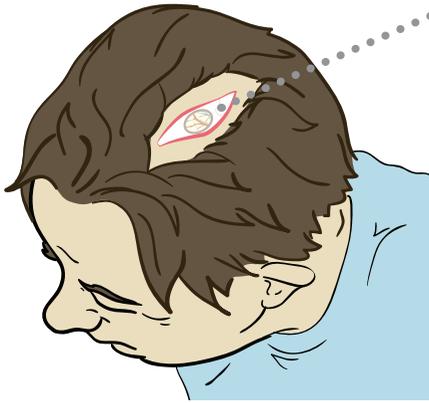
An anesthetist will give you a general anesthetic (gas or intravenous in your arm). This medicine will keep you asleep and pain-free during the surgery.

Your hair will be shaved over the area of the surgery.



What happens during the surgery?

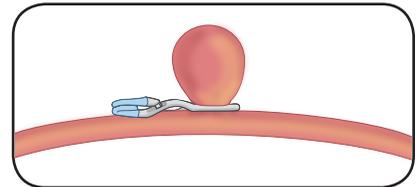
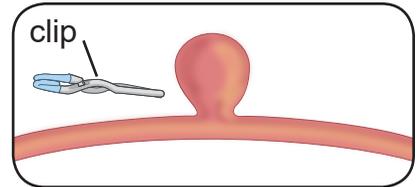
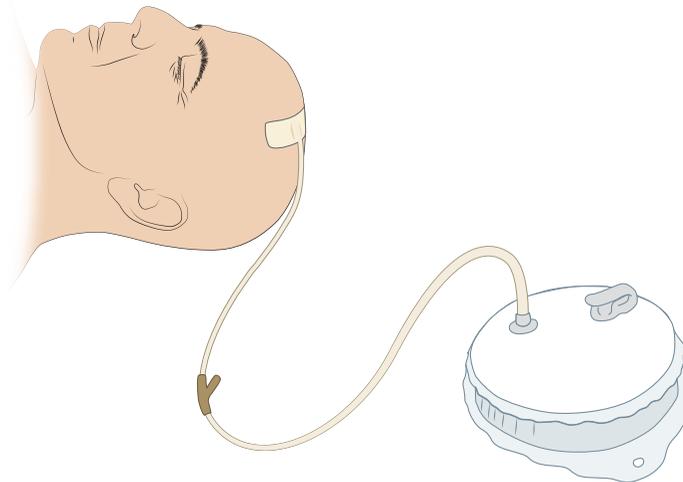
Once you are asleep you will get a breathing tube in your mouth. This is called intubation. The surgery is done by a neurosurgeon in the operating room.



An incision (cut) is made in your scalp and a piece of bone is removed (craniotomy) to reveal your brain underneath.

The surgeon closes the connection between the blood vessel and the aneurysm using a small non-magnetic metal clip. In most cases, the piece of bone (skull) that was removed will be put back.

Often a tube will be placed under your skin incision (cut) for a day to drain the old blood.



What happens after the surgery?

You will recover in the neurological intensive care unit (Neuro ICU). You will usually wake up soon after the operation is over. You will stay in the Neuro ICU where you will be carefully monitored.

While you recover, your nurse may:

- Ask you simple questions
- Shine a light in your eyes
- Test the strength of your arms and legs
- Check your blood pressure, pulse, breathing and oxygen levels
- Give you pain medication for any pain or headache
- Give you liquids with an IV (intravenous) drip to keep you hydrated

What problems might I experience after the clipping surgery?

Pain at the surgical site:

Your nurse will ask you to score your pain from 0 to 10. If you have pain, ask your nurse to receive your prescribed medication. This usually improves by 7-10 days after the surgery.

Headaches:

These are common and might last for several months. Medication can help lessen the pain.

What problems might I experience after the clipping surgery?

Swelling and bruising to your face:

Your eyes may be swollen and difficult to open for a day or two after your surgery.



