

## Neurosurgery

# Information for Patients Following a Subarachnoid Haemorrhage (SAH)

### Introduction

This booklet is designed to describe what subarachnoid haemorrhage is, how it is treated and how life may be affected afterwards. The booklet will answer some of the questions commonly asked by people who have suffered from a subarachnoid haemorrhage. It also will provide a list of other organisations and support groups both locally and nationally, that may be able to help you.

**However this booklet is only intended as a guide because the condition affects each person differently. It is important that you speak to your own doctor about your own specific health.**

**I would like to thank the Radiology Department at Newcastle General Hospital for permitting the reproduction and adaptation of this booklet.**

### What is a brain aneurysm?

A brain aneurysm is an area in the wall of a cerebral blood vessel artery that is weak. The aneurysm looks like a bulge or swelling of the blood vessel. Brain aneurysms can be of all different shapes, sizes and in different locations. The most common type is saccular (berry-shaped). The size of an aneurysm can be as small as 1-2mm or as large as 2.5cm in diameter.

### What is a subarachnoid haemorrhage?

A subarachnoid haemorrhage is a sudden leak of blood from an aneurysm



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wall. The leak or haemorrhage occurs when the aneurysm wall tears due to the pressure of blood in it and the blood leaks into the surrounding area. The blood from the leaking vessel enters the space in the middle membrane. Blood then enters the clear fluid which surrounds the brain, known as the cerebral spinal fluid (CSF).

### How common are aneurysms and who is at risk?

Subarachnoid haemorrhage affects 8,500 people each year in the UK. Often there is no way of knowing who is at risk from this condition. Brain aneurysms occur in people of all ages, but are most common in people aged 35-60. The reasons why aneurysms occur is not fully understood, but there is a greater risk of them occurring in people who have high blood pressure and people who smoke, although it doesn't mean that all these people will develop an aneurysm. In addition people who do not have these known risk factors may also develop an aneurysm; therefore there is no way of identifying those people at risk. There is no link between aneurysms and stress. In Europe 10 out of 100,000 people will suffer from an aneurysm bleeding each year. The following complications may occur on rare occasions and may require long-term treatment: -

- **Epilepsy:** fits can occur at any time after the haemorrhage or surgery. The risk of epilepsy is low, but if it does occur then it can usually be successfully controlled with tablets.
- **Hydrocephalus:** a build-up of the CSF which surrounds the brain and the spinal cord, due to a blockage within the drainage system. A small operation can be performed (a shunt insertion) to drain the fluid away from the brain into the abdomen, therefore alleviating symptoms of headache and problems with balance.

### Epilepsy

Epilepsy is a term used when a person has more than one fit or seizure. The symptoms of a typical fit are person collapses with jerking or shaking movements in one or more of their limbs, they then become unconscious. This usually only lasts for a few minutes and will be followed by a period of drowsiness while the brain recovers. Fits often occur without any warning at all.

There are also minor fits, called partial or focal fits, when a patient experiences symptoms such as tingling or numbness in an extremity or on the face, and head and eye deviation to one side.

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**Previous patients and their relatives have found it helpful to get information about epilepsy from Epilepsy Action, as soon as possible. Their address is at the back of this booklet.**

### **What tests are carried out?**

The following tests may be performed:

- **Lumbar puncture**
- **CT scan**
- **Angiogram**

**Lumbar puncture** is a test carried out to obtain a sample of cerebro-spinal fluid (CSF), from the lower part of your back. In order to do this a small needle is inserted between two spinal bones (vertebrae) at the lower end of the spine (lumbar spine) into the space containing the CSF. A small amount is then drawn off into a syringe for examination. Lumbar puncture may be a little uncomfortable, but an injection of local anaesthetic is given to numb the area first.

Once a sample of CSF has been obtained it is analysed in a laboratory for the presence of blood pigment. If this is present it confirms that blood has been present in the CSF for some time and is probably the result of a bleed over the brain.

A complication or side effect, experienced after lumbar puncture is headache. A mild analgesia may be given to treat this.

