

CRANIOTOMY POST-OPERATIVE INSTRUCTIONS

General Instructions:

- In general the length of hospital stay varies between 3-7 days and full recovery may take 6-12 weeks, so have patience.
- A post-operative CT/MRI will be ordered and reviewed the day after surgery. Like any major surgery, it will take your body time to recover from this procedure so make sure you get plenty of rest.
- Please make sure you have a family member/friend stay with you at home 48 hours post-operatively to monitor you for any changes.
- Avoid keeping the head of your bed flat. Use extra pillows while sleeping. No sofas or recliners for the first 2 weeks post-operatively.
- No lifting, this will increase your intracranial pressure and can cause complications.
- Absolutely no alcoholic beverages. These will make you more likely to develop a seizure.
- If you had a craniotomy because of a brain tumor, radiation oncology and neuro-oncology consults and appointments may be needed
- Make sure you have your post-operative clinic appointment scheduled (typically 2 weeks post-operative). Call clinic to verify date and time.

Call Our Office if you have:

- Fever of 101.5 degrees or higher
- Unrelieved nausea or vomiting
- Difficulty Breathing or Chest Pain
- Postural Headache or any new headache
- A sudden increase in severe pain, numbness or weakness
- Loss of bowel or bladder control
- Drainage from your incision (other than occasional spotting of blood)
- Increased swelling of the incision
- Sudden changes in the level of consciousness (increased confusion, memory loss, speech abnormalities)
- Any change in hearing or vision
- New onset of seizures
- If the office is closed and you cannot reach an On-Call Physician, go to the nearest Emergency Room for Evaluation.

Incision Care:

Keep your incision covered with a bandage for the first 48 hours after surgery. After this time, your incision will need to be looked at daily. Keeping the incision as dry as possible will help your incision stay clean and free of infection. You may wash the incision daily on the 4th day

after surgery. Dab the incision gently with a damp soapy sponge- do not scrub the incision. Gently dab dry the incision, do not rub or add lotion/powder. It is important to keep the incision as dry as possible. The dryer your skin, the less likely you are of developing an infection. Some redness around the incision site is normal and should diminish with time. You may have staples in the incision or sutures that are inside the incision. You may wash your hair that is away from the incision, avoid soaking the incision.

MEDICATIONS:

Steroids:

These will be given to you to decrease post-operative brain swelling. These medications might elevate your blood sugar so be cautious and check your blood sugar regularly if you are a diabetic. Increased blood glucose will increase brain swelling.

Pain Medications:

In general, craniotomies do not lead to persistent pain. You may usually wean to a non-narcotic medication in 1 to 2 weeks. Make sure you have a prescription before leaving the hospital and take as directed. Narcotic medication has been shown to be addictive and can lead to tolerance and loss of effectiveness if taken chronically. You are encouraged you to be proactive in weaning yourself off of narcotic medication and use it as needed. Almost all pain medication will make you constipated so increase your fiber intake and stay hydrated. These medications will make you drowsy SO: Don't operate machinery, drive, or drink alcoholic beverages while on your pain medication.

Antiseizure Medicine:

These medicines (Keppra, Dilantin, Phenobarbital, Tegretol, Depakote) will decrease your chance of post-operative seizures. Please take as directed and do not stop taking them until instructed to by your physician.

1st Week Post-Operative:

- Get lots of sleep, your body will need it to recover quicker.
- No lifting or straining.
- Use skin sensitive shampoo like "baby shampoo" until incision is well healed.
- You may ride as a passenger in a vehicle but no driving.
- Early ambulation is encouraged to decrease your risk of increased risk of blood clots and pneumonia. Start off with 1-2 blocks a day and increase as tolerated.
- No sexual activity.

2nd Week Post-Operative:

- Make sure to attend post-operative visit for suture/staple removal and evaluation.
- Increase ambulation daily as tolerated.
- No driving, but may ride as a passenger.
- May climb stairs with assistance and not symptomatic.
- Try to wean narcotic medication and replace with non narcotic pain medication.
- No sexual activity.

3rd Week Post-Operative:

- Continue to increase activity and are allowed to perform basic tasks.
- May resume sexual activity if not symptomatic.
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4th Week Post-Operative:

- Increase activity as tolerated.
- May return to work if OK once directed
- OK to drive when directed