



## Craniotomy

### Preoperative, Postoperative and Home Recovery Instructions

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#### Introduction

The purpose of this guide is to provide you and your family with information regarding your medical condition and planned surgery.

This information is part of your medical "Informed Consent". Please read it and follow the advice carefully. You should retain the guide for future reference and bring it with you to office appointments and to the hospital for reference.

#### Preparation for Surgery

In preparation for surgery you will have blood drawn for analysis. You may also require an electrocardiogram (ECG), and a chest X-ray. These are scheduled prior to surgery. These tests performed before your scheduled surgery may allow your physician to identify particular health problems that could require further evaluation before anesthesia and surgery.

Diagnostic imaging studies of the brain, such as CT or MRI scans, as well as cerebral angiography, may already have been performed and provide your surgeon with anatomic detail for surgery. Other electrodiagnostic tests (BAERs or SSEPs) may give additional, important information.

You will have an opportunity to meet with a representative of the anesthesia staff prior to surgery to discuss the surgical anesthesia and its risks.

Eat a light dinner before 7 P.M. on the evening before your surgery. **Do not** eat, drink, smoke, chew, or swallow **anything** after midnight the night before surgery except as directed by the hospital.

The hospital will notify you of the time and location where you should go before your surgery. Do not accept or follow any other directions unless you discuss it with our office, 630.858.5400.

#### Family Waiting

After surgery, Dr. Johnson or Dr. Masnyk will meet with your family in the surgical waiting room unless otherwise arranged. Please have a representative available in the waiting room to gather the family upon completion of surgery.



## **After Your Operation**

### **The First 24 Hours After Surgery**

You will be in the Intensive Care Unit (ICU) for the first 24 hours where your nurse will be watching you closely. The presence of close family is encouraged in a limited, quiet setting. You and your family will be kept informed of your progress and changes in your condition. When stable, you will transfer to the neurosurgery nursing unit.

You will be connected to several monitors which will measure heart rate, breathing and blood pressure. There will also be frequent monitoring of your neurological condition. The compression stockings on your legs will promote circulation.

### **Incision**

Your head dressing and possibly a surgical drain will remain in place for one to two days. The sutures or staples will be removed in approximately 10 days. You are encouraged to take Tylenol or another mild analgesic approved by your surgeon or nurse prior to removal of staples. You are encouraged to shower daily after the third post-operative day. Do not scrub the incision or apply any ointments or creams to the incision. Do not apply chemical treatments to your scalp (perm, color, etc.) for at least three months post-operatively. You may wish to purchase a wig or wear a scarf or hat until your hair returns.

### **Pain**

After surgery you may experience pain in the region of the incision. This discomfort is caused from surgical retraction of tissue as well as inflammation and swelling about the incision.

Some patients experience a sore throat and swallowing difficulty after general anesthesia and surgery. This is from manipulation of tissue and the presence of the breathing tube for anesthesia. The sore throat usually will subside within a week. The swallowing difficulty usually takes longer. Using throat lozenges or lemon drops, sipping cool liquids, or sucking ice chips may soothe this pain.

### **Use of Pain Medication**

Narcotic pain medication will be available for pain relief after surgery. Narcotics are very effective for pain relief but may cause other side effects. The possible effects vary among patients and may include: sleepiness, nausea, constipation, flushing, sweating, and occasionally euphoria or confused feelings. If these occur notify your nurse. If you find them bothersome ask for a reduced dosage of narcotic medication or try a non-narcotic medication such as acetaminophen. For your protection, you will receive narcotic medication only when you request it and if deemed medically appropriate by your physician.



### **Activity**

You will be informed of any restriction in your activity by your nurse. Feel free to move about in your bed.

The nurse or therapist will assist you in getting out of bed for a short walk a few hours after surgery. You will be instructed to be up walking every 2 to 3 hours during the day and evening. As you recover, the nurse will allow you to do this independently once you are steady and feel comfortable.

Early activity after surgery is extremely important to help prevent the complications of prolonged bed rest such as pneumonia and blood clots. It also promotes recovery, relieves muscle stiffness, allows for development of a well-organized scar, and improves your outlook.

Elastic stockings (TED hose) were given to you immediately after surgery to prevent phlebitis (inflammation in your veins) in your legs. You may remove them after being discharged from the hospital.

Do not start any programs of exercise or physical therapy unless discussed with your doctor.

### **Diet**

Your diet will begin with clear liquids, and be advanced to your normal daily diet as soon as your condition permits. Your IV will be removed as soon as we are reasonably certain it will no longer be required for medications and hydration.

