

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/neurofrontiers/next-steps-after-subarachnoid-hemorrhage-diagnosis/57159/>

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## The Critical Next Steps After Subarachnoid Hemorrhage Diagnosis

### Announcer:

This is *NeuroFrontiers* on ReachMD. On this episode, we'll learn about modern management strategies for subarachnoid hemorrhage with Dr. Jay Max Findlay. He's a Professor of Neurosurgery at the University of Alberta. Here's Dr. Findlay now.

### Dr. Findlay:

The most important thing if you've made a diagnosis of a recent subarachnoid hemorrhage is pain control and blood pressure control. And so these patients—sometimes just secondary to the pain—will have an elevated blood pressure, which can precipitate rebleeding from the aneurysm. So it's important to get the pain under control and to get the blood pressure under control.

The blood pressure will usually require a combination of pain management and intravenous antihypertensives. This is the immediate upfront emergent treatment of subarachnoid hemorrhage. The next step is—once having made the diagnosis of a ruptured aneurysm—getting the aneurysm repaired. It should be done as soon as possible once the diagnosis is made. Aneurysm repair these days can be either endovascular coiling or microsurgical clipping, but increasingly, it's through endovascular coiling techniques.

After that, patients are in the intensive care unit, and there's a number of different things that we're looking for and that we're treating. Many of these patients will have, from the bleeding, acute hydrocephalus. So this is a plug in the plumbing; the cerebrospinal fluid gets trapped into the lateral ventricles, and they dilate. Hydrocephalus is dangerous, and so we have to address the hydrocephalus. We have to treat the hydrocephalus, and that means, in those patients that have it on CT scanning, is insertion of an external ventricular drain, which is a neurosurgical procedure.

Then there's a delayed development of arterial narrowing that is called cerebral vasospasm. And this is a condition that occurs days following the initial hemorrhage—anywhere between four and 14 days afterwards—and it is due to the blood that is left coating the surface of the brain and surrounding the major arteries traveling to the brain.

As the blood breaks down, it leads to spasm in those blood vessels and a second type of stroke, an ischemic-type stroke, from starvation of the brain from blood due to this delayed-onset vasoconstriction or vasospasm. So we have to be vigilant watching for that, screening, and testing for vasospasm, then treating it when it occurs.

Now, there is a medication that we give early on. It's called nimodipine. It's a calcium antagonist, and it does have a preventative effect when it comes to vasospasm. It's not a powerful prevention measure, but it is a standard of care in patients that have aneurysmal subarachnoid hemorrhage.

### Announcer:

That was Dr. Jay Max Findlay sharing his insights on managing subarachnoid hemorrhage. To access this and other episodes in our series, visit *NeuroFrontiers* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.