

**Patient
Information**

Suspected first seizure

Introduction

This leaflet has been given to you because we suspect that you have had a seizure.

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.

Reference No.

GHP11514_07_20

Department

Emergency

Review due

July 2023

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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

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. This includes bathing, swimming, cycling, cooking and using power tools.

Follow up

The Neurology Team will aim to see you within 4 weeks of your Emergency Department visit. If possible, please bring the person who witnessed the seizure to your appointment or ask them to write a detailed account of the episode. This will assist with an accurate diagnosis.

Please bring a list of your current medication to your appointment.

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If any investigations are required, these will be arranged at your appointment. If you have any concerns while you are waiting for your appointment, please contact your GP.

Moving forward

It is important to remain calm to reduce the risk of any added stress.

Moderate your alcohol intake and make sure that you are well rested to reduce the risk of a further seizure.

You will find further information by visiting the websites listed at the end of this leaflet.

Contact information

Neurology Administrator
Gloucestershire Royal Hospital
Tel: 0300 422 5587

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

Content reviewed: July 2020