### **Bowel and Bladder Function**

During surgery you may have a catheter (tube) in your bladder to monitor your urine output. Upon its removal you may feel a stinging sensation for 2 to 3 days, which is normal. Some patients may have difficulty urinating after surgery. If this occurs, notify your nurse who may assist you in voiding techniques. This may require placing a catheter in your bladder.

After surgery, constipation frequently occurs from inactivity and the side effects of pain medication. Stool softeners and laxatives will be available.

### **Respiratory Hygiene**

Deep breathing is very important after surgery to maintain lung expansion and reduce the risk of pneumonia. You will be provided with an incentive spirometer and instructed about its use. This device should be used every 15 to 30 minutes during your wakeful hours initially, then every 1 to 2 hours as your activity returns to normal. This device is yours to take home. Continue to use it at home for at least 1 week after your discharge.

Smoking is absolutely forbidden. There is clear evidence that smoking dramatically increases your risk of post-operative complications. There is also evidence that smoking adversely affects bone healing and nerve recovery. Second hand smoke also applies, so family members and friends should avoid smoking while around you.



### **Emotional Health**

Your emotional health and that of your family may benefit from support through this time. Resources are available through your neurosurgery nurse.

### **Home Recovery**

#### **Follow-Up Appointment**

Patients are generally discharged from the hospital 3 to 7 days after surgery. Please arrange a follow-up appointment in your neurosurgeon 's office (630.858.5400) two weeks from the date of surgery. Your 2 week appointment may have already been made for you through our office. Please call to confirm.

You may be discharged from the hospital with medication to prevent seizures, steroids to minimize brain swelling, hormonal replacement, or other medications. Continue to take these medications as instructed unless otherwise directed by your physician.

As with narcotic medication, other medication has side effects. Please review the patient information provided with each medication and inform your physician if these problems should occur.

#### **Notify Your Physician Immediately If There Are:**

- Changes in your level of consciousness, including restlessness or confusion
- Speech difficulties, swallowing problems not related to pain
- Weakness — especially one-sided
- Changes in vision
- Projectile, forceful vomiting
- Severe headaches
- Seizure or faint feeling
- Leg swelling with calf tenderness

#### **Inflammation**

Please take your temperature every afternoon for the first week after you are discharged from the hospital. Call your physician if your temperature, taken by thermometer, is more than 101.5 degrees, or if your incision becomes reddened, swollen or any drainage occurs.

#### **Nutrition**

A well-balanced diet is necessary for good healing and recovery. This includes food from the four basic food groups: dairy products, meat, vegetables and fruit.



Use of narcotic pain medication and prolonged rest may cause constipation. Drinking plenty of fluids and eating high fiber foods (whole grains, raw fruits and vegetables) will help regain normal bowel function.

### **Home Activity**

Your recovery is an essential part of your surgical process. Following these guidelines and the instructions given to you by your physician and nurse will provide you with the best opportunity to return to your desired activities as completely as possible.

#### **The First Week**

- Early to bed, late to rise and frequent rest periods throughout the day. Get at least 8 hours of sleep each night. A disrupted sleep pattern is common after discharge from the hospital and will return to normal over time.
- You may not drive, but you may be driven, for short distances, using proper restraints such as shoulder and lap belts.
- No lifting of more than 4 pounds
- May climb stairs with hand rail
- Begin a daily walking program with 1 to 2 blocks initially; schedule a daily time and increase distance daily.
- Eat a regular, balanced diet.
- Take medications as prescribed, using narcotics as needed.

#### **The Second Week**

- Resume normal rising and retiring schedule, but continue to rest throughout the day.
- You may not drive.
- No lifting of anything weighing more than 4 pounds.
- May climb stairs with hand rail
- Continue scheduled walking, increasing distance and frequency as able.
- May resume sexual relations when comfortable.
- Begin narcotic weaning as pain diminishes, relying mainly on non-narcotic medications
- Follow-up in the office with your physician or nurse, as scheduled, for further instructions.

#### **The Third Week**

- Resume normal rising and retiring schedule, resting as needed.
- May resume light work around the home; lifting not to exceed 10 pounds.
- Continue scheduled walking.



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### **Disability**

The usual period of recovery for brain surgery is 6 to 8 weeks and complete healing may take from 3 to 6 months. Some patients may return to work sooner than others depending on their job, response to surgery, and ability to perform other lighter tasks in the work place. Physician approval is required prior to returning to work.

If your employer requires documentation of your work status, our office will provide the necessary information to your employer or other concerned parties.

All disability matters may be handled by contacting our office.