

Post-Traumatic Seizures and Epilepsy After a Car Accident in Georgia

A Seizure Weeks or Months Later Can Still Trace Back to the Brain Injury

A [traumatic brain injury](#) can keep changing long after the crash scene is cleared. Some complications appear immediately. Others surface after the person has gone home, returned to work, or started believing the worst is behind them. Post-traumatic seizures are one of the most serious examples.

A seizure can occur within hours of a head injury, during the first week of recovery, or months later. Some people have one event and never experience another. Others develop recurrent unprovoked seizures and are eventually diagnosed with post-traumatic epilepsy. The timing matters medically because seizures that occur during the acute phase of a brain injury are classified differently from seizures that begin later.

At [Gary Martin Hays & Associates](#), our car accident lawyers look at the entire neurologic timeline when a seizure follows a Georgia car wreck. That means the original head trauma, CT and MRI findings, brain bleeds or contusions, loss of consciousness, early symptoms, medication history, EEG testing, witness descriptions of the seizure, and what the treating neurologist believes caused it.

A Post-Traumatic Seizure Isn't Automatically the Same Thing as Epilepsy

The terms are easy to blur together, but they don't mean exactly the same thing. Medical literature commonly separates post-traumatic seizures according to whether they happen during the first seven days after a traumatic brain injury or later.

Term	Medical Meaning	Why It Matters
Early post-traumatic seizure	A seizure occurring within the first 7 days after the traumatic brain injury. It is generally treated as an acute symptomatic complication rather than, by itself, proof of epilepsy.	It can signal a more serious TBI, affect acute treatment, and become part of the later risk analysis for recurrent seizures.
Late post-traumatic seizure	An unprovoked seizure occurring more than 7 days after the brain injury. Late seizures are more concerning for a continuing seizure disorder than seizures confined to the acute first week.	The timing can become critical when an insurer argues that a seizure months after the crash is unrelated to the original TBI.
Post-traumatic epilepsy	A continuing predisposition to unprovoked seizures after TBI. Epilepsy is commonly diagnosed after recurrent unprovoked seizures and can sometimes be diagnosed after one unprovoked seizure when recurrence risk is sufficiently high.	A chronic diagnosis can affect long-term medication, driving, work, safety planning, future medical care, and the value of the injury claim.

The seven-day distinction is commonly used in medical literature, but the treating neurologist still has to classify the event in the context of the individual brain injury.

Post-traumatic seizures can occur during the first week after a TBI or begin later, and [late seizures are more likely to become recurrent](#). Epilepsy also doesn't always require waiting for a second unprovoked seizure. Under the [International League Against Epilepsy definition](#), epilepsy

can be diagnosed after one unprovoked seizure when the predicted 10-year recurrence risk is at least 60%, or when an epilepsy syndrome is diagnosed.

That distinction is particularly important after moderate or severe TBI. In one study of adults with moderate-to-severe head injuries, [86% had another late seizure within about two years of the first](#). That figure shouldn't be applied to every TBI patient, but it helps explain why a neurologist may treat one late unprovoked seizure very differently from a seizure confined to the immediate hospitalization.

Why Can a Car Accident Lead to Seizures Later?

A seizure is caused by abnormal electrical activity in the brain. After a serious [car accident](#), several types of structural brain injury can create an area that's more likely to generate abnormal electrical activity later.

- **Brain Contusions:** Bruised brain tissue can heal with structural changes that alter how nearby neurons function.
- **Intracranial Bleeding:** Subdural, epidural, intracerebral, and other hemorrhages can injure the cortex and increase later seizure risk depending on their location and severity.
- **Penetrating or Depressed Skull Injuries:** More severe injuries that directly damage brain tissue carry a higher risk of post-traumatic seizures and epilepsy.
- **Diffuse or Multifocal Brain Injury:** A violent collision can injure brain networks through acceleration, deceleration, and rotational forces even when the injury isn't confined to one obvious spot.
- **Scarring After Brain Trauma:** The healing process itself can leave changes in injured brain tissue that later become part of the seizure pathway.

That is one reason a documented [brain bleed after a car accident](#) can remain medically important long after the blood itself has resolved. The immediate emergency may pass while the damaged brain remains vulnerable to later neurologic complications.

[Traumatic brain injury can cause epilepsy](#). The likelihood isn't the same after every concussion or head injury, though. More severe TBI, intracranial bleeding, cortical injury, and seizures during the acute phase are among the factors doctors consider when assessing later risk.

Not Every Seizure Looks Like Someone Falling and Shaking

A generalized convulsive seizure is hard to miss. The person may lose consciousness, fall, stiffen, and develop rhythmic jerking. But post-traumatic epilepsy can also produce focal seizures that look much less dramatic.

