



University Hospital  
Southampton  
NHS Foundation Trust

# First seizure

Information for patients



## What happened to me?

You have been given this leaflet because you have had a suspected seizure.

A seizure may be triggered by stress, exhaustion, a bang to the head, pain, overuse of alcohol, use of drugs or illness. There can be lots of different medical causes, which will be ruled out.

It is estimated that up to 10% of the population will experience a single seizure in their lifetime. Having a seizure does not mean you have epilepsy. A diagnosis of epilepsy will generally be made after a person has had two or more seizures, on separate occasions. There are many different types of seizure and not everybody will lose consciousness. Often the cause is never found and **50% of people never have another episode.**

Generally, after a first seizure no immediate treatment is needed. The person can be sent home with the advice to see their GP or return to the emergency department (ED) if it occurs again.

If the cause is uncertain or the doctors feel this episode needs further investigation, you will be referred to the neurology service's **first seizure clinic**. You may have further investigations, and if epilepsy is suspected, treatment options will be discussed with you.

## Can I drive?

**You must inform the DVLA of your suspected seizure and not drive until they have given you permission to do so. This may depend on the advice from a specialist.**

**Most people will be required not to drive for between 6 and 12 months after a first seizure.** It is your responsibility to contact the DVLA. You can be fined up to £1000 and your insurance will be invalidated if you don't inform them.

For more information, please visit: **[www.gov.uk/driving-medical-conditions/telling-dvla-about-a-medical-condition-or-disability](http://www.gov.uk/driving-medical-conditions/telling-dvla-about-a-medical-condition-or-disability)**

To contact the DVLA, please visit: **[www.gov.uk/contact-the-dvla](http://www.gov.uk/contact-the-dvla)**

Or you can pick up an information pack at the post office.

## What do I tell work?

It is sensible to tell your line manager or occupational health department that you have had a suspected seizure, so you can discuss if any additional safety measures need to be taken.

You have to inform them if your job involves driving (any vehicle), flying, or you are in the armed forces, police, fire service, merchant navy or if you, or anyone else, could be at risk if it happened again, for example if you work at heights, near water, with heat sources or machinery, or with children or vulnerable adults.

## Do I need to change my lifestyle?

It is always sensible not to smoke, and to eat a healthy diet, exercise, avoid excessive stress and tiredness, and limit your alcohol intake.

If you were able to identify what caused or triggered the first episode then you should avoid or minimise the trigger where possible.

## Keeping safe and reducing any potential risks

- Avoid any triggers you may have identified.
- Live a healthy lifestyle.
- Limit alcohol intake to 1 to 2 units in 24 hours and avoid recreational drugs.
- Having a shower is safer than a bath.
- Using a microwave is safer than an oven.
- Let people know where you are and when you expect to be back.
- If you go swimming, tell the pool attendant that you have previously had a suspected seizure.
- Avoid activities where it would be difficult for help to get to you, for example scuba diving, skiing and lone activities.
- Avoid unprotected heights and unsupervised areas of water.

Use common sense with regard to the activities you take part in, but remember that you may never experience a seizure again. For the majority of people, if you are going to have another episode, it will occur within the next six months.

If you have questions or further concerns about risks, talk to your GP.

## Information for your family, friends and colleagues

It's up to you who you tell about your episode, but it's sensible to know what to do in case it happens again. You may wish to share the information below with your family, friends and colleagues to help them know what to do, just in case.

### First aid

#### Do:

- Keep calm.
- Check the time, to monitor how long the seizure lasts.
- Prevent others from crowding round.
- Loosen any tight clothing around the neck.
- Protect the person from injury (remove sharp or hard objects from the area, if they are confused, guide them away from danger such as stairs or the road).
- If they have fallen, place something soft under their head.
- Once the episode has finished, aid breathing by placing the person on their side and gently lifting their chin and tilting their head backwards (recovery position).
- Stay with them until they are fully recovered and aware of their surroundings.
- Gently reassure them as they recover.

### Recovery position



**Don't:**

- Try to restrain the person or their movements.
- Put anything between their teeth.
- Try to move them, unless they are in danger.
- Give the person anything to eat or drink until they are fully recovered.

Sometimes the person will not be completely unconscious, and may remain awake but behave in a confused or disorientated manner. Keep calm and remain with them until the seizure passes and they have fully recovered. Occasionally, people wander around. Do not try to restrain them. Walk with them to ensure they do not hurt themselves. Keeping the environment as calm as possible can help the episode pass more quickly. Avoid asking lots of questions as this may confuse the person further.

**When should an ambulance be called?**

You should call an ambulance if:

- a convulsive (shaking) seizure lasts more than five minutes
- one convulsive seizure follows another without the person regaining consciousness in between
- the person has injured themselves during a seizure or is having difficulty breathing when the seizure has finished
- the person has three convulsive seizures in an hour
- you have concerns about the person's condition

**When should your GP be contacted?**

If you have had a further seizure and did not need to go to hospital, contact your GP who can advise you on what to do next.

## How do I describe what happened?

When trying to work out why someone has fainted, had a fit or funny turn, it's very useful for doctors to have a description from someone who saw what happened. **If there was a witness, please bring them with you to your appointment, so the doctor can ask them questions.**

The doctor is likely to be interested in the following things:

- What was the person doing before the episode started?
- Was there any mood change, for example excitement, anxiety or anger?
- Did they mention any unusual feelings?
- What made them notice something was happening?
- Did they lose consciousness or were they confused?
- Did their colour change?
- Did their breathing alter?
- Were there any movements in their body or limbs?
- Did they bite their tongue?
- Were they incontinent (wet themselves)?
- How long did the episode last?
- How were they afterwards?
- How long was it before they could go back to their normal activities?

Keeping a record of dates and times that episodes occur is helpful.

## What do I do next?

It is common to feel nervous and anxious about returning to normal activities, but your confidence will return, the more that you do. Follow any advice that you have been given regarding lifestyle and general safety but try not to let this episode restrict your activities.

Many people will never have another episode. If you do, however, contact your GP as soon as possible and they will be able to investigate things further.

## Your personal record

You can use this page to note down any further unusual episodes, descriptions, or any questions you have for your doctor.

## Further information

The epilepsy nursing service or the national epilepsy organisations below can supply general advice or give you contact details for other support services. We are not suggesting you have been diagnosed with epilepsy.

**Email:** [epilepsysupport@uhs.nhs.uk](mailto:epilepsysupport@uhs.nhs.uk)

**NHS**  
[www.nhs.uk](http://www.nhs.uk)

**Epilepsy Action**  
**0808 800 5050**  
[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

**Epilepsy Society**  
**01494 601 400**  
[www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **[patientsupporthub@uhs.nhs.uk](mailto:patientsupporthub@uhs.nhs.uk)**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **[www.uhs.nhs.uk/additionalsupport](http://www.uhs.nhs.uk/additionalsupport)**

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