Numbness around the edges of the wound:

Numbness can last sometimes until the healing is complete. This numbness might be painful or unpleasant and the wound might also feel itchy, or very cold.

Stiff jaw:

During the surgery, a small cut is made in a muscle that helps with chewing. This can cause the muscle to shorten and make your jaw feel stiff. This usually improves after a couple of months.

Infection:

Antibiotics are often given around the time of the surgery to prevent infection.

About the clip



The risk of the clip slipping or coming off is very small. Modern aneurysm clips are made of metal and are not affected by airport security systems. Most people are also safe to have MRI scans. You will be told the name of your clip.

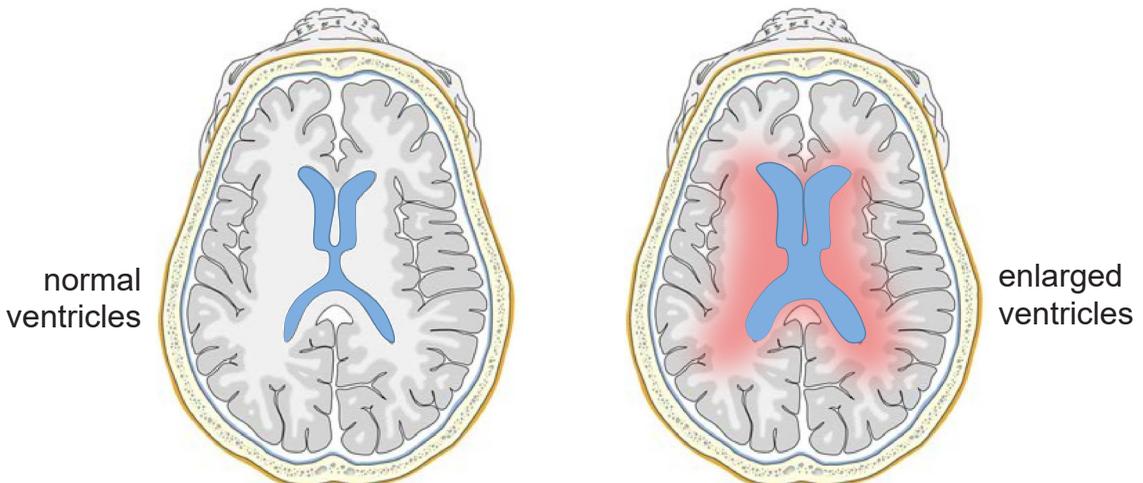
Other possible problems after a subarachnoid hemorrhage

Hydrocephalus:

Hydrocephalus happens when extra cerebrospinal fluid (CSF) builds up. This causes the ventricles, the spaces in the brain that hold the cerebrospinal fluid, to get bigger than normal. Because the ventricles get bigger, the pressure inside your head increases. This can affect how your brain works and how you feel. It requires immediate medical attention. You might have a tube called an External Ventricular Drain (EVD) to drain any extra cerebrospinal fluid (CSF) from around your brain.

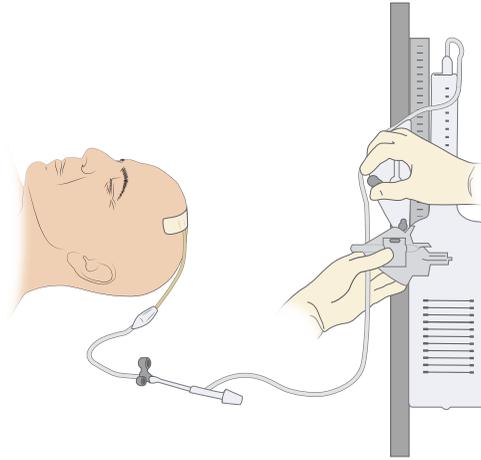
Signs of hydrocephalus are:

- Confusion
- Trouble with your balance
- Less control of your urine
- Headache
- Nausea and vomiting
- Drowsiness