A person might suddenly stare and stop responding. They may make repetitive movements, become confused, experience a strange smell or sensation, lose track of time, or have involuntary movement in one arm or one side of the face. Afterward, they may be exhausted, confused, have a headache, or have no memory of what happened.

That can create an evidentiary problem when the first event occurs outside a hospital. A spouse, coworker, friend, or bystander may be the only person who saw it. Their description of what happened before, during, and after the episode can become part of the neurologist's diagnostic workup.

A first seizure after a recent head injury also deserves prompt medical attention. The CDC lists [convulsions or seizures among the danger signs after a mild TBI or concussion](#) that call for immediate emergency medical care.

A Normal EEG Doesn't Mean the Seizure Didn't Happen

Insurance companies like tests that produce a simple positive or negative answer. An EEG doesn't work that way.

An electroencephalogram records electrical activity during the period of the test. Seizures are episodic, so a routine EEG can be normal between events even in someone who has epilepsy. A [normal EEG doesn't rule out a prior seizure or epilepsy](#) because the test may simply fail to capture abnormal activity during that recording window.

A neurologist may consider the witness description, neurologic examination, MRI or CT findings, EEG results, prior medical history, and whether another condition could have caused the episode. When events remain unclear, longer ambulatory EEG or video-EEG monitoring may be considered.

The same caution applies to early brain imaging. A negative CT doesn't prove that the crash caused no brain injury. Insurers may try to use normal early imaging to minimize [concussion and TBI claims](#), and that argument becomes even more important when later neurologic symptoms are as serious as seizures.

Why a Seizure Months After the Crash Creates a Causation Fight

The farther a seizure occurs from the date of the collision, the easier it becomes for an insurer to argue that something else caused it. That doesn't make a delayed seizure unrelated to trauma, but it does make the medical timeline more important.

The defense may point to a family history of epilepsy, alcohol or drug withdrawal, metabolic abnormalities, infection, stroke, medication effects, sleep deprivation, or another potential cause. A neurologist has to consider those alternatives rather than assuming every seizure after a crash is post-traumatic.

At the same time, a late diagnosis shouldn't be rejected merely because the person left the emergency room without a seizure diagnosis. [Delayed brain injury symptoms after a crash](#) can become medically significant only after the acute phase, and a later seizure may require a different neurologic analysis than symptoms confined to the first hours after the wreck.

The strongest causation analysis doesn't pretend the timing gap isn't there. It explains it. A documented TBI, cortical contusion, hemorrhage, early post-traumatic seizure, abnormal MRI, or other recognized risk factor can give the neurologist a medical basis for connecting the later event to the original brain trauma.

Six Pieces of Evidence Can Help Connect the Seizures to the Crash

A post-traumatic epilepsy claim is often built from several records that become much more persuasive when they tell the same story.

1. **The Original Brain Injury Records:** Emergency notes, ambulance records, Glasgow Coma Scale scores, loss-of-consciousness history, CT scans, MRI studies, neurosurgical records, and hospital diagnoses can establish the severity and location of the original trauma.
2. **Brain Imaging Over Time:** Later MRI findings can sometimes identify contusions, scarring, prior hemorrhage, or other structural changes that may help explain why seizures began after the injury. Some injuries require a broader medical analysis than one early scan can provide. That is particularly true with [diffuse axonal injury](#).
3. **A Detailed Description of Each Event:** Witnesses should record what the person was doing immediately beforehand, whether awareness changed, which parts of the body moved, how long the event lasted, and what the person was like afterward. Video from a phone or security camera can sometimes be medically useful as well.
4. **EEG and Neurology Records:** Routine EEG, prolonged monitoring, medication changes, neurologic examinations, and the treating neurologist's diagnostic reasoning can help distinguish epilepsy from fainting, sleep disorders, psychogenic nonepileptic events, or other conditions.
5. **The Pre-Crash Medical History:** Prior records can show whether the person had any seizure disorder, unexplained blackouts, neurologic disease, or anti-seizure medication use before the collision.
6. **The Long-Term Treatment Course:** Medication prescriptions, breakthrough seizures, emergency visits, specialist follow-up, driving restrictions, work limitations, and safety precautions can show whether the condition became a continuing part of the person's life.

When the diagnosis is disputed, the treating neurologist or epileptologist may need to explain why the history and testing support post-traumatic epilepsy rather than another cause.

Preventing Early Seizures Doesn't Prevent Post-Traumatic Epilepsy

People hospitalized with severe TBI are sometimes given anti-seizure medication during the acute phase because seizure prevention can reduce the risk of early post-traumatic seizures during the first seven days. That treatment has an important but limited purpose.

The [Brain Trauma Foundation's severe-TBI guideline](#) supports anti-seizure prophylaxis to reduce early post-traumatic seizures during the first seven days when the benefit outweighs the risks, but it doesn't recommend phenytoin or valproate to prevent late post-traumatic seizures. A patient can therefore receive appropriate seizure prevention in the hospital and still develop epilepsy later.

