

GENERAL PRE-OPERATIVE INSTRUCTIONS

- Call your physician immediately if you notice a change in your health between the time you saw your surgeon and the day of your procedure.
- Eat a light dinner the evening before your surgery.

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT. DISCUSS ALL MEDICATIONS CURRENTLY TAKING WITH PHYSICIAN.

- Patients should take the following medications the morning of surgery with a sip of water:
 1. Anti-hypertensive (Blood Pressure) Medications
 2. Heart Medications
 3. Seizure Medications
- You should discontinue any non-steroidal anti-inflammatory medications (such as Ibuprofen (Advil, Motrin), Naproxen (Aleve, Naprosyn)) and aspirin. These medications may promote bleeding during surgery and should generally be discontinued 5-10 days prior to surgery. You may continue to take Acetaminophen (Tylenol) as need.
- If you are on any anti-platelet medications such as Plavix (Clopidogrel) or Aggrenox, or anti-coagulants such as Coumadin, make sure you have spoken with the surgeon and primary physician as to when to stop these medications. Plavix generally should be discontinued 10-14 days prior to elective surgery.
- **IF THERE HAVE BEEN ANY CHANGES IN THE MEDICATIONS YOU ARE TAKING BETWEEN THE TIME YOU SAW YOUR SURGEON AND THE DAY OF YOUR PROCEDURE, NOTIFY THE PHYSICIAN IMMEDIATELY.**
- **What to wear:** loose, comfortable clothing.
- **HAVE A RESPONSIBLE ADULT ACCOMPANY YOU TO THE CENTER AND DRIVE YOU HOME FOLLOWING YOUR SURGERY. YOUR SURGERY CANNOT PROCEED WITHOUT YOUR COMPANION.**
- **Please bring on day of surgery:**
 - Bring your medical insurance cards.
 - Bring a current list of medications that you take regularly.
 - Bring containers to store your contacts, eyeglasses, hearing aid, etc.
- **Do not bring:** jewelry or other valuables, including wedding bands or body piercing.
- **Do not wear:** makeup, hairpins, nail polish, body powder, or contact lenses if possible.
- You will likely have hair shaved where your incision will be prior to surgery. This area will also be marked by the surgeon to indicate the appropriate operative site. If you have any specific request regarding hair or shaving, please speak with the surgeon prior to surgery.

- If you are to have cranial surgery (craniotomy or transsphenoidal), you may have an MRI on the same day of surgery prior to the operation. This is a special MRI that creates a virtual image in a computer to help assist in locating structures during surgery. Fiducials, which are small markers, may be placed on your head prior to surgery. Some hair may have to be shaved to place these markers.
- The time spent in surgery is variable but usually last 1-3 hours of actual operative time. The actual time from when you leave the pre-operative area to when you return to the post-operative area may vary from 30 minutes to an additional 2 hours over the actual operative time. This extra time depends on the preparation necessary in the OR and the amount of time it takes for you to wake up after anesthesia. Please identify the family member with whom the surgeon should speak after surgery, or leave a contact number for this person.

What to expect during hospitalization

- **Medications:** Appropriate pain medication will be prescribed after surgery. Make sure you tell us when you start to have pain. You will usually initially have a machine to give you pain medication on demand (called Patient Controlled Analgesia (PCA)). Other medications for nausea relief sleep and laxative or stool softener will be given as needed. Please be sure to bring a list of medications that you take at home. Most of these medications you will continue to take during and after hospitalization
- **Breathing exercises:** Use incentive spirometer is a device given to help lung re-expansion after surgery. You are to use this as directed at least every hour while awake. It is essential that you deep-breathe frequently after surgery to keep your lungs clear of mucus and to prevent pneumonia.
- **Nutrition/fluids/examination:** Intravenous fluids will be given until you can take nourishment by mouth: then your diet will be advanced from liquids to regular as tolerated. For the first 48 to 72 hours, all fluids taken will be carefully monitored. You may have urinary catheter; this is often used to more accurately monitor your fluid output, or when you cannot get out of bed to make your initial time after surgery easier. The catheter will be removed as bladder function improves. Please ask for assistance the first time out of bed to the bathroom. This will ensure your safety.
- **Activity and movement restrictions:** The primary activity during the early recovery period will be bed rest. Later activity will progress to sitting up and dangling the feet over the edge of the bed, sitting in a chair, and walking to the bathroom. You will need a nurse's help; do not get up by yourself. While in bed, wiggle your toes, do ankle circles and leg bends every couple of hours. To discourage the formation of blood clots, you may be given supportive compression boots and asked to change positions frequently.
- **Hygiene:** You will be given a bed bath until it is safe to be up. As strength and coordination return, the doctor will allow for you to go to the bathroom and shower.
- **Incision care:** The incision will be covered with a local dressing. Sometimes, you may have a drainage tube which we will empty and measure the drainage periodically. When the drainage diminishes (usually within 2 days), your doctor or nurse will remove the dressing and the tube. When the dressing is removed, some other covering may be used. You will usually have staples or sutures under the skin. The staples will generally be removed 10-14 days after surgery.
- Recovery time for any given surgery will depend on the extent of pre-operative symptoms, location, pre-existing medical conditions and any complications.
- You will usually be evaluated by physical therapy after surgery. Additionally, consultation from an occupational therapist or speech therapist will often be utilized if necessary.
- In some cases you may benefit by being discharged to a skilled nursing facility or rehabilitation center from

the hospital for a short stay. This depends upon your need before and after surgery. A social worker or discharge planner usually be involved help determine your needs. Please consider and make necessary arrangement for your care location prior to surgery.

Please see **Post-operative Instructions** for further details.