**A CT scan** is a special type of X-ray, which takes pictures of the brain. The location of the blood within the brain, as seen on the scan, can help to identify the site of the aneurysm. If a patient has more than one aneurysm it can help to detect which aneurysm has bled. Sometimes a CT angiogram may be performed, where a special dye (contrast agent) is injected into a vein in the arm in order to show the blood vessels in the brain more clearly.

**An angiogram** is an X-ray test used to look at blood vessels. A cerebral angiogram specifically looks at the blood vessels in your head and neck. This test is carried out in the angiography room in the neuro X-ray Department, by the neuroradiologist.

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After a local anaesthetic has been given, a fine tube, called a catheter is passed through a blood vessel (artery) in the groin to the arteries that supply the brain. A dye which shows up on an X-ray, called contrast agent, is then injected through the catheter into these blood vessels. X-ray pictures are taken as the contrast agent is injected to show where the aneurysm is situated.

Please see the angiogram patient information leaflet for further details of the procedure, its risks and side effects.

### **Why is another patient with a similar problem having different treatment to me?**

Subarachnoid haemorrhage affects different areas of the brain and differs in severity for each person. Treatment therefore also varies, so it isn't always helpful to compare your case with others.

Most small aneurysms cause no symptoms. As an aneurysm enlarges it may cause headaches. There is no reason why the haemorrhage happens at the time it does. The symptoms experienced depend on the amount of blood that has leaked out when an aneurysm ruptures, people report a sudden severe headache, often at the back of the head, nausea (feeling sick) and vomiting. The headache usually persists for more than an hour. In more severe cases a person may collapse and lose consciousness. Some people may have a fit or seizure at the time of the bleed.

### **How is an aneurysm treated?**

It is important to treat your aneurysm as soon as possible because of the risk that once an aneurysm has burst or ruptured it will do so again. The neuroradiologist and neurosurgeon looking after you will decide on the most appropriate way of treating your aneurysm. There are two techniques; embolisation and a procedure called surgical clipping.

**Embolisation** is performed through the arteries in the body in the same way an angiogram is carried out, but this time you will be under a general anaesthetic (being put to sleep). In order to treat the aneurysm by this method coils, (made of platinum), are placed into the aneurysm until it is completely filled. Blood can no longer flow into the aneurysm and cause a rupture.

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**Surgical clipping** involves an operation to the head performed under general anaesthetic. Your scalp is shaved over the area where the aneurysm can be reached. A cut is made in the scalp and then a piece of bone from your skull is removed, this is called a bone flap. The neurosurgeon can then perform the operation through this opening in the skull. The aneurysm will be identified and treated by placing a small metal clip across the connection between the aneurysm and the blood vessel. This connection is called the neck of the aneurysm. The bone flap is then replaced and the scalp stitched together again.

After the embolisation procedure it is routine that you will return to the step-down unit on ward 43, however in some cases you may have to spend some time in the critical care unit.

After a surgical clipping of an aneurysm it is routine that you will spend your initial post operative period in the critical care unit.

In both areas you will be closely observed and your progress continuously monitored.

## What happens after the aneurysm has ruptured?

How ill you are after the haemorrhage is dependent on the amount of blood that has leaked out. Blood can irritate and damage the normal blood vessels causing them to constrict, a process called 'vasospasm'. Vessels in 'vasospasm' close down, with the consequence that the healthy brain tissue will not be supplied with enough blood, leading to additional brain damage. Most people are taken straight to the casualty department of their local hospital. Once in hospital, a haemorrhage is confirmed by a CT scan of the brain or by performing a test called a lumbar puncture, see page 2 for further details of these tests.

You will then be referred to a specialist neurosurgical unit, where you will be seen by both a neurosurgeon and a neuroradiologist, doctors who are specially trained to treat subarachnoid haemorrhage. You will be admitted to a neurosurgical ward and a test called an angiogram will be performed. This is described on page 3.

## What happens after your treatment?

Once you have had treatment the greatest risk period is over. However you may be left with complications as a result of the bleed itself.

The following problems will normally disappear given time: -

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- It is common to experience headaches and these may last for several months before they slowly settle down;
- Patients are still at risk of developing vasospasm even after treatment for approximately 14 days post operatively;
- After the surgery you may experience pain or numbness around the scar, this may persist for a few months;
- There may be difficulty in opening your jaw for several months;
- Following some surgical procedures, a bone flap (the piece of bone that was cut out during your operation) may feel as if it moves. Although this may feel strange it is not dangerous and again these symptoms will slowly disappear.