That becomes important when an insurer argues that the absence of an early seizure or the use of preventive medication means later epilepsy must have another cause. The medical literature doesn't support that shortcut.

Post-Traumatic Epilepsy Can Affect Driving in Georgia

A seizure disorder can take away something that many crash victims expected to regain as soon as the orthopedic injuries healed: the ability to drive independently.

Georgia's current driver's-license rules contain a specific epilepsy provision. Under [Georgia Rule 375-3-5-.02](#), a person whose altered-consciousness episode was caused by epilepsy may be issued a Class C license, if otherwise qualified, when the episode didn't occur within the previous six months. The same rule also establishes a broader review framework for episodes involving altered consciousness.

Georgia's [Department of Driver Services medical-review process](#) can require a physician evaluation when questions arise about a license holder's ability to drive safely. The current DDS medical form asks about seizures associated with epilepsy, seizures not associated with epilepsy, the date of the last event, frequency, medication compliance, and EEG testing.

That six-month rule can create a real damages issue after a crash. Someone who can't drive may lose independence, need transportation to work and medical appointments, or be unable to continue a job that requires regular driving. Delivery workers, home-health providers, field technicians, salespeople, and others whose jobs depend on being behind the wheel may face employment consequences that continue long after the original collision injuries have healed.

The Work Loss May Continue Even When Seizures Are Controlled

Anti-seizure medication can control seizures for many people, but successful treatment doesn't necessarily restore every part of the person's pre-crash life. Medication adjustments can take time, breakthrough seizures may occur, and fatigue, dizziness, cognitive slowing, or other side effects can affect work depending on the medication and the individual.

Some jobs also carry safety risks that make recurrent seizures difficult to accommodate, including work at heights, around heavy machinery, near open water, around heat or fire, or in positions that require commercial driving.

When epilepsy permanently changes what work is realistically available, the claim may need evidence of [lost earning capacity](#) rather than only a calculation of the paychecks missed immediately after the crash.

Seizures Can Change the Entire Household, Not Just the Patient

Families often become part of the safety plan. Someone may need to know what to do if a seizure happens in the shower, on the stairs, while cooking, or in public. A spouse may take over driving. Parents may worry about leaving an adult child alone. Family members may start monitoring medication schedules or accompanying the person to neurologic appointments.

That burden can be substantial after a serious TBI. Practical support may resemble the changes families already make when [caring for someone with a traumatic brain injury](#), especially when seizures, memory problems, or impaired judgment make independent living less predictable.

For someone expected to need long-term neurology care, medication management, transportation, supervision, cognitive rehabilitation, or other support, a [life care planner can help organize future needs](#) around the treating doctors' prognosis.

What Compensation May Be Available for Post-Traumatic Epilepsy?

A seizure disorder can create losses that aren't obvious from the first hospital bill. Depending on the medical evidence and the effect on the person's life, a Georgia car accident claim may include:

- **Past and Future Medical Treatment:** Emergency care, neurology visits, EEG testing, brain imaging, anti-seizure medication, laboratory monitoring, epilepsy-center evaluation, rehabilitation, and medically supported future treatment.
- **Lost Income and Reduced Earning Capacity:** Missed work after seizures, driving restrictions, job changes, reduced hours, or permanent loss of work that can't safely be performed with a seizure disorder.
- **Transportation and Assistance Needs:** A person who can't safely drive may need family transportation, rideshare services, paratransit, or other help getting to work, treatment, and daily activities.
- **Pain, Emotional Distress, and Loss of Independence:** Fear of another seizure, injury during a seizure, anxiety about being alone, disrupted sleep, restrictions on hobbies, and loss of independence can all affect daily life.
- **Future Safety and Support Needs:** People with severe TBI and recurrent seizures may require supervision, medication management, home modifications, or other support depending on their neurologic condition.

The value of the claim should follow the actual diagnosis and prognosis. One provoked seizure during the acute hospitalization doesn't automatically carry the same future consequences as recurrent post-traumatic epilepsy, and the damages analysis shouldn't pretend otherwise.

Our Georgia Car Accident Attorneys Can Help Build the Brain Injury Timeline

A post-traumatic epilepsy case isn't proved by saying, "The seizures started after the wreck." The claim has to show what happened to the brain, when the seizures began, how doctors classified them, what other causes were considered, and what the condition has changed about the person's future.

Our Georgia car accident lawyers can obtain the original trauma records, preserve crash evidence, gather brain imaging and EEG records, work with treating neurologists, document driving and employment restrictions, and develop future-care evidence when the seizure disorder is expected to continue.

If you or someone you love developed seizures or epilepsy after a Georgia car accident, [contact Gary Martin Hays & Associates](#) for a free consultation. We can review the brain injury timeline and help you understand what medical and legal evidence may be needed to connect the seizure disorder to the crash.