

Craniotomy Discharge Instructions

Although post-operative recovery is somewhat different for everyone, here are some helpful guidelines for the first few weeks after your surgery.

For symptoms that seem life-threatening, call 9-1-1 immediately.

Please call 303-403-6628 for:

- A temperature of 101 degrees or higher
- Chills with shivering
- Worsening headaches or neck stiffness
- Confusion or changes in behavior
- Increasing drowsiness
- Seizures
- New weakness or numbness
- Inability to keep down food or fluids
- Increasing redness, swelling, and drainage of blood or fluid from an incision site
- Inability to urinate or have a bowel movement

Please understand that if you call outside of normal office hours for these issues, you will be sent to the ER or told to follow-up on the next business day.

Do NOT call our office after hours for pain medications. We cannot call this in to your pharmacy. If you need new or a refill of medications, you will need to come to our office during business hours or go to the ER.

Post-operative instructions:

- **Ride home:** You must arrange a ride home from the hospital with a responsible adult. You are not allowed to drive yourself and we will not let you go home by taxi. Although it is difficult to predict when you will be discharged prior to surgery, it is important to notify a family member or friend that you will need a ride. We will let you know at least 24 hours in advance of when you will be discharged. It is possible you will go to a rehabilitation facility prior to going home after surgery. We will provide transportation to that facility if needed.
- **Pain control:** Expect to take extra pain medications after surgery. Most of our patients have been using some pain medications before surgery. You should expect to need more afterwards. You will be given a prescription for pain medications upon discharge from the hospital. Sometimes you will be given muscle relaxants. It is appropriate to take pain medications with muscle relaxants as they are designed to work together. Due to new Colorado regulations, you will only receive 1-2 weeks worth of medications.

Make certain that you take your medications with food. Do not take ibuprofen or aspirin until 3 months after surgery. Please note that many prescription pain medications (such as Norco, Percocet, or Vicodin) contain acetaminophen (Tylenol). Do not take extra Tylenol while you are taking these medications. When you feel that you no longer need your prescription pain medications, you may take Tylenol as directed for any continued pain. We can give you a prescription, but are unable to give you actual pain pills to take home after surgery. You will need to stop by a pharmacy on your way home from the hospital to fill the prescription. You may find that ice or heat packs may help your pain. Place ice in a bag to avoid getting your incision or bandage wet, and avoid placing ice directly on the incision.

- **Incision care:** You will have one or more incisions on your head with staples, sutures (stitches), or “skin glue” (Dermabond). The staples or sutures will be removed at your post-operative clinic visit 10 to 14 days after surgery. If you have “skin glue” it will come off on its own after a few weeks. You may begin to take a shower 3 days after surgery. Do not scrub the incision itself or attempt to clean it with soap. You may allow soap and water to run over the incision. Do not use conditioner. Do not attempt to color your hair. Do not wear hats, helmets, wigs, or wraps on your head that may place pressure on the incision or lead to excessive sweating. **Otherwise, avoid touching your incision as much as possible. Do not put any medications or other skin products/ lotions on your incision unless instructed to do so.** Do not submerge your incision in water (swimming, baths, etc.) for four weeks after surgery. If you have “skin glue” and the edges start to come up, do not peel the edges or attempt to remove anything. It’s best to leave it alone and let it come off on its own.