Possible problems after a subarachnoid hemorrhage

(continued)



What you can do when you have an External Ventricular Drain (EVD):

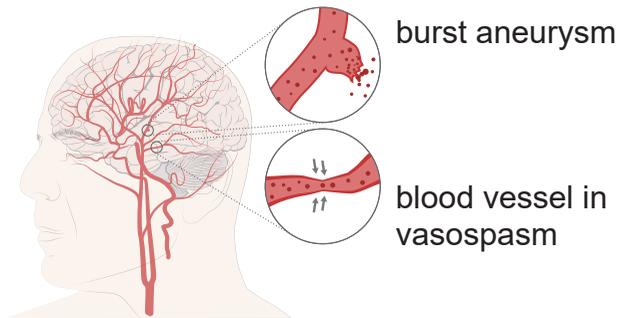
- Please call your nurse if you want to change position.
- Your nurse needs to adjust the drainage tube each time your position is changed.
- Please avoid touching your drainage tube and your head bandage.
- Your nurse will recommend that you always have your head slightly elevated to help decrease the pressure in your head (30 degrees).
- The nurse may slightly restrain your hands if you tend to touch the drainage tube while you are sleeping.
- Do not hesitate to speak to your nurse if you have any questions.

Epilepsy:

Seizures can happen at any time after an SAH. The risk is low in general, but this risk is highest for the first 2 weeks.

Vasospasm:

Cerebral vasospasm happens when the large blood vessels in your brain narrow after bleeding in your brain. It reduces the blood and oxygen getting to your brain. It can cause brain damage or even death. Cerebral vasospasm usually appears 3 to 9 days after the rupture of the aneurysm and can last up to 3 weeks. You will be carefully monitored in the Neuro ICU and after you have been moved to a regular hospital room.



Trouble eating and drinking:

Good nutrition is important to help you recover from your stress associated with both your illness and treatment and to prevent infection and weight loss. Sometimes it is difficult to eat and drink enough after treatment for subarachnoid hemorrhage. You may be vomiting or have nausea, be drowsy or have a headache. Some people have trouble swallowing or chewing or just don't feel like eating.

If you are unable to eat or drink, the doctor may order tube feeding. It is a **feeding tube** that goes from your nose to your stomach or to your duodenum, (past your stomach). A liquid food substitute can be put through the tube using a tube feeding pump. This will help you recover until you are able to eat on your own again. Your doctor will be able to refer you to a specialist who can assess your ability to swallow safely.



Medication

After a subarachnoid hemorrhage, you may need medication to:

- Prevent vasospasm
- Relieve pain
- Control seizures
- Treat blood pressure
- Treat vasospasms

Vasospasm

For 3 weeks after the hemorrhage, a medication is used to prevent spasm (narrowing or contraction) of the blood vessels. This medication keeps the blood vessels open so there is a good supply of blood to the brain.

Pain

Immediately after a subarachnoid hemorrhage, it is common to use strong painkillers, like morphine. Other painkillers, like acetaminophen (Tylenol®), are used for neck/back pain and headaches.

Seizure

You may need anti-epilepsy medication to control seizures. Some people need them for a few months, while others need them for life. It is important to take this medication.

High blood pressure

If you have high blood pressure, you may need medication to lower it. High blood pressure increases the chance of hemorrhage (bleeding). When you return home, you should have regular blood pressure checks with your family doctor.

Your health team at the hospital



The health professionals below will be able to answer specific questions about your health.

Anesthetist:

The doctor who specializes in pain control. This doctor will put you to sleep during surgery.

Interventional Neuroradiologist:

The specialist doctor who performs endovascular treatments for the brain and spine, like the coiling of brain aneurysms.

Neuro Intensivist:

The doctor who specializes in the critical care management of neurological patients in the Intensive care unit.

