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MADISON NEUROLOGY LLC

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

Post-Traumatic Epilepsy

Patient education guide · Epilepsy & Seizures · Madison Neurology LLC

What is it?

Post-traumatic epilepsy is a seizure disorder that develops after a traumatic brain injury (TBI). About 1 in 5 people with severe TBI develop epilepsy; the risk is much lower after mild concussions. Seizures may begin months or even years after the injury, as scarred brain tissue gradually becomes electrically irritable.

How does it happen?

The injury itself — bleeding into brain tissue, skull fractures penetrating the brain, or prolonged unconsciousness — leaves scar tissue that can generate seizures. The severity and location of the original injury determine risk.

Common symptoms

- Focal seizures related to the injured area (jerking or sensations in one body part, déjà vu, staring spells)
- Occasional spread to generalized convulsions
- Post-event confusion and fatigue
- Often coexisting effects of the original injury: headaches, memory and concentration problems, mood changes

How is it diagnosed?

Diagnosis is based on the history of the events plus EEG (which may show epileptic discharges over the injured region) and MRI showing the old injury. Distinguishing seizures from other post-TBI spells (fainting, sleep attacks, psychiatric events) sometimes requires video-EEG monitoring.

How is it treated?

Anti-seizure medications are the mainstay and are often very effective for this type of epilepsy; medication choice also considers TBI-related issues (choosing drugs gentler on cognition and mood). If medications fail, epilepsy surgery targeting the scarred region is an option at specialized centers. Treating sleep, mood, and headache alongside seizures improves overall recovery.

What does the future hold?

Many patients achieve seizure control with medication. Because the underlying scar is fixed, long-term treatment is common, though some can taper after years seizure-free. Seizures do not mean the brain is being re-injured — with control, people return to work, driving (per state rules), and full activity.

Questions patients commonly ask

Q: My injury was years ago — why am I having seizures now?

A: Brain scars can take years to become seizure-generating; late onset after injury is well recognized and does not mean new damage.

Q: Did the helmet/accident cause permanent damage?

A: The seizures reflect the original injury's scar, not ongoing injury — treatment targets the electrical problem, and many people do very well.

Q: Will anti-seizure drugs worsen my memory problems from the TBI?

A: Some can; your neurologist will choose options least likely to affect cognition and mood, and adjust based on how you feel.

National support groups & resources

- **Epilepsy Foundation (24/7 Helpline)** — epilepsy.com — 1-800-332-1000
- **Brain Injury Association of America** — biausa.org — 1-800-444-6443
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

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

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