If a subdural haematoma is small and there are no neurological deficits, it can often be monitored with regular CT-scans with the possibility it will resorb itself in time. The presence of any neurological deficits or progressive signs of raised intracranial pressure (increasing headache, nausea, vomiting) will indicate surgery is needed.

**Craniotomy & Evacuation of Subdural Haematoma**

Your surgeon will discuss these options with you prior to surgery.

**Risks of the procedure:**

The risks of this operation includes the following. A detailed discussion with your surgeon is recommended prior to surgery.

- **Infection** – superficial wound infection or deeper infections including meningitis, osteomyelitis.
- **Bleeding** – which may be superficial or deeper with reaccumulation of haematoma requiring a second operation.
- **Epilepsy** which may require medication.
- **Permanent neurological damage in the form of weakness, numbness, paralysis.**
- **Loss of smell.**
- **Coma or death.**

**Long term effects:**

Recovery from a subdural haematoma is dependent on the degree of underlying brain damage incurred at the time of injury and prior to surgical treatment. Some people will return to their normal lives with no change or difficulty whilst others may suffer irreparable brain damage and become fully dependent on external care. Concomitant brain injury may result in seizures requiring treatment with anti-epileptic medications. Occasionally a subdural may reform before the brain re-expands into the skull cavity and a second operation may be indicated.