

Patient Advice and Discharge following a Skull Fracture

Aintree University Hospital **NHS**

NHS Foundation Trust

Major Trauma Ward
Lower Lane
Liverpool L9 7AL
Tel:0151-525-5980



This leaflet is for patients and relatives who have sustained a skull fracture.

What's is a skull fracture

A skull fracture is any break in the **cranial bone**, also known as the skull. There are many types of skull fractures, but only one cause: an impact or a blow to the head that is strong enough to break the bone.

The fracture may be accompanied by injury to the brain, but that is not always the case.

How is a skull fracture diagnosed?

A fracture is not always easy to see. However, symptoms that can indicate a fracture include:

- Headaches
- Dizziness
- Nausea or vomiting
- swelling and tenderness around the impact area
- facial bruising
- Bruising around the backs of the ears is known as 'battle signs', or bruising around the eyes is referred to as 'raccoon eyes'.
- bleeding from the nose and ears
- Straw coloured discharge from the ears (otorrhea), nose (rhinorrhea) or the wound.

It is now common practice for patients to undergo a CT (CAT) scan of the brain. This is a 3 dimensional x-ray that will help your major trauma team diagnose a skull fracture.

Types of Skull Fractures

The type of skull fracture depends on the force of the blow, the location on the skull at which the impact occurs, and the shape of the object making impact with the head.

A pointier object is more likely to go through the skull than a flat object, such as the ground or another hard surface. Different types of fractures lead to differing levels of injury and trauma.

Closed Fracture

A closed fracture, also called a simple fracture, is one in which the skin is not broken or cut.

Open Fracture

Also known as a compound fracture, an open fracture is one in which the skin is broken and the bone emerges from it.

Depressed Fracture

This refers to a fracture that causes the skull to be depressed or to extend into the brain cavity.

Basal Fracture

A basal fracture occurs in the floor of the skull. This is any area around the eyes, ears, nose, or back, near the spine.

Treatment

The majority of base of skull fractures heal by themselves. If the fracture is open you

may require antibiotic therapy, and a pneumococcal vaccine.

Both of these treatments are not always necessary for all patients. Each individual patient will be assessed by the Major Trauma Team to see if they are needed or not.

In some cases if the fracture is severe, surgical intervention may be required.

Inpatient stay

Patients who have suffered a skull fracture will be kept as an inpatient at the Major Trauma Centre. During your stay you will be reviewed daily by the major trauma team.

The Major Trauma Team is made up of consultants from Trauma Surgery, Orthopaedics, Neuro Surgery, nurse specialists, ward nurses and Trauma Therapists.

You may also be referred to other specialities such as facial specialists, eye and hearing specialists, this will depend on what injuries you have suffered.

You will undergo observation for a minimum of 24 hours where the nursing staff will record your:

- blood pressure
- pulse
- breathing rate
- temperature
- eye shape and size
- strength of your arms and legs
- level of consciousness and orientation

As pain is a common symptom with patients who have suffered a skull fracture, the inpatient pain team will also review your pain medication requirements.

Discharge

Your Major Trauma Team now feel you are ready to go home. You will be provided with

a copy of your discharge letter and any other information you require.

If you require a sick note for work or other reasons please let the team know prior to your discharge.

You will be provided with medication to go home with. This will be explained to you before you are discharged home.

If at all possible, do not stay at home alone for the first 48 hours after being discharged after a head injury.

Seek medical help quickly if any of the following symptoms occur after a head injury

- Drowsiness when you would normally be wide awake
- Worsening headache
- Confusion, strange behaviour, and any problems with understanding or speaking.
- Inability to remember events before or after the head injury.
- Unresolving headache.
- Persistent vomiting
- Loss of use of part of the body - for example, weakness in an arm or a leg.
- Dizziness, loss of balance or walking strangely.
- Fitting (convulsions) or collapse followed by feeling strange afterwards.
- Any visual problems, such as blurring of vision or double vision.
- Blood or clear fluid leaking from the nose or ear.
- New deafness in one or both ears.
- Unusual breathing patterns.

Do

Show a relative or friend this advice leaflet so they also know symptoms to look out for.

- Stay within easy reach of a telephone and medical help for the next few days.

- Discuss with your doctor about playing contact sports such as rugby or football. It is often advised that you should not play contact sports for 3 weeks following a head injury.

Do Not

- Do not drink alcohol for the next few days.
- Do not take sleeping tablets or sedatives unless prescribed by a doctor.

Driving

After sustaining a fracture of the skull, your team will advise you that you cannot drive and to contact the DVLA.

Driving restrictions can be between 6-12 months, the driving authorities will advise you further.

Flying

We recommend that you to speak to your insurance company regarding your fitness to fly.

Follow up

You will be provided with a clinic follow up after discharge, to attend for both or either Major Trauma Follow up clinic and Head Injury Clinic. You may also require other follow ups if you was seen by other specialities

Who do I contact if I have questions or concerns?

- Major Trauma Nurse Coordinators: Contact Hospital switch board on 0151 525 5980 and ask switchboard to bleep 5428. This service is available 7 days a week from the hours of 8 am to 8 pm.
- Major trauma ward manager
Vanessa Lownsborough (0151) 529 8278

- Nursing staff on Major Trauma Ward: Telephone number: 0151 529 6255
- During working hours 8am - 5pm Monday to Friday you can Contact the secretary and leave a message for the surgical team. 0151 529 4663
- If you think that your condition is serious then it is best to come straight to Aintree Accident & Emergency department*.
- Seek advice from your GP.

*When you come to the hospital please bring this and any other relevant discharge documents that you may have been given at the time of discharge to help the A&E doctors to decide your management.

For further reading:

DVLA - <https://www.gov.uk/driving-medical-conditions>

NHS - <http://www.nhs.uk/Conditions/Head-injury-severe-/Pages/Treatment.aspx>

Headway - <https://www.headway.org.uk/home.aspx>



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please:

0151 529 8564
listening@aintree.nhs.uk

Aintree University Hospital NHS Foundation Trust is not responsible for the content of any material referenced in this leaflet that has not been produced and approved by the Trust.