Medical Imaging Technician:

The professional who helps you in the positioning and doing the imaging test as prescribed by your doctor.

Your health team at the hospital

(continued)

Neurologist:

The doctor that specializes in the diagnosis and treatment of people with neurological conditions.

Neurosurgeon:

The specialist doctor who performs brain and spine operations.

Nutritionist:

The professional who helps make sure you are eating well. For example, by providing the tube feeding or a supplement to improve nutrition.

Neuro Radiologist:

The doctor who performs, reports and reads scans such as angiograms, CT scans, MRI scans, and X-rays.

Nurse:

He or she identifies with you, your care needs and provides care. The nurse coordinates the care with the rest of the health care team. He or she guides and informs you and your family on your well-being.

Clinical Nurse Specialist:

The nurse expert in a particular condition like stroke. This nurse works with the team to assist you when you are in the hospital and at home if needed.

Once you begin to recover from your subarachnoid hemorrhage, these members of the healthcare team will begin working with you.

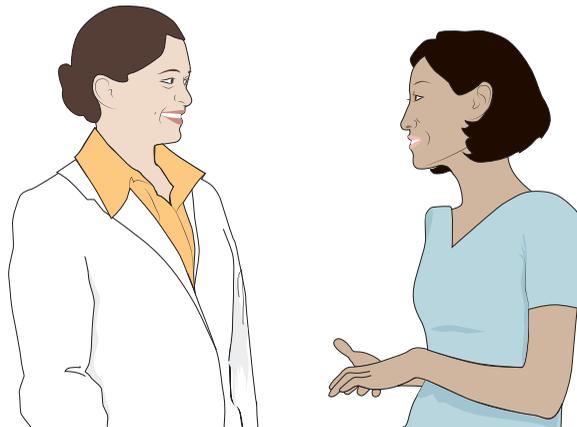
The **occupational therapist** will help you evaluate the skills you need in order to do everyday activities such as getting dressed and bathing.

The **physiotherapist** will help you with your physical and **functional** recovery, like walking. There are also physiotherapists once you leave the hospital who can continue to help you recover.

The **patient attendant** provides you with basic care in particular comfort and assistance in activities of daily care.

The **speech language pathologist (SLP)** will help you if you have trouble expressing yourself or understanding words. These problems can be very frustrating and the SLP can assess your needs and develop a plan that works for you.

The **social worker** will work with you to assess your needs and your social support in the community. The social worker will help find a place for you to go after the hospital if you are not ready to go home. He or she can also help you apply for disability insurance benefits and refer you to the CLSC if you need help at home.



Leaving the hospital

When you leave the Neuro you may – depending on your situation:

- Go back to your local hospital
- Go to a rehabilitation hospital
- Go home with out-patient rehabilitation
- Go home with no further rehabilitation

What follow-up tests will I need?

You may have an angiogram and/or an MRA scan 3-6 months after your subarachnoid hemorrhage.

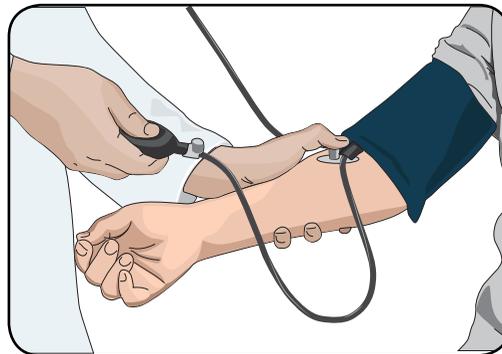
What follow-up appointments will I need?

Depending on the effects of your subarachnoid hemorrhage, you may have appointments with the following healthcare team members:

- **Clinical nurse specialist (CNS):** to help answer any questions about your recovery. He or she can also provide support for your lifestyle changes such as stopping smoking. You can ask your nurse to call your CNS.
- **Interventional neuroradiologist:** if you had coiling treatment or AVM treatment
- **Neurosurgeon:** if you had clipping surgery
- **Physiotherapist:** to help with your physical recovery like sitting and walking
- **Occupational therapist:** to help you redevelop the skills you need to perform everyday activities
- **Speech and language pathologist:** to help you recover speech and communication

What do I need to be careful about?