## What happens when I go home from the neurosurgical unit?

Depending on the speed of your recovery, and the support available to you at home, you may be discharged home or back to your local hospital. Most people return to their local hospital to start recovery. Certain treatments that were prescribed in hospital will continue after you have been discharged. The following are the most common treatments:

Nimodipine is a medicine used to reduce the risk of stroke related to a sudden contraction (spasm) of the blood vessels. It is routinely given as a 21 day course.

Pain killers, e.g. paracetamol and codeine are used as needed for headaches. Strong pain killers such as Pethidine are avoided, because these are also sedatives, and can be dangerous in this condition.

Anti-epileptic medicines are used to control fits, for example phenytoin, carbamazepine or sodium valproate. These may be required for life or just for the first few months after the bleed. It is important to remember to take this medication. There are specially designed reminder pill boxes.

**Epilepsy Action** has details on how to obtain these. Their address is at the back of this booklet.

If you have high blood pressure, medication to lower your blood pressure may be required.

Other medication may be prescribed on the advice of your doctor.

### **How long will it take me to recover?**

Some people benefit from continued physiotherapy, occupational therapy or speech therapy to help their recovery. Some people will need full time in-patient care at a rehabilitation centre, whilst others will only need help for a limited time. There are people who recover very quickly and do not require any long term help.

There is no set time scale for recovery. Fatigue is very common following any serious illness, particularly if someone has had surgery. If your condition is getting worse in any way consult your GP. If you are having problems coping at home, there are specially trained people who can help you. Contact your GP, who can arrange for your needs to be assessed.

### **These are the people who may be involved in your recovery:**

- **Physiotherapist:** Physiotherapy involves the assessment and treatment of movement / balance problems and muscle weakness with the aim to improve the patients walking / activity levels and their quality of life. Physiotherapists are also involved in the treatment and management of patients with breathing problems
- **Occupational therapist:** provides treatment that uses specific activities to help people whose physical and mental processes for example memory, concentration, attention and mood have been damaged in order that they recover skills that can help them to lead as normal and independent a life as possible.
- **Speech therapist:** provides treatment that helps patients whose speech has been affected to speak clearly again in addition, the Speech and Language Team assess and manage swallow problems.

**Clinical Neuropsychologist:** a doctor who can help if you experience emotional distress or problems in relation to memory and attention.

**Social Worker:** can provide information and advice on practical help. Some people may be worried about how they will cope financially after a brain haemorrhage.

**Further details of organisations that can help can be found at the end of this leaflet.**

## **How will my life be affected?**

The return to daily life is very important to the person who has suffered a brain haemorrhage and the extent to which this can be achieved is dependent on the severity of the initial haemorrhage.

## **How will it affect my day to day activities?**

During the early part of recovery, people commonly find that they tire very easily and every daily activity seems to demand a great deal of effort. Over the following months it is expected that the tiredness will gradually ease.

## **Is there any permanent damage?**

Many people will recover completely given time, but in some cases the damage to the brain tissue may, for example cause some speech disturbance, weakness down one side, or double vision. Individuals may also experience short term memory impairment.

## **What can my family do to help?**

They can provide practical support such as transport. They should encourage you to return to a normal and independent lifestyle as soon as possible.

## **What to do if someone has a fit?**

If you are in a situation where someone has a fit, the first thing to do is to remove any dangerous objects away from them. Do not attempt to restrict their movements during a fit. Once the shaking has stopped, protect and turn the persons head and body to one side. Do not attempt to put your finger in their mouth or to remove any false teeth. People who are trained in first aid should use the recovery position.

If the fit has not stopped after 5 minutes, call an ambulance. If you do suffer from epilepsy make sure that someone close to you knows what to do. If you are going to have a fit after the haemorrhage it most commonly occurs within the first year.

