



COMMON QUESTIONS

Questions about brain injuries and hospitalization.

COMMONLY ASKED QUESTIONS

WHY IS HE/SHE UNCONSCIOUS?

When the brain has been injured, either with a direct blow to the skull, or has been tossed about violently (for example, after being involved in a car crash), sensitive brain tissue may be damaged. The bruising can temporarily or permanently injure those specific regions responsible for normal awake states. It is almost impossible to accurately predict if and when that individual will awaken. X-rays or brain scans cannot foretell if or when the patient will emerge from a coma or the changes that may follow.

IF THE X-RAYS CAN'T PREDICT OUTCOMES, WHY DO THEM?

X-rays can quickly and painlessly look inside the skull to evaluate any bleeding caused by the injury. Bleeding can expand and put pressure on vital tissues, leading to permanent brain damage, problems with breathing, or even death. CAT, MRI and SPECT scans have saved thousands of lives by visualizing skull fractures, blood clots, or other conditions requiring surgery.

IF SUCH CONDITIONS ARE DISCOVERED, WHAT HAPPENS NEXT?

If surgery is required, specialized brain surgeons (neurosurgeons), can intervene. After surgery, the patient will be monitored closely in the Intensive Care Unit (ICU) for days to weeks.

AFTER THE SURGERY, IS THE PATIENT OUT OF DANGER?

Unfortunately not. Because the brain controls all major activities of the human body, complications can include bleeding ulcers, fever (usually from infections of the lungs or bladder), weakness of one or both sides of the body, swelling within the brain itself, tightness or stiffening of the muscles, breathing problems, seizures.

CAN THESE COMPLICATIONS BE PREVENTED?

Many can be helped or prevented, but even in the best medical centers, these problems can still occur. Medicines can be given, laboratory samples taken, or ventilators ordered to help the breathing. If complications do result, ask the physician to explain the causes, and what is being done about them.

WHAT IS MEANT BY A "VEGETATIVE OR MINIMALLY RESPONSIVE STATE"?

Patients who have no meaningful interaction with the outside world, and have sleep and wake cycles are considered vegetative. This is a very misunderstood state, for the patients may have periods when their eyes are open, but they don't interact with the world. They may turn their head and eyes when someone enters the room, or turn quickly in the direction of a loud noise, but are still not awake as we understand it. In all likelihood, this is a different type of coma, and may last weeks, months, or years.

WHAT DO THE DIFFERENT THERAPISTS DO, AND HOW CAN I HELP?

All the therapists are specialists for different functional activities. Physical therapists focus on the walking, posture, and balance. Occupational therapists are experts on the upper extremities (arms and shoulders) and activities of daily living (for example, dressing, bathing, feeding oneself). Speech pathologists focus on swallowing disorders, and problems with language and cognition. Ideally, time spent with each of the disciplines can help you learn techniques to handle, stimulate, and interact therapeutically with the patient. The nurses and therapists realize that you have probably never been in this situation before, and are very willing to help and teach.

CAN I ACTUALLY INTERFERE WITH THE PATIENT'S RECOVERY AND/OR WITH THERAPIES?

After brain injury, patients cannot "screen out" outside distractions as before. Thus as a general rule, only two people should be in the room visiting at once. Only one talks or touches the patient at one time. Too much noise, too many visitors, too many distractions, can irritate and agitate the patient, without intentions to do so.

WILL HE/SHE REMEMBER ANY OF THIS AND DO THEY HAVE ANY PAIN?

This may vary from person to person. Patients may have little if any memory of their hospital stay. This amnesia may last hours, days, weeks, months or permanently. It is unusual to feel pain, especially for those in a coma. As they awaken, discomfort can be felt and should be treated accordingly.

WHAT SHOULD I DO IF I AM GETTING DEPRESSED, NOT SLEEPING, ANXIOUS, OR FEARFUL?

Because this can be a roller coaster ride with highs and lows, everyone deals with it in his/her own way. If you or anyone else is having problems coping, which is very natural, please seek professional help. Ask the doctor in charge, the social worker, the psychologist, your friends, priest, rabbi, or minister. The important thing is to ASK FOR HELP.

WHERE CAN I CALL OR READ MORE ABOUT BRAIN INJURY?

One source is the Brain Injury Association of Illinois. This is an organization comprised of people with brain injuries, family members, and professionals who have expertise in brain injury rehabilitation. There are opportunities to talk to members or professionals, and have educational materials sent to you.

Please do not be afraid to ask your doctor, therapist, nurses, clergy, friends or family for help. Please do not hesitate in calling the Brain Injury Association of Illinois for assistance.
We are all here for you.

The mission of the Brain Injury Association of Illinois is to create a better future through brain injury prevention, research, education and advocacy.

This is accomplished through:

- Acting as an information and resource clearinghouse
- Sponsoring annual educational programming
- Facilitation of statewide support groups
- Sponsoring adult and pediatric recreational camps
- Actively participating in legislative advocacy
- Fostering prevention awareness
- Encouraging research

How Will BIA of IL Help Me?

The Brain Injury Association of Illinois is a statewide non-profit membership organization comprised of people with brain injuries, family members, friends and professionals. Our programs and services include:

ADVOCACY

Individual
Public Policy

EDUCATION

Annual Educational Conference
Educational Materials
Educational Training
Injury Prevention Program
Public Awareness

SOCIAL/RECREATION

Camp FunZone (Pediatric Camp)
Wilderness Endeavor (Adult Camp)

FAMILY SUPPORT SERVICES

Information & Resources
Support Groups Statewide
Peer Support Program
Toll-Free Family Resource Line



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