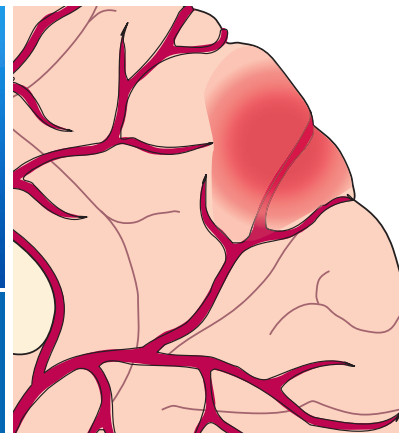


Having a brain bleed

Intraparenchymal hemorrhage



You've just had this type of hemorrhage. This sheet explains:

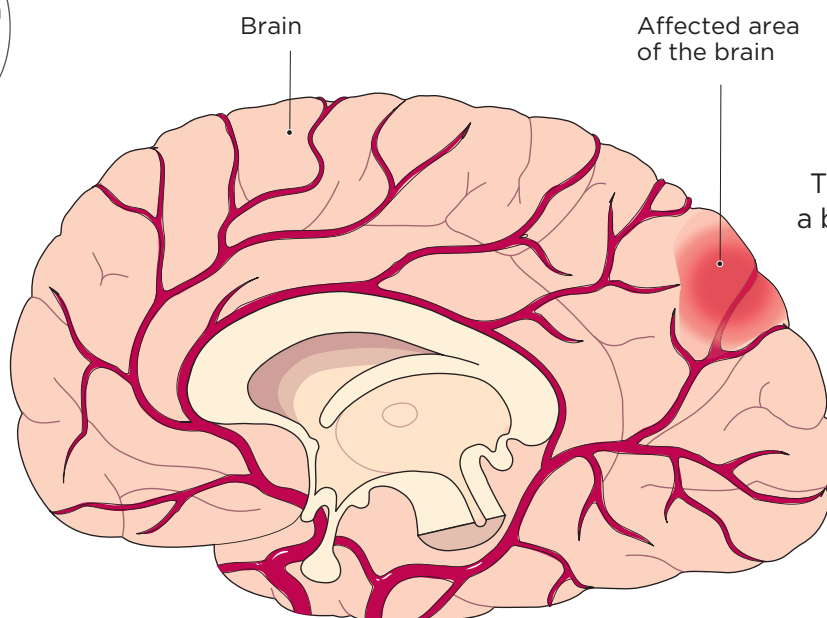
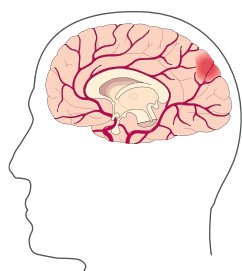
- what's happening to you
- what you can do

What is this condition?

This bleeding was caused by a blood vessel that burst. The build-up of blood at the site of the bleed crushes certain areas of the brain. This causes brain cells in these areas to die.

Intraparenchymal hemorrhage is sometimes accompanied by intraventricular hemorrhage. This happens when blood has leaked from the brain tissue into other areas, called ventricles.

Intraparenchymal hemorrhage



The bleeding comes from a blood vessel in the brain. The blood flows into the brain tissue.

What are the main causes of this problem?

- High blood pressure (hypertension)
- Certain medications (such as blood thinners)
- Blood vessels can have an abnormal shape (malformations and aneurysms). This weakens them, and sometimes they can burst.
- A tumour
- A clot blocking a vein in your brain
- A blow to the head (fall, car accident)
- A brain infection, which weakens the vessels

What are the main symptoms?

They vary depending on the area affected. Some possible symptoms are:

- Persistent headache not relieved by medication
- Drowsiness (feeling sleepy)
- Confusion in relation to time, space, speech, or recognition of loved ones
- Dizziness
- Nausea or vomiting
- Weakness or paralysis of the right or left side of the body (e.g., face, arm, leg)
- Convulsions
- Vision problems
- Difficulty speaking
- Difficulty swallowing
- Loss of consciousness
- Coma



What tests or exams will I have?

