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MADISON NEUROLOGY LLC

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

# Subarachnoid Hemorrhage

Patient education guide · Stroke & Vascular · Madison Neurology LLC

## What is it?

A subarachnoid hemorrhage is bleeding into the space between the brain and the thin membranes that cover it, most often from a ruptured brain aneurysm. It typically strikes suddenly with an explosive headache and is a life-threatening emergency requiring immediate care.

## How does it happen?

About 80% of spontaneous cases are caused by a ruptured saccular (berry) aneurysm. Risk factors for aneurysm formation and rupture include smoking, high blood pressure, family history of aneurysms, certain connective tissue disorders, and heavy alcohol or stimulant use.

## Common symptoms

- Sudden, thunderclap headache ('worst headache of my life')
- Neck stiffness and pain
- Nausea and vomiting
- Sensitivity to light
- Loss of consciousness, confusion, or seizure

## How is it diagnosed?

A non-contrast head CT detects most bleeding within hours of onset. If CT is normal but suspicion remains high, a lumbar puncture may be performed. CT or catheter angiography locates the aneurysm so it can be treated.

## How is it treated?

The aneurysm must be secured quickly, either by surgical clipping or by endovascular coiling (platinum coils placed through a catheter). Patients are monitored in an intensive care unit for complications such

as vasospasm (artery narrowing), re-bleeding, and hydrocephalus, often with the medication nimodipine. Rehabilitation follows once stable.

## What does the future hold?

Outcomes range from full recovery to severe disability; roughly one-third of patients die, one-third recover well, and one-third survive with disability, though results keep improving with modern care. Headache, fatigue, and cognitive or mood changes can persist for months. Secured aneurysms rarely re-bleed, and follow-up imaging monitors for new ones.

## Questions patients commonly ask

### Q: What causes an aneurysm to burst?

A: Usually a combination of a weak artery wall and triggers that spike blood pressure; smoking and uncontrolled hypertension are the biggest modifiable risks.

### Q: Will I get another aneurysm?

A: A minority of patients develop new aneurysms over time, which is why periodic imaging surveillance is often recommended.

### Q: Why do I still have headaches months later?

A: Post-hemorrhage headaches and fatigue are common and usually fade over 6-12 months; persistent symptoms deserve discussion with your care team.

## National support groups & resources

- **American Stroke Association** — stroke.org — 1-888-478-7653
- **American Heart Association** — heart.org — 1-800-242-8721
- **Brain Aneurysm Foundation** — bafound.org — 1-888-272-4602

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

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