

Patient information factsheet

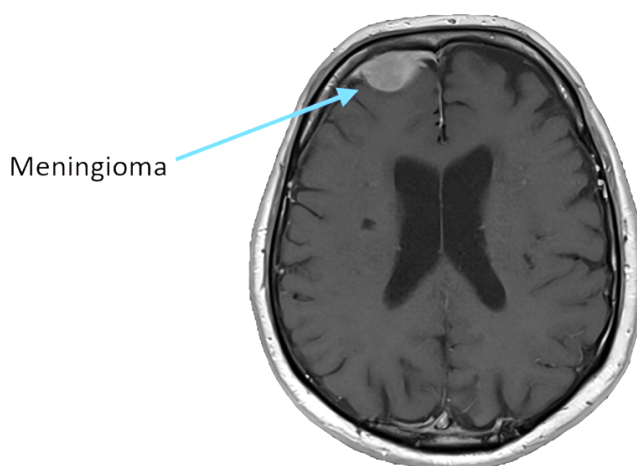
Incidental meningioma

We have given you this factsheet because you have been referred to the Wessex Neurological Centre after a recent brain scan (a CT or MRI scan) has shown that you have an incidental meningioma.

This factsheet explains what an incidental meningioma is, what this diagnosis means for you, and what follow-up care you will receive. We hope it helps to answer some of the questions you may have. If you have any further questions or concerns, please contact your general practitioner (GP) or the healthcare team who referred you for the brain scan.

What is an incidental meningioma?

A meningioma is a **non-cancerous** (benign) tumour which develops when the lining that covers and protects the brain and spinal cord, called the meninges, overgrows. As meningiomas are not cancerous, they do not spread from the brain to other parts of the body.



Meningiomas typically grow very slowly (often only increasing by 1 to 2mm per year), and many small meningiomas do not grow or change in size at all. Because of this, meningiomas are often only discovered when a person has a brain scan for another medical reason. If the meningioma is found as a result of another medical reason, it is known as an '**incidental meningioma**'.

How common are meningiomas?

Meningiomas are the most common primary intracranial (within the skull) tumour.

Recent studies estimate that in the population, 2 to 3 in every 100 people have an asymptomatic meningioma (a meningioma that doesn't cause symptoms), and of these, only a small number of people will have multiple meningiomas.

The risk of developing a meningioma increases with every ten years of life. This means that the older you are, the more likely it is that you will develop a meningioma.

What causes meningiomas?

There is no known cause for why most people develop a meningioma. However, it is known that meningiomas:

- are more common with age
- are more common in women (women are twice as likely to have meningiomas due to female hormones)
- may be associated with certain female hormonal disorders (for example, polycystic ovarian syndrome and endometriosis) that can cause hormone-driven tumours in other parts of the body
- are more likely to occur in an area of the brain or spine that has previously been treated with radiotherapy
- rarely are associated with certain genetic predispositions (an increased chance of developing a certain condition based on your genetic makeup). However, most meningiomas are 'de novo' which means they come up spontaneously without a specific cause or genetic link.

If you have previously had radiotherapy or are known to have a genetic predisposition to meningiomas, please contact your GP or the healthcare team who referred you for the brain scan.

Will I need any treatment?

Incidental meningiomas rarely need treatment. However, if a meningioma is large, it can put pressure on the surrounding brain, which may then need treatment.

Our neurosurgery and neuroradiology teams have looked at your CT and/or MRI scans and have decided that you do **not** need any urgent treatment for your incidental meningioma.

Will I receive any follow-up care?