## **What can I do to help my recovery?**

Try to return to as normal a lifestyle as possible and to be positive about the future. Recovery will continue over several years, there will be ups and

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downs, good days and bad days. As one patient explained, she found it very difficult to admit how exhausted she was and to give herself 'permission' to go and lie down for a couple of hours or even to stay in bed all day, but this is a very important part of the recovery process. Try to focus on the improvements and achievements that have already been made. Look to family and friends for support. Make sure you have all the information you will need. Attending a local support group will mean that you meet other people who have been through a similar experience, and who may be able to provide you with further information.

## Answers to commonly asked questions

### What safety measures should I be taking now?

- Continue to take your medication as prescribed;
- Don't drive (see below) or cycle in busy traffic;
- Don't smoke for one year, if possible give up altogether. Your GP may provide smoking cessation support. A list of national support groups is provided at the back of this booklet;
- Don't climb ladders;
- Don't swim alone because of the risk of exhaustion, a faint or a fit;
- Make sure your blood pressure is controlled. Your GP will advise you;
- If you have had surgery to your head, when washing your hair, immerse your head only when the wound has completely healed. This is usually after 2-3 weeks. The use of hairdryers is not harmful once the wound has healed. If you have had surgery to your head, you should not have your hair coloured or permed for 3 months.

### How much exercise should I take?

You should slowly increase the amount of exercise that you are doing, e.g. walking a little further each day. Exercise is beneficial, but the limitation is tiredness. If you are doing too much, you will become exhausted and need more rest. On average people tire very easily for the first three months after discharge from hospital, but your own body will let you know when its time to slow down.

### What about driving?

- **For the safety of yourself and for others, you are legally obliged to notify the Drivers and Vehicle Licensing Agency (DVLA), if you have**

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**had a brain haemorrhage. You must not drive until you have received approval from the DVLA. The DVLA office is in Swansea and the address can be found at the end of this booklet.**

- You will be allowed to drive again once a doctor has confirmed that you have made a full recovery and are fit to drive;
- If you are experiencing other problems since your brain haemorrhage you may not be allowed to drive for a period of time, usually one year;
- If you have had a fit this period may be longer until your fits are controlled;
- Your vision will also be checked;
- If you continue to drive your insurance will not be valid, therefore you would be personally liable for any accidents. Driving without a valid insurance certificate is also illegal;
- If you have any disabilities you will need a medical examination to be sure you are fit to drive. You may need modifications to your vehicle;
- You may need a specific medical examination in order to retain an HGV or PSV licenses;
- You can re-apply for your license before the date you are due to start driving again so that your license is ready for you. You will probably be given a three year license;
- You may consider changing your insurance company as some companies increase the cost of insurance for people who have had a subarachnoid haemorrhage.

Further information on guidelines, contacts and a website address for the DVLA can be found at the end of this booklet.

### **Can I go out alone?**

Once you feel physically capable of doing so you may go out alone. It may be some time before you feel confident to go to public places on your own. Difficulties with your memory and concentration may limit your ability to do this. If you do feel physically fit to go out, then you may feel more confident if a friend or relative goes with you, until you feel happy to go out alone. Some patients feel that they regain their confidence very quickly (within a matter of weeks), whilst for others going out alone can be a daunting experience for much longer.

There are a number of practical steps you can take to help:

- Take a mobile phone with you with friends telephone numbers saved in the phones memory.

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- Tell someone where you are going and when to expect you back.
- Gradually increase the length of time you spend out alone over a period of time.

### **What should I do if I get headaches?**

Subarachnoid haemorrhage is very rare. Headaches have many other causes other than subarachnoid haemorrhage, including tension, tiredness and migraines. Your headache is unlikely to be related to your bleed or the treatment. If your headache is not relieved with the help of pain killers, then seek medical advice.

### **Is it common to experience memory problems after a brain haemorrhage?**

Most patients who have had a brain haemorrhage report problems with short term memory afterwards. This disturbance in memory can be subtle or sometimes more noticeable, may be temporary or can be permanent. If you need practical help in coping with problems of this nature your doctor may refer you to a specialist doctor (Neuropsychologist).

### **When can I return to work?**

This depends on the type of work you do. You must feel capable both physically and mentally to perform your job. Common sense is usually the best judge of this. Many people return to work on a part time basis to begin with and then slowly increase their hours. Difficulties in memory and concentration can also interfere with your ability to return to work.

Each person responds differently to subarachnoid haemorrhage, therefore convalescence, rehabilitation and recovery will inevitably vary from person to person.

