

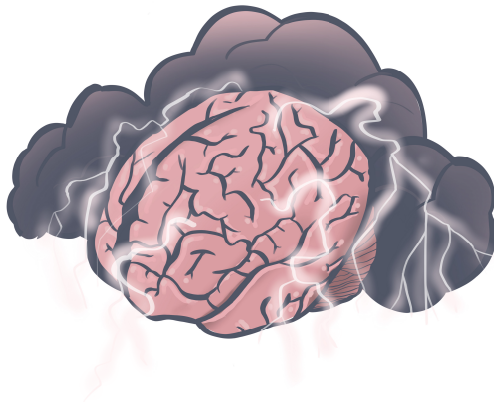
# First Unprovoked Seizure

# First Unprovoked Seizure

Your health care provider has given you this pamphlet because they think that you may have had a seizure.

## What is a seizure?

- A seizure happens when the neurons (nerve cells) in your brain do not discharge (fire) the right way. These discharges are like an electrical storm in the brain. They can interrupt your usual body functions for a short time.
- A seizure can cause changes in how you move, feel, or think. This will depend on which part(s) of the brain is involved.



- Seizures can happen for no clear reason. They can also happen for different medical reasons, like:
  - › A major illness
  - › A brain lesion (damaged tissue) or infection
  - › Bleeding in the brain
  - › A severe (very bad) head injury
  - › Alcohol or recreational drug use
  - › Alcohol or recreational drug use withdrawal



SIGNIFICANT  
HEAD INJURY



BLEEDING  
OF THE BRAIN



BRAIN LESION  
OR INFECTION

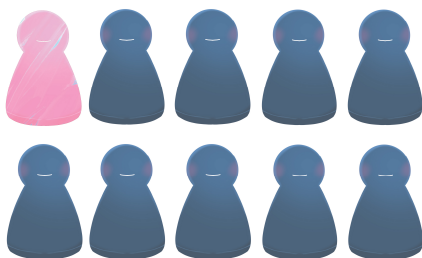


ALCOHOL/  
SOCIAL DRUGS

- Seizures can happen to anyone at any age.

About 5 to 10%

(1 out of 10) people  
will have a seizure in  
their lifetime.



- Each year more than 1,000 adults are referred to the First Seizure Clinic.

## What is an unprovoked seizure?

- Seizures are considered **unprovoked** if your health care team cannot find a clear, immediate (right away) cause for your seizure.
- About half of the people who have an unprovoked seizure **will not** have any more seizures. The other half will have another seizure, often within 6 months of the first one.
- Having one seizure **does not** mean that you have epilepsy. Most people who have a first unprovoked seizure do not need treatment.

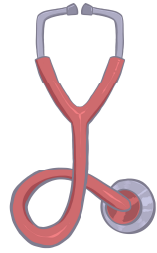


## What will happen after my first seizure?

- If you think you may have had a seizure, go to the nearest **Emergency Department right away**. The health care team will assess you to find out if you had a seizure and what may have caused it.

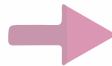


- During the assessment, they may:
  - › ask you to describe the event and what happened before the event.
  - › do a physical exam to check for neurological (nervous system) problems.
  - › do blood and urine (pee) tests.
  - › do an electrocardiogram (ECG/EKG). This is a recording of your heart rhythm for 10 seconds.
  - › do brain imaging (like a CT scan).
- If these tests do not show any problems, and you have recovered from your seizure, you will be discharged from the Emergency Department.



**EMERGENCY**  
(INITIAL ASSESSMENT)

- DETAILED HISTORY
- TESTS
  - Blood and Urine
  - EEG
  - Brain Imaging



**PRIMARY HEALTH  
CARE PROVIDER**



**FIRST UNPROVOKED  
SEIZURE CLINIC**

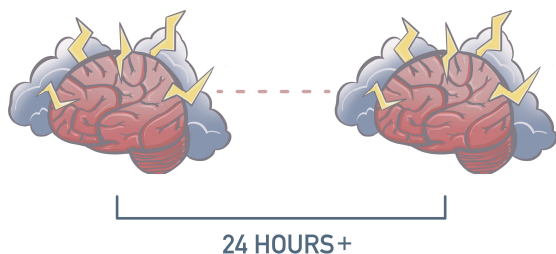
- You should book a follow-up appointment with your primary health care provider (family doctor or nurse practitioner).
- You may also be referred to the First Unprovoked Seizure Clinic.

## What is epilepsy?

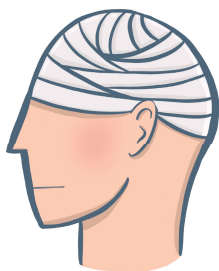
- Epilepsy is a condition that makes a person more likely to have unprovoked seizures.
- Epilepsy is diagnosed if:
  - › You have 2 or more unprovoked seizures more than 24 hours (1 day) apart.

or

- › You have 1 unprovoked seizure and are at a high risk for more seizures.



