

Kumar Vasudevan, M.D.

Discharge Instructions - Craniotomy

This guide can be found online anytime at www.DrVNeurosurgery.com.

During your surgical procedure, a portion of the skull was removed in order to access the brain. This piece of skull was replaced and secured using titanium plates and screws (these will not set off a metal detector). You may have received an MRI scan, specialized blood work, or consultations from other doctors during your stay. If you have not received an update on these results, Dr. Vasudevan will update you at your first post-operative visit. The pathology of any mass (specific diagnosis) is often not available at the time of discharge and can sometimes take several weeks after surgery to be finalized. Once this information is available, it will be shared with you.

Recovery from surgery is a gradual process. While many patients feel better in a few days after brain surgery, some report that it takes a few weeks to get “back to normal”. This is expected. There may be good days and bad days. We are here to help guide you through your recovery.

Below you can find information about specific aspects of your post-operative care. Keep in mind that while these are general guidelines, there may be instructions specific to your care that our team will discuss with you.

Follow-Up

- Expect to return to our office 7-14 days after surgery for your first post-operative appointment. Your discharge paperwork should indicate the date of this visit.
- If you did not receive a date or time for your follow-up prior to discharge, contact our office on the next business day after discharge to verify your appointment.
- You may be asked to receive imaging or bloodwork prior to your follow-up; coordinate with our office staff so the results are received by the time of your visit.

Diet

- You may resume the diet you had before surgery unless told otherwise. Eating a well-balanced diet is important for wound healing.
- Mild discomfort with eating can be present for the first few days after surgery; smoothies or nutrition shakes (e.g., Boost) can be good options during this time.

- If you are told to adhere to a specific diet or food consistency at discharge, do so until otherwise told by our staff or a speech therapist.
- Constipation is common after surgery; it is important to drink plenty of fluids, continue physical activity, and consume foods high in fiber. Over the counter stool softeners can also be helpful.

Medications

- Your discharge instructions will include a list of your medications, including new prescriptions. Please review this information carefully: we sometimes request that you hold certain medications in the immediate post-operative period. Otherwise, you should resume taking the home medications you were taking before surgery.
- **If you are taking a blood thinner (aspirin, Plavix, warfarin/Coumadin, Xarelto, Eliquis, Pradaxa, and others), you should not take it after surgery.** Please do not restart it until directed by Dr. Vasudevan or another physician.
- Questions about medications you were taking prior to surgery are best answered by the physician who prescribes them. We are happy to answer any questions about how these medications may have been impacted by your surgery.
- If you are prescribed steroids (dexamethasone/Decadron, prednisone, etc.) or antibiotics to take at home, take them exactly as prescribed, even if there are unused pills left over. Your pharmacist can help you understand the dosing schedule.
- You may be prescribed anti-seizure medications. These will usually be stopped at your first visit with us.
- **Please plan ahead:** If you anticipate you will need a medication refill, please contact our office 48-72 hours before your supply runs out. We can only complete refills on business days during business hours. Please keep us informed!

Comfort and Pain Control

- It is common to have any of the following in the first 7-10 days after brain surgery:
 - Headache
 - Pain at the incision site
 - Swelling or bruising in the face or area around your incision (this may include swelling around the eyes or eyes being swollen shut)
 - Nausea/Vomiting
 - Sore throat or mild difficulty swallowing
 - Dizziness, especially when standing, lying down, or turning side to side

- Trouble sleeping or concentrating
- Fatigue
- Constipation, especially if you are taking pain medication
- Strong pain medications can cause drowsiness and sleep disturbance, and lengthen your recovery time. Therefore, we generally do not recommend taking them while you recuperate. If needed, they will be prescribed for you at the time of discharge. Do not take any medications that have not been specifically prescribed for you.
- If you normally take medications for headaches, these may be resumed after surgery **except** if they contain aspirin or ibuprofen.
- If you took narcotic/opioid medications (prescription painkillers) before surgery, **do not** take these in addition to any pain medicine that have been prescribed for you post-operatively.
- Treatment guidelines:
 - **Tylenol** (Acetaminophen): Follow the instructions on the bottle and do not take more than directed. Remember that “extra strength” Tylenol usually cannot be taken as often as regular strength. Some other pain medications also contain Tylenol; if you are taking these you should not consume any additional Tylenol.
 - **Ice packs**: Can be useful directly over the incision to help with pain. Make sure to wrap with a cloth to avoid getting your incision wet.
 - **Stool softeners** (e.g. Miralax, Senna) or gentle laxatives: Widely available over-the-counter and useful for constipation.
 - **Avoid the use of NSAID pain relievers** (aspirin, Advil, Motrin, ibuprofen, Aleve, naproxen, meloxicam, and others) until specifically cleared by Dr. Vasudevan or another physician.
- Facial or incision swelling may be improved with ice packs or by keeping the head elevated while sleeping.
- Keep track of your pain and comfort levels. It is normal to have good days and bad days, and for pain and discomfort to be slightly worse as you increase your activity levels — but your general condition should be improving with time. If this is not the case, please contact us so we can better understand your symptoms.