### **Will I be able to fly?**

If you have had head surgery you may fly after three months, although you may experience headaches during take off and landing due to pressure changes. Please take advice from your Consultant Neurosurgeon.

### **Will I be able to go swimming?**

This is encouraged when any wounds have healed, but you should not swim alone until the risk period for epilepsy has passed. This is around one year.

### **What about other sports?**

Most sports can be safely restarted once you are recovered. Contact sports that may involve blows to the head such as rugby or boxing should be stopped. If you are uncertain about anything you should speak to either your specialist or your GP.

### **Will I be able to drink alcohol?**

There is no reason why you should not drink alcohol in moderation, but you are likely to be more susceptible to its effect. There is a risk of provoking a fit if you drink too much alcohol. Some people complain of more severe hangovers after drinking alcohol.

### **Will I be able to have sexual intercourse?**

Having sexual intercourse presents no risk, although women are advised to avoid pregnancy for the first six months after a brain haemorrhage.

### **Will it recur?**

This is extremely unlikely.

### **Will I ever be the way I was before my brain haemorrhage?**

It depends on how severe your haemorrhage was and the extent of damage caused. A full recovery is certainly possible, but not everyone returns to the way they were before the haemorrhage. Many people report that their family and friends have noticed changes in their mood or temperament.

### **Are there any support groups?**

Support groups and associated charities can be found at the end of this booklet.

## **Glossary**

**Aneurysm:** a balloon like swelling in the wall of an artery.

**Angiogram:** an X-ray examination of the blood vessels using a contrast agent.

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**Arachnoid mater:** the middle of the three membranes covering the brain and the spinal cord.

**Artery:** a blood vessel carrying blood away from the heart.

**Catheter:** a flexible tube for insertion into a narrow opening so that fluids may be introduced or taken away.

**Cerebro-spinal fluid (CSF):** the clear fluid that surrounds and protects the spinal cord.

**CT (computerised Tomography) scan:** a special X-ray which gives a series of cross sectional images of the body.

**Epilepsy is:** A tendency to recurrent, unprovoked, seizures.

A stereotyped disturbance of consciousness, behaviour, emotion, motor function or sensation

**Haemorrhage:** the escape of blood from a ruptured blood vessel.

**Hydrocephalus:** an abnormal increase in the amount of CSF within the cavities of the brain.

**Lumbar puncture:** a procedure whereby a hollow needle is inserted into the subarachnoid space in the lower back in order to extract a sample of CSF for diagnostic purposes.

**MRI (Magnetic Resonance Imaging)** a type of scan which uses a magnetic field to provide images of internal structures of the body.

**Neurological** refers to a condition occurring in the nervous system, which includes the brain, spine and all peripheral nerves.

**Shunt:** a tube which is passed from the inside of the brain to the abdominal cavity to drain CSF when the normal route is blocked.

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**Stroke:** a sudden attack of weakness affecting one side of the body, resulting from an interruption to the flow of blood to the brain.

**Vasospasm:** constriction of normal blood vessels

## Local Organisations & Support Groups

### Coventry Benefits Advice Line

Welfare benefits telephone advice line, benefit claim form completion service, home visits and interviews by appointment. Asian languages spoken.

Spire House

New Union Street

Coventry

CV1 5BR

**Telephone:** 024 7683 2000

**Email:** [welfare.benefits@coventry.gov.uk](mailto:welfare.benefits@coventry.gov.uk)

**Patients that are not from the Coventry area are advised to contact their local Benefits office.**

### Coventry Citizens Advice Bureau (CAB)

Advice and information on a range of issues: specialist help in debt and welfare benefits offered. Also runs sessions in many GP practices around the city (for patients registered at the practice only).

Kirby House

Little Park Street

Coventry

CV1 2JZ

**Telephone:** 024 7622 3284 (Advice is not given via this number)

**Visit:** [www.coventrycab.org.uk](http://www.coventrycab.org.uk)

**Patients that are not from the Coventry area please contact your local Citizens Advice Bureau**

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### **Carers Centre**

Looking after a relative or friend at home can often be a tiring and isolating experience. There are various benefits and services to which you may be entitled, including assessment of your own needs. Coventry Carers Centre can offer information, support and advice.