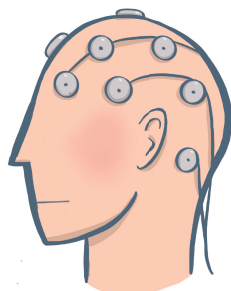
- You may have a higher risk for more seizures if:
  - › You have some types of brain lesions.
  - › You have had a significant brain injury.
  - › An electroencephalogram (EEG) test (see page 11) shows signs of a seizure.
  - › You had a seizure while sleeping.



SIGNIFICANT  
HEAD INJURY



BRAIN LESION  
OR INFECTION



EEG TEST  
RESULTS

- You may get a prescription for anti-seizure medication after your first seizure if:
  - › You are found to have a higher risk for more seizures.
  - › You are diagnosed with epilepsy.
- Not every loss of consciousness or event with abnormal movements, sensations, or mental function is a seizure.
  - › If the event you had was **not** a seizure, you may have other kinds of tests and treatments.

# What is a provoked seizure?

- Provoked seizures are seizures that have an immediate cause. This can include things like using alcohol or drugs, alcohol or drug withdrawal, or serious medical illnesses.
- The factors causing provoked seizures must be removed or treated. Most people with provoked seizures do not need follow-up with a neurologist (doctor who specializes in the nervous system).



SIGNIFICANT  
MEDICAL ILLNESSES



ALCOHOL/  
SOCIAL DRUGS

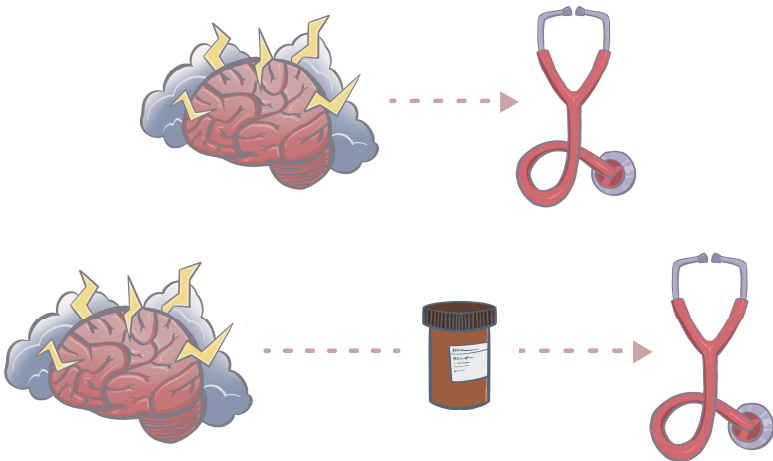
# First Unprovoked Seizure Clinic

## Where is the Clinic?

- Your appointment will be at the Neurology Outpatient Clinic at the Halifax Infirmary.
- You will get your appointment information by mail or phone.

## What to expect at your appointment

- Clinic appointments are given based on need. We try to triage people with unprovoked first seizures within 4 to 8 weeks of the event.
  - › If you have started taking anti-seizure medication, you will be triaged and given an appointment date.
- Your first appointment at the Clinic will take up to 90 minutes (1 ½ hours). We will review your medical, family, and social history, and do a physical neurological exam.



- **If someone saw the event, please bring them with you to your appointment so we can talk with them.**
- We will ask you and your witness (if there was one) to describe the event in as much detail as you can. A clear description of the event is one of the most important parts of trying to find out if you had a seizure. What your witness saw may be different from what you remember.

## **Record the details of the event**

- Keeping a record of all the details of the event helps. We will ask you things like:
  - › How were you feeling before the event?
  - › What were you doing before the event?
  - › How did you feel during the event?
  - › What do you remember about the event?
  - › How did you feel after the event?
  - › Were you injured, sore, or sleepy after the event?

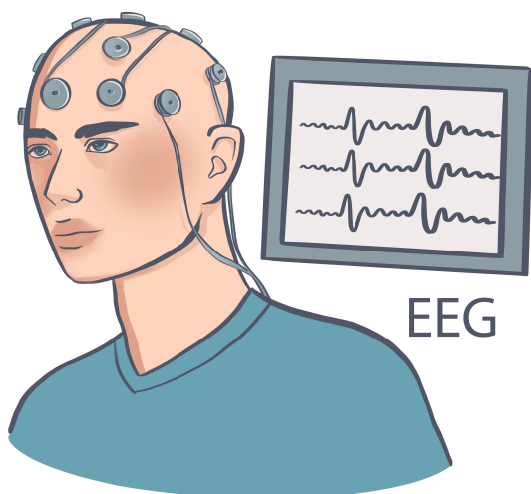
- We will ask your witness things like:

- › What was the person doing before the event?
- › Did the person mention any unusual feelings?
- › How did you know the person was having trouble?
- › Was the person confused or having any other trouble functioning?
- › Did the person collapse or fall down? What did that look like?
- › Was there a change in the person's breathing or skin colour?
- › Did the person's body or limbs (arms and legs) move?
- › How long did the event last?
- › What was the person like after the event?
- › When was the person back to their usual self?