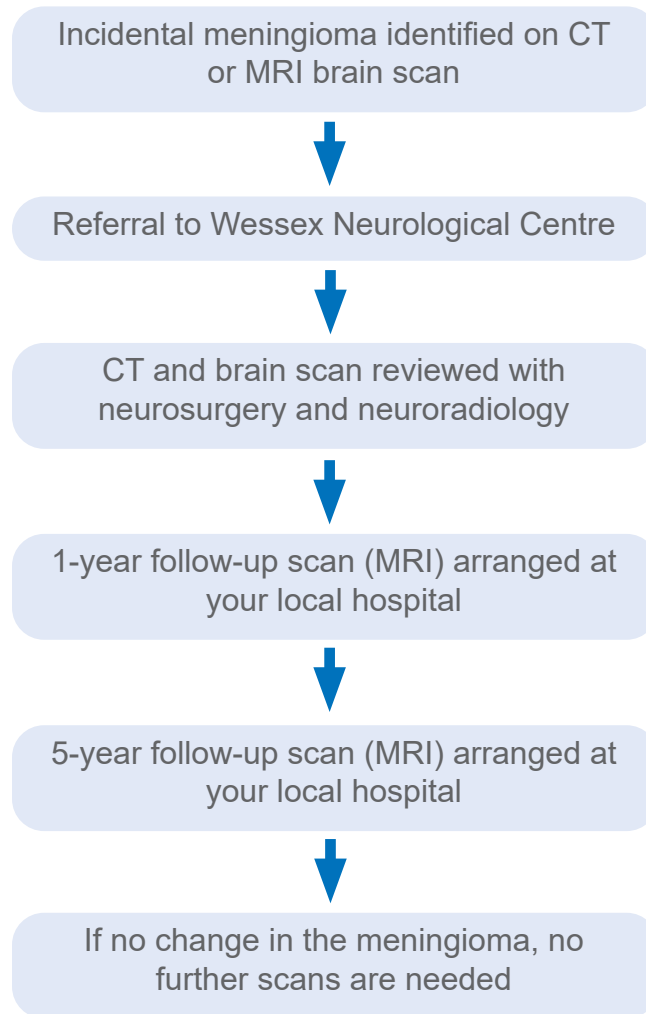
A follow-up MRI brain scan will be arranged at your local hospital one year after your initial brain scan. If you have not received an appointment letter for this, please contact your local hospital.

If the follow-up scan shows that the meningioma has not increased in size or changed significantly, your local hospital will arrange for you to have a further follow-up MRI brain scan at five years.

If the incidental meningioma has not increased in size or changed after five years, you will not need any further follow-up scans and your local hospital will discharge you from their care.

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Please see the flow diagram below for a summary of the process.



Please note that depending on certain factors, such as the size of the meningioma and your age, you may not need any follow-up scans. If no follow-up scans are needed, the team who referred you for the brain scan will let you know.

Can I drive?

You can drive a car if you have an incidental meningioma. However, if you are a 'Group 2 licence' holder (bus and lorry), you must **not** drive and you must notify the DVLA immediately. Relicensing is usually considered after one year if your scan shows that the meningioma has not changed in size.

You will also **not** be allowed to drive for a period of time and will need to contact the DVLA if you have:

- an epileptic fit
- worsening vision
- other neurological symptoms (for example, worsening headaches or weakness in the limbs)
- had surgery or radiotherapy

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When should I seek medical advice?

We do not expect your meningioma to cause you any symptoms.

However, rarely, the meningioma can grow, putting pressure on the brain underneath. If this happens, it can cause the following symptoms:

- seizures (epileptic fits)
- progressive headaches which are worse in the morning and do not respond to pain relief medication (for example, paracetamol)
- progressive neurological disturbances, such as weakness or loss of feeling down one side of your body, or changes to your vision (for example, blurred or double vision)

If you experience any of the symptoms above, contact your GP or NHS **111** for advice.

In an emergency, go to your nearest emergency department or call **999** for an ambulance.

Useful links

The Brain Tumour Charity

Telephone: **0808 800 0004**

Website: www.thebraintumourcharity.org

brainstrust

Telephone: **01983 292405**

Website: www.brainstrust.org.uk

Brain & Spine Foundation

Telephone: **0808 808 1000**

Website: www.brainandspine.org.uk

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**