- Continue to take your medication as prescribed.
- Drink plenty of liquids (2-3 litres per day).
- **Quit smoking.**
- Don't drive. Speak to your occupational therapist about assessing your readiness to drive.
- **Be Careful.** Because your balance may be affected, stay away from activities with a high chance of falling for at least the first 3 months.
- Keep track of your blood pressure.
If it is high contact your doctor to help you lower your blood pressure.



Is the damage permanent?

Not necessarily.

Many people are quick to recover completely while others continue to improve over several years.

Recovery

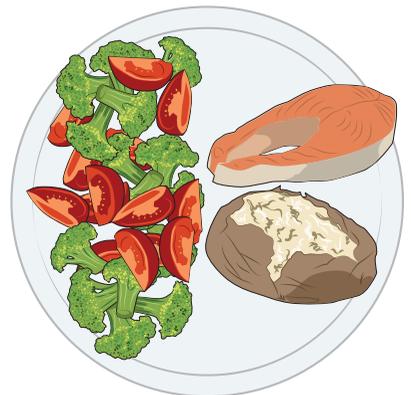
Recovery from any stroke due to a subarachnoid hemorrhage varies from person to person. There is no standard pattern. Your recovery depends on which part of your brain was affected and how much damage was caused by the bleeding.

Sleep and fatigue

In the first few months, it is common to feel very tired. Your normal everyday activities might leave you exhausted. This is your body's way of telling you to slow down. You might also have difficulty sleeping at night.

What can help?

- Pace your daily activities. Take regular short breaks 3 times a day for around 20-30 minutes.
- Walk at least 15-20 minutes a day if you can.
- Listen to music. Limit anything too stimulating, like watching television, prolonged reading or video games.
- Keep a daily routine.
- Wake up and go to bed at the same times each day.
- Do not have caffeinated drinks in the afternoon and evening.
- Eat healthy meals.

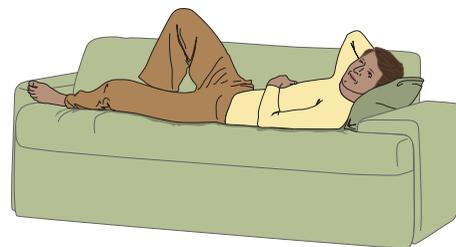


Headaches

Headaches are common but usually ease with time. They can often be controlled with medication. They might become worse when you are tired and/or dehydrated.

What can help?

- Rest when you are tired.
- Drink plenty of liquids (2-3 litres) throughout the day.
- Avoid or limit alcohol and caffeine-based drinks for the first 3-6 months. They can make you dehydrated.
- Do not strain while having a bowel movement. Your doctor may prescribe a stool softener.



Unusual sensations

People often experience odd or unusual sensations in their brain. They are sometimes described as a tickle feeling or like water running across the brain. They are nothing to be concerned about and will usually ease in time.

Muscle weakness and numbness

You may have weaker movement or strange feelings in your arms or legs. These sensations can be difficult to describe and vary from person to person.

What can help?

Your rehabilitation team will discuss this with you and will make a plan that works best for you.

Communication (speaking and understanding words)

It is common for people who have had a subarachnoid hemorrhage to have trouble speaking and understanding words. You may find it hard to make the sounds of speech, to find the right word or to understand what another person is saying.

These problems can be very frustrating. You may need the help of a speech-language pathologist who can assess your needs and develop a plan that works for you.