## What tests will I have at my appointment?

- Depending on your situation, you may have:
  - › **An EEG.** This test records the electrical activity of your brain. It is done to check for patterns that might suggest a higher risk for seizures. It does not hurt.
  - › **A sleep-deprived EEG.** This is the same test as an EEG, but it takes longer and is done after you have stayed awake for most of the night before the test.
  - › **A magnetic resonance imaging (MRI) test** for more brain imaging.
  - › **Neuropsychological** (thinking skills, like attention, memory, and problem solving) **tests.**





# How will having a seizure affect my life?

## Driving

- Seizures cause unpredictable episodes of impairment (you are suddenly not able to function normally). Because of this, **you will not be allowed to drive for a set amount of time**. This is to make sure you do not have any more seizures.
- Even if you have started taking anti-seizure medication, you will need to stop driving for some time. This is to make sure that the medication to stop your seizures is working.
- In Nova Scotia, **you must not have had a seizure for at least 6 months before the Registry of Motor Vehicles (RMV) will consider allowing you to drive again with a regular (class 5) licence**. The rules are different for professional drivers with a commercial licence (classes 1, 2, 3, and 4).
- **Being seen sooner in the Clinic does not change the driving restriction requirements.**
- If you have another seizure, you are not allowed to drive for 6 months from the date of your **most recent** seizure.



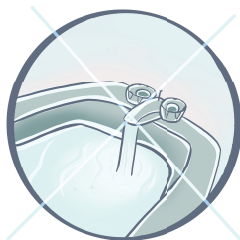
- If you have questions about driving after a seizure, please call the RMV's Medical Fitness section:
  - › Phone: 902-424-5732

## Safety

- After having a seizure, take extra safety measures to lower the risk of injury to yourself and others:
  - › at heights (above 3 feet).
  - › around heavy machinery.
  - › around open water.



- Take showers instead of baths.



- If you are trying to decide if it is safe for you to do an activity, ask yourself:
  - › “If I had another seizure now, how likely is it that I would hurt myself or someone else?”

## Lifestyle

- Your lifestyle choices (like being very sleep deprived, or overusing or abusing alcohol or recreational drugs) can raise your risk for more seizures. To avoid this:
  - › Make sure you get enough sleep.
  - › Limit your use of alcohol and cannabis.
  - › Avoid other recreational drugs.

## Work after a seizure

- Depending on the kind of work you do, you may need to talk about your suspected seizure with your employer or with the occupational health department at your job. This is very important if you need to take extra safety measures to prevent injury to yourself or others.
- **You need to tell your employer about your suspected seizure if your job requires you to:**
  - › drive a vehicle of any kind (including trains).
  - › fly a plane.
- Some jobs have requirements to report health issues like seizures. These jobs may include the Canadian Armed Forces or emergency services (like police, firefighters, paramedics).

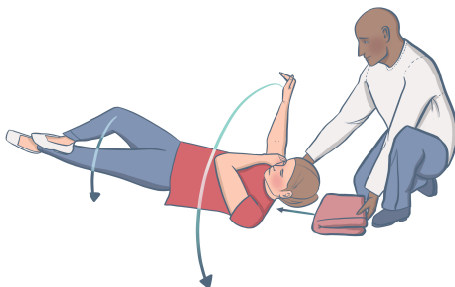
## What if I have another seizure?

- **In most cases, people do not have another seizure.** Having a second unprovoked seizure usually means you have a higher risk for more seizures. If this happens, your health care team may recommend medication to prevent seizures.
- If you have a second unprovoked seizure, talk with your health care provider about starting anti-seizure medication.



## What to do if a person has a seizure:

- Stay calm. Most seizures only last a few minutes.
- Check the time, so you know how long the seizure lasts.
- Move any sharp or hard objects (like eyeglasses) away from the person. This will help prevent injury.
- Loosen any tight clothing around the person's neck.
- **Do not put anything in the person's mouth or between their teeth.**
- **Do not hold the person down or try to stop their movements.**
- Make sure people **do not** crowd around the person.
- Once the seizure has stopped, turn the person on their side in the recovery position.
- Stay with the person until they are fully recovered and aware of their surroundings.
- **Do not give the person anything to eat or drink until they are fully recovered and aware of their surroundings.**
- Reassure and support the person.



**Call 911 if:**

- › the seizure lasts for more than 5 minutes.
- › the person is injured or is having trouble breathing after the seizure.
- › the person has a second seizure after the first one without getting back any awareness in between.

**For more information:****Canadian Epilepsy Alliance**

- › Phone (toll-free): 1-866-EPILEPSY (1-866-374-5377)
- › [www.canadianepilepsyalliance.org](http://www.canadianepilepsyalliance.org)

**Epilepsy Association of the Maritimes**

- › Phone: 902-429-2633
- › Toll-free: 1-866-374-5377
- › <https://epilepsymaritimes.org/>

**Epilepsy Foundation®**

- › Phone (toll-free): 1-800-332-1000
- › <https://www.epilepsy.com>

# Notes:

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This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:  
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:  
Call 811 or visit: <https://811.novascotia.ca>

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To be reviewed March 2028 or sooner, if needed.

