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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Chronic Subdural Hematoma

Patient education guide · Stroke & Vascular · Madison Neurology LLC

What is it?

A chronic subdural hematoma is a collection of blood and fluid that slowly accumulates between the brain and its outer covering (the dura), usually over weeks. It often follows a minor head injury — sometimes so minor it is not remembered — and is most common in older adults and people on blood thinners.

How does it happen?

Age-related brain shrinkage stretches the small bridging veins between the brain and dura, making them easy to tear with minor trauma. Blood thinners (warfarin, apixaban, clopidogrel, even aspirin) and alcohol use increase risk. The collection can slowly expand as membranes around it leak fluid.

Common symptoms

- Gradually worsening headache
- Slowed thinking, confusion, or drowsiness
- Weakness, numbness, or clumsiness on one side
- Balance problems and falls
- Speech difficulty or personality/behavior changes

How is it diagnosed?

A CT scan of the head readily shows the crescent-shaped collection along the brain's surface. MRI may be used to assess age of the blood products or detect smaller collections.

How is it treated?

Symptomatic or large hematomas are usually drained surgically, most commonly through small burr holes — a procedure with high success rates and quick recovery. Small, minimally symptomatic

collections may be watched with serial scans. A newer option, middle meningeal artery embolization, reduces recurrence risk and is increasingly used. Blood thinners are paused and restarted thoughtfully.

What does the future hold?

Most patients recover well after drainage, often with rapid improvement. Recurrence happens in roughly 10-20% (lower with embolization), so follow-up imaging is standard. Underlying fall and bleeding risks are addressed to prevent future problems.

Questions patients commonly ask

Q: I don't remember hitting my head — how is that possible?

A: That is very common; in older adults even trivial bumps can tear the stretched bridging veins, and symptoms appear weeks later as the collection slowly grows.

Q: Will I need open brain surgery?

A: Usually not. Drainage through small burr holes is the standard, minimally invasive approach, sometimes combined with artery embolization.

Q: When can I restart my blood thinner?

A: Your team weighs clotting risk against re-bleeding risk; many patients restart within weeks to a few months, guided by follow-up scans.

National support groups & resources

- **American Stroke Association** — stroke.org — 1-888-478-7653
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **Brain Injury Association of America** — biausa.org — 1-800-444-6443

(Organization contact details were current at the time of compilation; please verify online.)

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