Vision

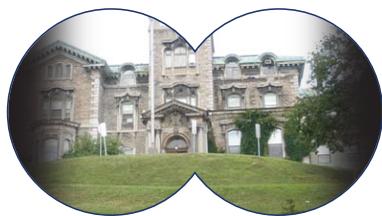
Your vision (eyesight) might be affected. You may have blurring, blind areas, black spots, or double vision. The doctors may test your vision before you leave the hospital. These tests will be repeated at follow-up appointments. If needed, you will be referred to an eye specialist.



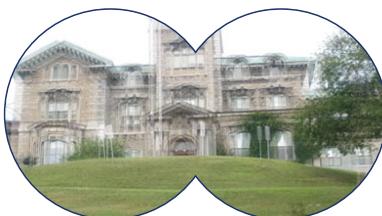
blurred vision



black spots



blind areas



double vision

If you already wear glasses or contact lenses, wait 2-3 months before having your eyes retested. Improvements in vision usually take place gradually over weeks and months.

Memory

Memory and concentration problems are common. You might find it hard to concentrate for long periods of time.

Simple tasks, like reading a book or making a cup of tea, may be difficult or frustrating. Certain parts of your memory might be affected. You might remember things that happened to you a few years ago but find it difficult to remember new information, like name of the person you have just met. Many people find their memory improves with time.



What can help?

- Write things down
- Break tasks down into small steps
- Discuss with an occupational therapist
- Get enough rest and sleep
- Reduce stress

Feelings and worries

It is normal to worry about the future. Many people worry about having another hemorrhage (bleed) (or a stroke). This is very unlikely.

The first few weeks and months of your recovery can be a very intense time. You can expect to have good days and bad days. The way you feel after a subarachnoid hemorrhage can vary. At times, you may feel depressed, tearful, angry or anxious, and you may shift from one emotion to the next quickly. These can be physical (related to what has happened in your brain), emotional (a reaction to the traumatic experience), or both. Many of these changes are temporary and will improve over time. However, if you think these feelings are becoming problematic for you, please talk to your doctor.

It can be hard to express how you feel and explain to others how you have changed, especially as you might appear to have recovered physically. You might also find that some friends and family members treat you differently. This can lead to feelings of isolation. Talk to a trusted friend or family member or talk to your family doctor about seeing a clinical psychologist or a counselor.



Everyday activities

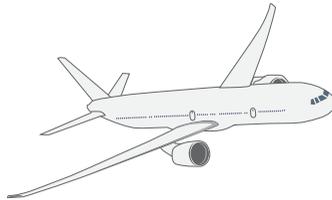
Can I drive?



You will need to have an Occupational Therapy assessment for driving.

You are legally obliged to notify the Société de l'Assurance Automobile (SAAQ) that you have had a brain hemorrhage or stroke. It does affect your ability to drive, at least in the short term (next 3 to 6 months) and maybe longer. You will not be able to resume driving until your doctor writes a letter to the SAAQ that you are fully recovered.

If you have seizures you are unable to drive until the seizures are controlled for 6 months.



Can I fly?

Yes, if you had a coiling treatment and depending on your stage of recovery. But, if you had clipping surgery do not fly for at least 3 weeks.



You might have headaches during takeoff and landing due to pressure changes. Try to increase your fluid intake before flying. Avoid alcohol and caffeine as these can increase your chance of headaches.

Will the coils or clips affect airport security machines?

No.

It is safe to pass through airport security machines.

Can I play sports?

Yes.

However, do not play contact sports (e.g. contact hockey, football, rugby, boxing or martial arts) or do any strenuous exercise (e.g. lifting weights) for at least 6 months.

Can I swim?

Yes, once any wounds have healed.

Swim with a partner for the first 2 weeks, as your chance of having a seizure is at its highest during this time.

Can I smoke?

No.

After a subarachnoid hemorrhage, you should quit smoking. Speak with your treatment team for support for quitting.



Can I drink alcohol?

You should not drink any alcohol for the first 3 weeks.

After that, small amounts of alcohol are safe.