3 City Arcade,  
Coventry City Centre,  
CV1 3HX

**Telephone:** 024 7663 2972

**Email:** [contactus@coventrycarers.org.uk](mailto:contactus@coventrycarers.org.uk)

### **National Organisations & Support Groups**

#### **Speakability (previously Action for Dysphasic Adults)**

1 Royal Street  
London SE1 7LL

**Telephone:** 020 7261 9572 (Information on support groups)

**Telephone:** 080 8808 9572

Monday to Friday (10am - 4pm)

**Email:** [Speakability@speakability.org.uk](mailto:Speakability@speakability.org.uk)

#### **Brain and Spine Helpline**

British Brain and Spine Foundation  
3.36 Canterbury Court  
Kennington Park  
1-3 Brixton Road  
Crammer Road  
London. SW9 6DE

**Telephone:** 0808 808 1000 (Information and support on neurological disorders for patients, carers and health professionals)

**Website:** [www.brainandspine.org.uk](http://www.brainandspine.org.uk)

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### **Headway National Contact;**

Freephone 0808 800 2244 Monday to Friday 9-5pm

[helpline@headway.org.uk](mailto:helpline@headway.org.uk)

Local Support groups for Headway - for further information email:

[headwaycw@aol.com](mailto:headwaycw@aol.com)

### **Epilepsy Action**

Anstey House

Gateway Drive

Yeadon

Leeds LS19 7XY

**Telephone:** 0113 210 8800

**Helpline No:** Freephone 0808 800 5050

**Website:** <http://www.epilepsy.org.uk> (Information, support, counselling and advice)

NB. They will give free advice via the Helpline. If people contact them for specific information, they will send them the appropriate leaflet free. Thereafter there is a charge for leaflets. All leaflets can be photocopied.

### **Carers UK Helpline**

**Telephone:** Freephone 0808 8087777 (Advice for carers run by the Carers UK)

### **Disability Alliance UK**

Universal House

88-94 Wentworth Street

London E1 9SA

**Telephone:** 020 7247 8776 (This is not an advice line)

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### **Disability Benefits Helpline**

Disability Living Allowance (DLA) **Telephone:** 0845 712 3456

Attendance Allowance **Telephone:** 0845 712 3456

Personal Independence Payment (PIP) **Telephone:** 0845 850 3322

**Website:** [www.gov.uk](http://www.gov.uk) (Advice and information about benefits for people with Disabilities and for their carers and community care)

### **Disability Living Foundation**

**Telephone:** Helpline 0300 999 0004 Monday to Friday 10.00am to 4.00pm  
(advice about equipment for daily living)

### **DIAL UK (SCOPE)**

**Telephone:** 01302 310123 (advice line for disability information)

### **DVLA Drivers Medical Group**

Longview Road

Swansea SA99 1TU

**Telephone:** 0300 790 6806

**Website:** [www.gov.uk/dvla-medical-enquiries](http://www.gov.uk/dvla-medical-enquiries)

### **Epilepsy Society**

Chesham Lane

Chalfont St Peter

Gerrards Cross

Bucks SL9 0RJ

**Helpline:** 01494 601 400

**Telephone:** 01494 601 300 (Medical support, counselling and information)

**Website:** <http://www.epilepsysociety.org.uk>

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### **NHS Stop Smoking Service**

[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

**Telephone:** 0800 022 4332

### **Stroke Association**

Stroke House

240 City Road

London. EC1V 2PR

### **Stroke Helpline**

If you would like information or advice about stroke, contact our Stroke Helpline on **0303 303 3100** open Monday to Friday, 9am to 5pm.

**Email:** [info@stroke.org.uk](mailto:info@stroke.org.uk)

## **Conclusion**

This booklet is only intended as a guide to provide you with some information. Any questions or uncertainties you have should be discussed with your specialist or your GP.

If you need clarification about anything you have read in this booklet please contact:

**Neurosciences Unit Ward 43**

**Telephone: 024 7696 7802 or 024 7696 5330**

The Trust has access to interpreting and translation services. If you need this information in another language or format, we will do our best to meet your needs. Please contact us on 024 7696 8240.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email [feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

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