When you arrive at the hospital, you may have:

- a complete physical exam
- blood and urine tests
- imaging exams (scans, MRI, angiography, etc.) to look at your brain and how the blood is flowing through it, etc.



How is this illness treated?

- In the first hours after a cerebral hemorrhage, the focus is on:
 - finding the cause of the hemorrhage
 - stabilizing your condition
 - treating you as quickly as possible
- Sometimes the hemorrhage can be treated using various techniques:
 - Opening the skull (craniotomy) to remove blood, lower blood pressure, or treat the cause of the bleeding, as needed. See the health sheet [**Avoir une opération au cerveau \(French only\).**](#)
 - Reducing the pressure in your skull. A drain is used to remove the fluid surrounding the brain (cerebrospinal fluid). This fluid is less easily eliminated because of blood build-up. See the health sheet [**Reducing pressure in the skull with a drain \(external ventricular drain\).**](#)
 - Closing or reinforcing the abnormal vessels in your brain. This involves placing small metal coils or glue in the vessels. This is done by passing a small flexible tube (catheter) from the groin crease to the vessels to be repaired. There is no need to open the skull. This is called endovascular embolization.
 - Destroying abnormal vessels and tissues using high-energy radiation beams. This is radiosurgery.

How do I take care of myself in hospital in the first days after the bleed?



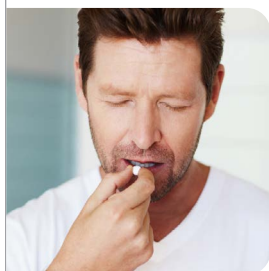
- Change position and get out of bed. Be careful, do this with the help of a member of the care team.
- If prescribed by your doctor, wear compression stockings. This helps prevent blood clots (e.g., phlebitis). You

will also receive injections for this purpose.

- Wait for the care team's go-ahead before eating or drinking. They will first need to check whether you have any trouble swallowing. See the health sheet [Detecting problems with swallowing](#).
- Follow the care team's instructions. They will encourage you to gradually resume your personal hygiene care and activities.

The team will plan your follow-up care with you and your family (rehabilitation, hospital discharge, your return home).

Will my medications be adjusted after the hemorrhage?



If you were taking any medications (diabetes, blood pressure, coagulation, etc.), your doses may be changed.

You may also have to take new ones. The doctor and the nurse will let you know.

Are there any symptoms I should watch for?

Tell the nurse if you have any new symptoms or if your symptoms get stronger.

For example:

- nervous system symptoms (e.g., weakness, difficulty speaking, dizziness, loss of skin sensitivity)
- pain
- nausea

What are the possible short- and long-term impacts of this hemorrhage?

It can change your life and that of your loved ones. You may have trouble carrying out simple activities of daily living, such as eating, speaking, dressing, washing, using the toilet, making telephone calls, doing household chores, getting around, concentrating, etc.

Will I regain my former abilities?

Most of the recovery happens in the first 3 months. But it can take up to a year. Improvement depends on the individual case. Only time will tell how much you can recover.

A team of several health professionals will help in your recovery. They will assess what your level of recovery might be and work with you to identify where you can go for care that meets your needs.

Recovering from a cerebral hemorrhage takes a lot of effort. There are ups and downs. Don't hesitate to ask for help and talk about your concerns.

Is there anything I can do to prevent another intraparenchymal hemorrhage?

Yes, there are a number of things you can do to reduce your risk:

- Stop smoking, if you haven't already.
- Avoid alcohol and drugs.
- Eat a balanced diet, low in fat and salt. Consult a nutritionist if necessary.
- Exercise for at least 20 minutes, 5 times a week.
- Take your blood pressure medication as prescribed, if applicable.



CONTINUED ON NEXT PAGE



- ## Who can I contact for help or to ask questions?