Keep the following in mind:

- You are likely to feel the effects of alcohol more than before your hemorrhage.
- Drinking too much may increase the chance of having a seizure.
- You may have more severe hangovers.
- If you are taking any new medication, check with your doctor if it is safe to drink alcohol.

Everyday activities

(continued)

Can I go back to work?

Usually.

Most people take 3-6 months off work. It might be helpful to go back part-time before returning to full-time work. It might also be helpful to do a less stressful or less physical job than you used to do.

Can I have sex?

Yes, if you feel ready.

There is no risk. Women should avoid becoming pregnant during the first 6 months to allow you time for recovery.

Can I wash or colour my hair?

Yes, if you had coiling treatment you can use normal hair products like shampoo conditioner, hair dyes and perms. But, if you had clipping surgery, wait 2-3 weeks to allow the wound to heal

Am I doing too much?

Conserve your energy. Take it easy and listen to what your body is telling you. You will know if you are doing too much if you become tired and need to rest.

Will I ever be the same again?

It can take many months to feel that life is getting back to “normal”.

Keep in mind that everyone’s recovery is different.

Useful contacts

Neuro-Patient Resource Centre:

Montreal Neurological Institute and Hospital

3801 University Street, Room 354

Montreal, QC H3A 2B4

Tel: 514-398-5358

Fax: 514-398-5275

E-mail: infoeuro@muhc.mcgill.ca

Internet : www.infoeuro.mcgill.ca/

Facebook : facebook.com/infoeuro

General health questions (non-emergency):

Info-Santé: 8-1-1

24 hours a day, 7 days a week

Subarachnoid hemorrhage:

Heart & Stroke Foundation of Quebec

<http://www.heartandstroke.qc.ca/>

Useful contacts

(continued)

Communication problems:

Québec Association for People with Aphasia
L'Institut Universitaire de Gériatrie de Montréal
4565 chemin Queen Mary
Telephone: 514-277-5678
Fax: 514-277-0461
E-mail: aqpa@aphasie.ca

Driving:

Société de l'assurance automobile Québec
<http://www.saaq.gouv.qc.ca/en/>

Smoking Cessation:

I Quit Now
1866-527-7383
www.iqitnow.qc.ca

Support Groups

My Tool Box: The building blocks of self-care
Telephone: 514-934-1934 ext. 71585
E-mail: Mytoolbox.mni@mcgill.ca

DDO Stroke Support Group
Dollard-Des-Ormeaux Community Centre
Telephone: 514-684-1012

Montreal Stroke Club
395 Elm Avenue
Westmount, QC
Telephone: 514-931-6942

Association pour l'établissement des AVC (français)
www.aravc.org

St-Leonard Centre Communautaire
8181 rue Collerette
Telephone: 514-598-555 (Jean-Jacques Plouffe)

Laval
387 blvd des Prairies
Local 202, 2e étage
Telephone: 450-681-8255

La Prairie
352 rue Lavoie
Telephone: 450-659-0451

Further reading

Online:

Mayfield Clinic. (2010). Subarachnoid hemorrhage & vasospasm. Retrieved from <http://www.mayfieldclinic.com/PDF/PE-SAH.pdf>

Medline Plus. (2011). Subarachnoid hemorrhage. Retrieved from <http://www.nlm.nih.gov/medlineplus/ency/article/000701.htm>

Books:

Khurana, V. G., & Spetzler, R. F. (2006). The brain aneurysm: A comprehensive resource for brain aneurysm patients, their families, and physicians. Bloomington, IN: AuthorHouse.

Nussbaum, E. S. (2000). Brain aneurysms and vascular malformations: A guide for patients and families. United States: Xlibris Corp.

Reference

This booklet was adapted with permission from the Brain & Spine Foundation UK booklet on Subarachnoid Hemorrhage (2012).

Retrieved from:

http://issuu.com/brainandspinefoundation/docs/subarachnoid_haemorrhage_a5_2012/1?mode=window

Notes



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Notes



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