Wound Care

- Unless you are told otherwise, the dressing on your wound can be removed at 48 hours after your surgery. It is best to leave the wound open to the air as much as

possible. Never submerge the wound in water (such as a bath or swimming pool) until cleared by our staff.

- Use gentle shampoo and conditioner and avoid the use of all hair dyes until cleared by our staff. Harsh chemicals can affect wound healing.

- **If you received dissolvable sutures** (usually clear or pink in color) at surgery:
 - You may get the incision wet starting at 3 days after surgery. Before this time, wear a shower cap or take sponge baths to help keep it dry.
 - You may wash the hair around the incision, but do not scrub directly over the incision. This may cause sutures to loosen and the wound to open.
 - Sutures typically absorb on their own within 2-4 weeks. If you still see sutures in your wound at one month after surgery, please notify us.
 - After sutures absorb, you may shower and wash your hair normally.

- **If you received staples or non-dissolvable sutures** (usually black or blue in color) at surgery:
 - You may get the incision wet starting at 3 days after surgery. Before this time, wear a shower cap or take sponge baths to help keep it dry.
 - You may wash the hair around the incision, but do not scrub directly over the incision. This may cause sutures to loosen and the wound to open.
 - Sutures will usually be removed at 10-14 days after surgery, but the wound is still not fully healed. Continue to avoid scrubbing directly over the incision.
 - Our staff will let you know when you may wash your hair normally.

- **If you received a headwrap** at surgery:
 - Inform us BEFORE you leave the hospital if the wrap is falling into your eyes or is causing excessive discomfort.
 - Leave the headwrap on and as tight as possible; the pressure applied by the wrap helps the tissues to heal and improves swelling around the incision. If the wrap falls off, call our office to see if it needs to be replaced.
 - If the wrap loosens, we may ask you to tighten it by wrapping gauze or medical tape around the outside of the wrap. These supplies can be easily obtained from your local pharmacy.
 - Prevent the wrap from getting wet as best as you can. This may require you to wear a shower cap or take sponge baths. Do not attempt to wash your hair.

- The wrap will be removed at your first post-operative visit. See above for guidance regarding the sutures at the wound.
- You may have a second incision over the abdomen or your upper leg. These are typically closed with skin glue over the top of the incision. This glue will dissolve on its own over 2-3 weeks. You may get the glue wet in the shower at 72 hours after surgery, but do not submerge the wound in a bath or pool. If the glue begins to peel at the edges, do not pull on the edges and allow the glue to dissolve normally.

Daily Activities and Restrictions

- Gradually advancing your level of activity is the best way to speed up your recovery. You may be more tired than usual in the weeks after surgery. Get plenty of rest, but **do not stay in bed**. Do gentle activity every day and do not overexert yourself.
- Light walking is a great exercise for the immediate post-surgery period. You may be unsteady on your feet at first, so ensure help is nearby. Start inside your home and gradually increase the distance of your walks each day.
- Adhere to the following restrictions:
 - No alcohol use
 - No smoking — let us know if you need nicotine patches or help quitting
 - No strenuous exercise, heavy housework, straining, or bending at the waist
 - No high impact exercises such as jogging, rowing, biking, or spinning
 - No lifting more than 10 pounds
- Dr. Vasudevan will discuss lifting these restrictions at your follow-up appointment.
- You may resume sexual intimacy when you feel well enough; do not overexert yourself.

Driving, Travel, and Returning to Work

- **You must have clearance from our staff** before you return to driving, travel, or work. You can discuss this at your first postoperative visit. There may be other aspects of your care that will require separate clearance from other physicians.
- In general, you can expect to be out of work for 4-6 weeks after surgery. Returning to work is a highly individual decision and you can discuss this with Dr. Vasudevan at your follow-up appointment.
- In general, you may return to driving when:
 - You are no longer taking narcotic/opioid pain medications.
 - You can safely enter and exit the car without feeling dizzy or unsteady.

- Swelling around your eyes has completely resolved.
- **If you have had seizures**, a neurologist will have to provide clearance before you can drive in the state of Georgia.
- **If you have significant visual symptoms**, an ophthalmologist may have to provide clearance before you can drive.

Call our office if you experience any of the following:

- Fever greater than 101°F that does not respond to Tylenol or other medication
- Shaking chills or stiff neck
- Severe, persistent headaches not relieved by medication
- Increased drowsiness, confusion, or inability to think clearly
- Worsening nausea or vomiting
- Worsening visual or speech problems
- Increased weakness, numbness, or tingling in the extremities
- New or worsening seizures
- Redness, drainage (especially clear fluid drainage), or increased swelling around your wound
- Shortness of breath, chest pain, severe leg pain or swelling

Please contact our office with any questions or concerns that you may have. We want to be there for you during your recovery!

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