

Seizures (fits) and brain tumours

Reference Number: ULHT-LFT-1349 v5

Issued: February 2024

Review Date: February 2026



Following the diagnosis of a brain tumour, or injury or surgery to the skull and brain, patients and families may be alarmed to be told that this increases the patient's risk of having a fit.

Fits are also known as convulsions, seizures or epileptic attacks.

It is worth remembering that although there is a higher risk of a fit, you may never have one.

If you do, the people closest to you will worry less and help you more, if they have read this information. Please share it with them.

What are fits or seizures?

A fit or seizure happens when the nerve cells in the brain have a temporary surge of abnormal activity. This may show itself in a number of ways:

- The person may have a warning that something is about to happen eg. a strange smell, taste or feeling.
- The person having a fit does not always experience a loss of consciousness.
- Sometimes a fit may be hard to recognise as the person may seem to be awake but is often still and may seem unaware of their surroundings. They do not appear to be their usual selves for a short time.
- They may be aware of having abnormal movements of muscles in the face, one side of the body, or one or more of their arms and legs e.g. twitching or brief jerky spasms of muscles.
- The person may lose consciousness, as in a faint.
- They may have a strong, rigid spasm (contraction) of the limbs, which can last for just a few seconds to a few minutes (2 to 3 minutes) and/or they may have a series of spasms.

The last bullet point may occur in a more severe type of fit. When this happens the breathing may seem to stop as they breathe out during the strong spasm, before the breathing becomes irregular and noisy. They may sweat and may also make a lot of saliva (mouth watering). Sometimes urine is passed, or infrequently their bowels can open. These fits may last for 2 to 3 minutes after which they may remain unconscious for a short time. After a fit they may be confused or dazed for some time and are sleepy or may sleep for several hours.

Seizures usually stop within 2 to 3 minutes and tend to be similar each time they happen.

If a severe fit lasts for more than 3 minutes, or if more fits occur before the person has had a chance to recover from the previous fit, they may require urgent treatment in hospital. Urgently call the GP, NHS Direct and/or dial 999.

First aid during a fit

- Stay calm and stop people from crowding round.
- Put something soft under the person's head to prevent injury (but keep this clear of the mouth and nose).
- Only move them if you have to for their safety (eg. if they are on a road or at risk from a fall downstairs).
- Do not try to stop the limbs from shaking, let the fit take its course.
- Do not try to put anything in the person's mouth (you may break teeth or be bitten).

After the fit

- Stay with them until they are fully recovered. They will need someone to ensure their safety.
- Roll the person if possible onto their side with the upper knee and arm bent to prevent them rolling on to their front. This is known as the recovery position.
- Wipe their mouth to clear saliva and check they are able to breathe easily.
- Remove anything that is in their mouth e.g. food, dentures.
- Minimise embarrassment (e.g. if they have passed urine or opened their bowels deal with this as privately as possible).
- Only when they are recovered should you offer them a drink.

Your doctor will need to be told if they start to have seizures or if there is a trend of them increasing in frequency or severity.

It is important to tell the doctor what you can remember about the fit and the time before and after it happened.

People with you at the time of a fit will also be asked to describe what happened, e.g. the length of time the fit lasted, any loss of consciousness and whether your limbs shook. They may be asked whether you behaved differently, mentioned feeling strange, or reported any unusual sensations.

Treatment for seizures

Tablets or medications called anticonvulsants are used in controlling seizures.

They may control them completely or reduce their frequency and/or the severity of them.

The type of medication used will depend on the type of seizure you have and if it can be used with any other medications you are taking. Your consultant and/or GP will usually prescribe them and review how effective they are.

Occasionally seizures are more difficult to control and the advice of a consultant who specialises in epilepsy may be sought.

General safety

Driving

Following the diagnosis of a brain tumour or any surgery on the brain the increased risk of having a fit means that you will not be allowed to drive for some time, even if you have not had a fit. The amount of time will depend upon the type and grade of brain tumour.

Any person who develops seizures will need to stop driving until they have been free from a seizure for between 1 to 4 years.

The DVLA will require a consultant's opinion as to when you are able to drive again.

Returning to normal activities

Return to as much normality as your illness allows in order to enjoy life by discussing and balancing the risks sensibly with those you live with and/or your doctor or nurse.

Whenever you are unaccompanied, it is wise to refrain from a situation where you might place yourself at risk should a fit occur eg. some sports such as swimming, cycling or rambling.

Take a shower rather than a bath and take care with cooking, fires and gardening.

Further information

Macmillan CNS Neuro-Oncology

United Lincolnshire Hospitals NHS Trust

Macmillan Nurses Office, Portakabin

Maternity Wing Site, Lincoln County Hospital

Greetwell Road, Lincoln. LN2 5QY Telephone: 01522 572313

www.brainstrust.org.uk

www.thebraintumourcharity.org

www.braintumoursupport.co.uk

United Lincolnshire Hospitals NHS Trust has worked with AccessAble to create detailed Access Guides to facilities, wards and departments at our sites.

www.accessable.co.uk/united-lincolnshire-hospitals-nhs-trust

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