- **Lifting:** Do not lift, push, or pull more than 10-15 pounds for four weeks after surgery. Avoid bending or straining.
- **Activity:** It is important to get out of bed and move as soon as possible after surgery to avoid developing problems such as blood clots or pneumonia. Walk with assistance if you feel unsteady. It is a good idea to have a bed on the first floor of your house. You will want to be near a bathroom and you will want a telephone nearby. You may walk up stairs if needed and you feel steady. Get plenty of rest. Avoid rigorous activity for 4 weeks after surgery. You may walk, but do not do anything for the purpose of exercising. Fatigue or headache is a sign that you are doing too much too soon. Do not do anything with an increased risk of heat injury for 3 months after surgery (such as skiing, snowboarding, mountain biking, contact sports, etc...)
- **Work:** Plan to be away from work for 4 to 6 weeks after surgery for recovery. If you can work from home, you may be able to work at a computer or desk earlier. However you may find it is hard to sit for long periods of time or concentrate at a computer.
- **Driving:** You may drive 2-3 weeks after surgery if you are no longer taking narcotic pain medications, you have never had a seizure, and you do not have any impairments such as visual problems or weakness that may affect your ability to drive. If you have had seizures at anytime before or after surgery you may not drive for 6 months and then only if your seizures are well-controlled on medications. Do not plan on driving before your first post-operative appointment 2 weeks after surgery.
- **Smoking:** Absolutely no smoking following surgery. You should also avoid smoking before surgery. Smoking has been proven to limit incision healing. Smoking may affect the outcome of your surgery.
- **Medications to avoid:** Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) may inhibit bone healing and fusion. Examples of NSAIDs are Ibuprofen, Aspirin, Aleve, and Advil. Unless prescribed by your surgeon, do not use these medications following surgery for at least 1-2 months.

You may experience:

- **Nausea:** Post-operative nausea may be related to your pain medications. If possible, take the medication with food. Eat small, frequent meals and avoid spicy or fried food. If you have not had a bowel movement within a few days after surgery, you will need to minimize your pain medications and/or take other the counter stool softeners.
- **Fatigue:** It may take 6 weeks or more for your energy level to return to normal. You will probably feel very tired for the first 2 weeks then notice a gradual increase in energy thereafter.
- **Constipation:** This is a common problem after surgery due to anesthesia, inactivity, and prescription pain medications. It is helpful to increase water, fresh fruits and vegetables, fiber and bran in your diet. Also, take over-the-counter Docusate Sodium (Colace) tablets, 100 mg 1 to 2

times per day to keep your stools soft. You may decrease the amount taken if your stools become too soft. If constipation persists, you may take over-the-counter Milk of Magnesia, an enema or rectal suppository as directed. This is preferred over heavy straining. If an enema or rectal suppository is not successful, please notify us.

- **Side effects of steroid medications:** You may be discharged from the hospital on a steroid medication (Dexamethasone) to decrease brain swelling. These are not the same steroids athletes use. Some of the possible side effects of steroid medications include: dizziness, appetite changes, emotional changes, heartburn, constipation, insomnia, and fluid retention. Steroids help ease the aches and pains that you feel on a day to day basis so when you are tapering off of the steroids, you might feel these symptoms return. You may also feel tired and emotionally down for a few days. Just rest and know that you will feel better in time. We will gradually decrease your steroid dose and frequency. Please do not stop this medication on your own.
- **Seizures:** You may experience seizures after your surgery. Even if you did not experience seizures before surgery, you will be placed on anti-seizure medication (Keppra, Dilantin, Valproic Acid, Phenobarbital) for 2 weeks to 1 month afterwards. If you have a seizure before or after surgery, you may be on one or more of these medications for longer. Anti-seizure medications may affect your memory, concentration, and may make you tired. It is important to avoid driving or performing dangerous activities while you are on these medications.

Blood thinners:

If you were on blood thinners such as Aspirin (325mg), Heparin, Lovenox, Coumadin, Pradaxa, Eliquis, Xarelto or Plavix, you will need to contact your primary care provider for when to resume these medications. Commonly you will need to wait 2 weeks after surgery. You may take your baby Aspirin (81mg) immediately after surgery.

Questions regarding your diagnosis and treatment plan:

It takes 1-2 weeks for us to receive your final pathology report, consult with other healthcare providers, and develop the best possible treatment plan to offer to you. Your diagnosis and recommendations for treatment will be discussed with you at your post-operative clinic appointment. If you decide to do research on the Internet, please be aware that much of the information published on the treatment and prognosis of brain tumors is outdated.

Reliable sources of information are:

- The American Brain Tumor Association. The website address is <http://www.abta.org> and the phone number is 800-886-2282.
- The American Association of Neurological Surgeons. The website address is <https://www.aans.org/Patients/Neurosurgical-Conditions-and-Treatments/Brain-Tumors>

We are dedicated to making you feel better as soon as possible. Please do not hesitate to contact us with any of your questions.