

Craniotomy

Royal Columbian Hospital

Your surgery and recovery at home

This booklet belongs to: _____

We also give you '**Preparing for Your Surgery**' booklet.

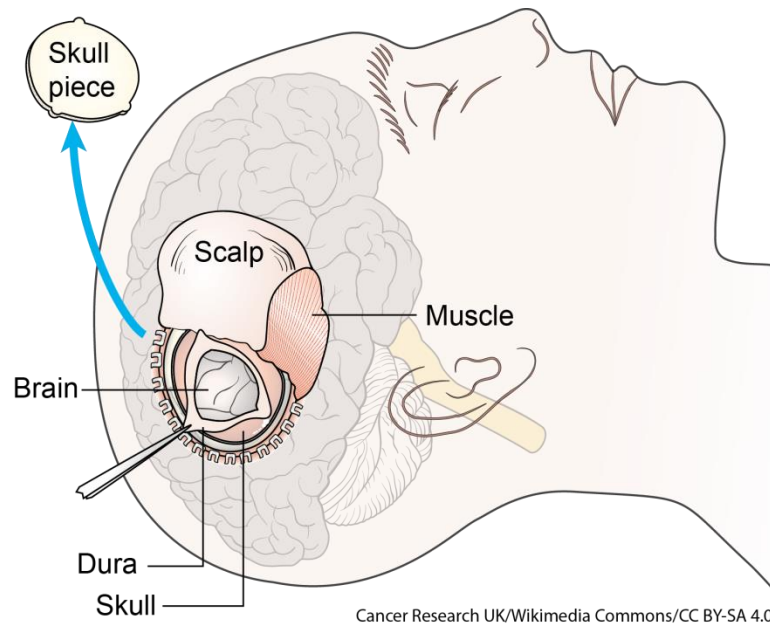
Read both booklets carefully.

Bring both booklets to every hospital visit before your surgery.

Craniotomy

You are having surgery (an operation) on your brain. The medical word is craniotomy (say *crane-ee-ot-oh-me*). This surgery can be done for many reasons, such as:

- to remove a growth (tumor or cyst)
- to take a sample of tissue (biopsy)
- to remove a blood clot
- to repair arteries or veins
- to drain pus from an infection (an abscess)
- to repair a break in the skull (fracture)
- to place an implant such as a shunt that helps brain fluid flow



To do the surgery, the neurosurgeon opens your skull to fix a problem in the brain, the brain's covering, blood flow, or nerves. The hair over the area must be shaved. The surgeon makes cut through the skin (an incision) and removed a piece of your skull. The surgery is done through this opening. Most of the time, this piece is put back at the end of the surgery. The piece is kept in place with metal plates and screws made of titanium.

Read '**Preparing for Your Surgery**' booklet for instructions on how to prepare for your surgery.

Path to Home Guide: Craniotomy

This gives you an example of a person's recovery in hospital after surgery.

Category	After Surgery			
	Surgery Day	Day 1	Day 2	Day 3
Nutrition	Nothing to eat or drink	Clear fluids to eating a regular diet	Diet as tolerated	Diet as tolerated
Activity	Bed rest Might sit at side of bed Leg exercises	Walk short distance Leg exercises	Walk 2 or more times Leg exercises	Getting ready to go home Leg exercises
Deep Breathing Exercises	10 times every hour	10 times every hour	10 times every hour	10 times every hour
Pain Control	Medicine by intravenous Pain at a level comfortable for you	Medicine by intravenous Pills Pain at a level comfortable for you	Pills Pain at a level comfortable for you	Pills Pain at a level comfortable for you
Tubes and lines	Intravenous Surgical drain tube	Intravenous Surgical drain tube	Intravenous capped Surgical drain tube	Intravenous taken out Surgical drain tube removed

After Your Surgery

Going home

How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

Most people can go home 3 to 5 days after surgery.

You are ready to go when:

- ✓ You are eating and drinking regular food and drinks.
- ✓ You can move around safely.
- ✓ Your bladder and bowels are working (can pee and pass gas).
- ✓ Your pain is well controlled with pills.
- ✓ You know what medications (including new ones) you are taking, how to take them, and why you need them.
- ✓ You have prescription(s) for your medications, if needed.
- ✓ You have a ride home from the hospital.
- ✓ You have arranged for some help at home for the first few days, if needed.

Caring for Yourself at Home

Managing pain

It is normal to have some discomfort or pain when you return home. This should steadily improve but might last for a few days to a couple of weeks.

The level of pain and type of pain medication you need depends on:

- The type of surgery you had
- How the surgery was done (open or laparoscopy)
- If you were taking pain medicine before surgery

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

For the first few days:

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

Non-prescription pain medicines (also called 'over-the-counter' medicines) are ones you can buy at the pharmacy without a prescription. You might only need to take this type of medicine if you don't have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol[®])
- ibuprofen (Advil[®], Motrin[®]) ★
- naproxen (Naprosyn, Aleve[®]) ★

★ **Note:** These non-prescription medicines are called **non-steroidal anti-inflammatory (NSAIDs)**. **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.



Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.

Family Practitioner:
Refers to either a family doctor or nurse practitioner

Remember

You can do other things to help ease your pain or distract you from the pain:

- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

Opioid (narcotic) pain medications are only meant to be taken for a short time, if needed, to manage pain after surgery.

Do not drive or drink alcohol if you are taking opioid medications.

Examples of opioids:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. It is important to know because you should not take more than 4000mg of acetaminophen in a day from all sources (too much can harm your liver).

