

POST-OPERATIVE INSTRUCTIONS AFTER A CRANIOTOMY

Please call (303)724-2305 for:

- A temperature of 101 degrees or higher.
- Chills with shivering
- Worsening headaches or neck stiffness
- Confusion or changes in behavior
- Persistent vomiting. 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.
- Increasing drowsiness
- Seizures

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

Post-operative instructions:

- **Pain control:** You will be given a prescription for pain medications upon discharge from the hospital. Make certain that you take your medications with food. Do not take ibuprofen until two weeks after surgery. Do not take aspirin until four weeks after surgery. Please note that many prescription pain medications (such as Vicodin and Percocet) contain acetaminophen (Tylenol). Do not take Tylenol while you are taking these medications because taking more than 4000 mg of Tylenol in a 24-hour period can lead to liver damage. When you feel that you no longer need your prescription pain medications, you may take 500 to 1000 mg of Tylenol every six hours as needed.
- **Incision care:** You will have one or more incisions on your head with staples or sutures (stitches). These will be removed at your post-operative follow-up visit 7 to 10 days after surgery. You may begin to wash your hair with a mild shampoo 48 hours after surgery. After discharge from the hospital, please wash your hair daily for four weeks. **Otherwise, avoid touching your incision as much as possible. Do not put any medications or other skin products on your incision unless instructed to do so.** Do not submerge your incision in water (swimming, baths, etc.) for four weeks after surgery. Avoid having your hair colored or permed until four weeks after surgery.
- **Lifting:** Try not to lift, push, or pull more than 10 pounds for four weeks after surgery.
- **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. Get plenty of rest. Avoid rigorous activity for 4 weeks after surgery. You may walk for exercise. At 4 weeks after surgery, you may begin to slowly return to your regular exercise routine. A headache or fatigue is a sign that you are doing too much too soon. Do not do anything with an increased risk of head trauma for 8 weeks after surgery (such as skiing, snowboarding, mountain biking, contact sports, etc.). It takes bone 6-8 weeks to heal.

(OVER)

- **Work:** Plan to be away from work for 4 to 6 weeks after surgery for recovery.
- **Driving:** You may drive 1 week after surgery if you are no longer taking narcotic pain medications, you have never had a seizure, and you do not have any neurological impairments such as visual problems that may affect your ability to drive. If you have had seizures at anytime before or after surgery you may not drive for 90 days and then only if your seizures are well-controlled on medications.

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.
- **Fatigue:** It may take 6 weeks or more for your energy level to return to normal. You will probably feel very fatigued 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 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 is not relieved with these measures, you may take Milk of Magnesia, 1 to 2 tablespoons every 12 hours. If this doesn't work, it is recommended that you use an enema or rectal suppository to assist with evacuation of the rectum. 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. 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.
- **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 visit at our neurosurgery outpatient clinic. 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. A reliable source of information is the American Brain Tumor Association. The website address is <http://www.abta.org> and the phone number is 800-886-2282.

