



Gloucestershire Hospitals
NHS Foundation Trust

Suspected first seizure

Introduction

This leaflet has been given to you because you have been referred to the first seizure clinic. This leaflet contains information about the clinic and will help you prepare for your appointment.

What is the first seizure clinic?

The clinic is run by consultants and is for people who have had their first seizure. Its aim is to make sure any suspected seizure is assessed quickly and that any tests you may need are arranged without delay. Most people are referred by their GP or by the Emergency Department (ED), and appointments are offered as soon as possible.

What is a seizure?

A seizure (also known as a fit or convulsion) is usually caused by a sudden burst of the electrical activity in the brain. The effects of the seizure will depend on which part of the brain the electrical activity occurred in.

A seizure usually lasts between a few seconds and several minutes. They can happen when you are awake or when you are asleep.

A seizure can often cause a person to become unresponsive. They may fall to the ground and have jerking movements (known as a tonic-clonic seizure).

Absence seizures cause a person to suddenly become vacant and unresponsive, with twitches, lip smacking or eye fluttering. They may appear to remain conscious.

Why have I had a suspected seizure?

There are many reasons why someone may have a seizure, including;

- sleep deprivation
- trauma to the head
- stress
- alcohol withdrawal
- drugs (either prescribed or recreational)

5 in every 100 people have a seizure in their lifetime. Many of these people (around half) never have one again. Having one seizure does not mean you have epilepsy.

It is important to remember that not all of the patients referred to the Neurology Department are found to have had seizures.

Often a fainting episode (due to being unwell, too hot, anxious or having low blood pressure) can be mistaken for a seizure as some of the symptoms are very similar.

Collapse due to other causes can also appear similar to a seizure.

Your first seizure clinic appointment

Your appointment will be with a neurology consultant who will talk with you about what happened before, during, and after your seizure. They will want a clear description of the event, so bringing someone who saw it

can be very helpful. If they cannot come with you, a written account is fine.

You will also be asked about your general health and your family's medical history. Depending on what the consultant thinks is needed, you may be sent for tests such as an MRI scan or an EEG to look at how your brain is working. If it could be helpful, you might also be referred to a health psychologist for extra support.

Information you may be asked about

Your consultant may ask you about:

- What you remember about the event, including whether you lost consciousness.
- How you felt before and after the seizure, such as any warning signs or confusion afterwards.
- Any injuries or incontinence that happened during the episode.
- What you were doing just before the seizure started.
- Whether you had any warning, such as unusual sensations, smells, or feelings.
- Your daily life and activities, including work, driving, alcohol use, or sleep patterns.
- How long the episode lasted.
- What happened during the seizure, including any unusual movements, behaviour, or sounds.

- Whether you've had anything similar in the past, even if you didn't think it was a seizure at the time.
- A list of your current medications, so please bring an up-to-date copy with you.

Keeping a person safe during a seizure

It is important that your close friends and relatives are aware that this has happened so that they are prepared in the event of it happening again. Please consider showing them the following information:

If you witness a person having a tonic-clonic seizure (unconscious and jerky) please follow this advice.

Check that it is safe for you to approach them, then:

1. Call for help; make sure someone is phoning 999 for an ambulance
2. Make a note of the time
3. Remove any sharp or hard objects from the area
4. Protect the person's head by putting something soft underneath
5. To prevent the risk of choking roll the person on to their side
6. Stay with the patient and talk to them reassuringly until help arrives

You should not:

- Panic
- Restrain them

- Put anything into their mouth, including your fingers
- Give them anything to eat or drink until a full recovery is made

After your suspected seizure

You are required, by law, to stop driving following a seizure.

The Neurology Team will advise you on how long this restriction will last.

Otherwise, it is important to continue with your normal activities. However, you need to take extra care when you are doing activities which could lead to injury, were you to have another seizure.

To help keep yourself safe and reduce the likelihood of another seizure, it can help to:

- Avoid having a bath or swimming alone, as there is a risk of drowning if a seizure happens.
- Avoid working at heights or using heavy machinery, as this could lead to serious injury.
- Have someone with you when bathing a young child, to make sure both of you stay safe.
- Limit how much alcohol you drink, as alcohol can trigger seizures for some people.
- Avoid recreational drugs, as these can increase seizure risk.
- Make sure you get enough sleep, because tiredness can make seizures more likely.

Contact information

Neurology appointments

Tel: 0300 422 6877

Epilepsy specialist nursing team

Tel: 0300 422 6403

Further information

NHS 111

Tel: 111

Epilepsy Action

Tel: 0808 800 5050 (Helpline)

Email: helpline@epilepsy.org.uk

Website: www.epilepsy.org.uk

Epilepsy Society

Tel: 01494 601 400

Monday/Tuesday; 9:00 to 16:00

Wednesday: 9:00 to 19:30

Website: www.epilepsysociety.org.uk

NHS England: What to do if someone has a seizure (fit)

Website: www.nhs.uk/symptoms/what-to-do-if-someone-has-a-seizure-fit/

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

***Ask 3 Questions** is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



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