Always read the label and/or information from the pharmacist for how to safely take medication.

**Getting rest**

It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.

Try to get at least 8 hours of sleep each night. Take rest breaks and naps during the day, as needed.

Talk to your family practitioner if you:

- have trouble sleeping
- are extremely tired (fatigued)
- are getting more and more tired

Drinking and eating

It might take some time before your appetite returns to normal. To heal, your body needs extra calories and nutrients, especially protein.

To get the nutrients you need:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes.



Need help with food choices?

Call 8-1-1.

Ask to speak to a dietitian.

Keeping your bowels regular

You can get constipated because you are less active, eating less fibre, or are taking opioid pain medication.

To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Increase your activity.



If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

Caring for your incision

After a couple of days, your incision is usually closed and dry. Some swelling and redness is normal. It can take 2 to 3 weeks for the swelling and redness to go away.

Always wash your hands before and after touching around your incision site(s).

Before you leave the hospital:

- Your nurse will teach you how to care for your incision(s).
- If staples or stitches are closing your incision, you will be told when and where to get them removed.



Showering:

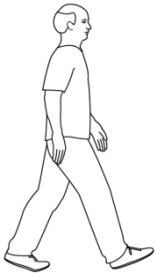
- You can shower and wash your hair with a mild shampoo starting 5 days after surgery.
- It is best to have help or someone nearby when you take your first shower, in case you have a seizure.



For at least the next 2 weeks or until the incision is healed:

- ✗ No swimming.
- ✗ No creams, lotions, or ointments on your incision, unless directed by your surgeon.

Doing any of these things could delay healing.



Being active

Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. You need to find a balance between rest and activity. Pace yourself for the first few weeks.

Slowly increase how much you do each day (your activity level). Increase the distance and time you walk. Only increase your activity level as much as you comfortably can.

If you are still having pain, exercise 30 minutes after you have taken your pain medication.

Your surgeon will tell you when you can increase your activities at your follow-up appointment.



A 4 litre milk jug weighs 4 kg (9 pounds)

For the next 4 to 6 weeks or until you see your surgeon:

- ✗ **Do not** lift, push, or pull anything over 4 to 5 kilograms (10 pounds). This includes carrying children and groceries.
- ✗ **Do not** vacuum, rake leaves, paint walls, reach for things in high places, or any other reaching activity.
- ✗ **Do not** play any sports, do high intensity exercise, or weight training.

Ask your surgeon when you can return to **sexual activity**.

You cannot drive until approved by your surgeon. Usually, you can return to driving 3 to 6 months after the surgery (unless your surgeon has approved you to drive earlier than 3 months).



You are usually approved to drive if you:

- have stopped taking opioid medications
- have never had a seizure, or not had a seizure for 6 months
- do not have any vision problems or weakness in an arm or leg

Remember: Do not drive when you are taking opioid pain medication.

Managing moods and emotions

After major surgery, it is quite common to have a low mood or changeable mood at times. If you find your mood is staying low or is getting worse, contact your family practitioner.

Seizures

It is possible to have seizures after brain surgery. Your chances of having a seizure depend on the type of surgery, why it was done, and if you had seizures before surgery. Your surgeon will let you know if seizures are more likely after your surgery. Some people need to take a medication to prevent seizures (called an anticonvulsant).

Explain to those you live with that you might have a seizure. Tell them what to do if you have a seizure.

To help prevent seizures:

- Get plenty of sleep each night.
- **Do not** miss taking any of your anticonvulsant medication.
- Try to stay away from things that can trigger a seizure such as flashing or bright lights and noisy or busy environments.
- Do not drink alcohol or use any drugs.
- Look for ways to reduce stress such as relaxation activities, exercising regularly, balancing activity with rest, and having less people visit you.

When someone has a seizure:

- Try to stay calm.
- Protect the person from injury.
- Move objects out of the way.
- Turn the person on their side.
- Call 9-1-1.

Questions you might have:

Examples: 'When can I go back to work?' 'When will I be able to return to my regular activities?' 'When can I return to my sports?'

When to get help



Call your surgeon or family practitioner if:

- You have trouble thinking clearly or confused.
- You have new problems or changes with your vision, speech, swallowing, or walking.
- You have any weakness in an arm, a leg, or both.
- You have new or worsening seizures.
- You have neck stiffness or headaches that are getting worse.
- Your pain does not ease with pain medicine, or it stops you from moving and recovering.
- You have a fever over 38°C (101°F).
- Your incision is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- You have a cough that continues to get worse.
- You have redness, tenderness, or pain in your calf or lower leg.
- You are throwing up often.
- You have diarrhea that is severe or continues for more than 2 days.
- You feel increasingly tired or dizzy.

Available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Cannot contact the surgeon or family practitioner?

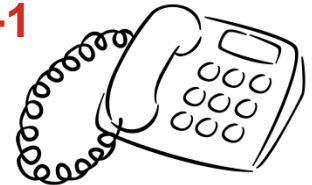
Have any questions about your recovery?

Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

Call 9-1-1 if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- any sudden, severe pain

9-1-1



Appointments after surgery

See your neurosurgeon _____ days / weeks after going home.

My appointment is on: _____

If staples or stitches are closing your incision, you will be told when and where to get them removed.

See your family practitioner _____ days / weeks after going home.

My appointment is on: _____

Go for an x-ray (medical imaging) _____ week(s) after surgery date.

Type of imaging: _____

My appointment is on: _____



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This information does not replace the advice given to you by your healthcare provider.

Catalogue #265611 (July 2017)
To order: patienteduc.fraserhealth.ca

