

Patient Instructions Before and After Surgery

Before Surgery

- A preoperative history and physical (H&P) will be completed by a family physician or nurse practitioner at pre-admission testing (PAT). These are scheduled on _____ at _____ am/pm.
- Preoperative lab work is scheduled at PAT at: _____
- A preoperative MRI is scheduled on _____ at _____ am/pm.
- If you have fiducials (small discs) placed on your forehead and behind your ears for the MRI scan, do not wash your hair or get them wet. You may take a bath the morning before surgery but do NOT get your head wet.
- If you do not have fiducials on your head, wash your hair the night before and morning of surgery with an over-the-counter antibacterial shampoo or cloth.
- One week before your surgery date, discontinue all anti-inflammatory, aspirin containing, and blood-thinning medications such as Plavix or Coumadin. Please discuss discontinuing any blood-thinning products with the prescribing physician.
- You can take acetaminophen or Tylenol® for pain. Take only blood pressure, heart, seizure and transplant medications the morning of surgery with a sip of water. Do not take any birth control pills on the day of surgery or after surgery until cleared by the physician.
- Do not eat or drink after midnight the day of surgery. No alcohol for one week prior to surgery.
- Do not smoke the day before surgery.
- Please bring comfortable clothing, including shoes, to the hospital for your stay.
- It is strongly encouraged that you have a valid Living Will and Advanced Directive before any medical intervention. Please bring copies of each to the hospital with you.
- Other: _____

Tissue Bank

At the time you sign consent forms for surgery, you will also be asked to participate in the University of Cincinnati Head and Spine Tissue Bank. The purpose of this bank is to collect tissue samples from patients with tumors involving the head, brain and spine. Researchers will then use the tissue samples at some point in the future to study how to prevent, diagnose and better treat these tumors. You are under no obligation to enroll and if you do enroll, may withdraw your enrollment at any time. Some demographic information (age, sex, risk factors) will be collected from your medical chart. If you choose to enroll, you will be given a copy of your informed consent to keep for your personal records.

Day of Surgery

- Register at the Diagnostic Center on the second floor of the main hospital building at **your assigned time**.
- Bring to the hospital a detailed list of medications with dosages and the times of day usually taken. Do not bring your medications to the hospital on the day of surgery except for any transplant medications.
- After surgery, most patients will spend about 1 to 2 hours in the recovery room. You will then be transferred to the Neuroscience Intensive Care Unit (NSICU) or Neuroscience Acute Care floor; both are located on the fourth floor of the main hospital building.

- The surgeon will speak with your family immediately after the surgery. Please limit this meeting to only five family members. Please have your family notify the attendant if they will be leaving the designated waiting area. The neurosurgeon will not always be able to come back to see them because of other surgeries scheduled.
- We ask the family to select a spokesperson to communicate with the medical team. That person should write down all family questions and take notes on the answers to be distributed to interested family and friends.
- Family members will be able to visit you once in your assigned room in the Neuroscience Intensive Care Unit or Neuroscience Acute Care floor.
- Other: _____

Hospital Discharge

- The UC BTC nurse practitioner or nurse clinician will review all discharge information with you and your family including activity restrictions, medications and follow-up appointments. If you do not want to be the primary contact, please designate a contact person for instructions and appointments that you may receive after discharge. Name _____ Phone _____.
- If you are discharged over the weekend, the nurse practitioner or nurse clinician will review all discharge instructions on the Friday before or you may be called with your follow up appointment.
- The nurse practitioner or the nurse clinician will also call you the day after discharge to see how you're doing.

At Home Recovery

When to Call the Doctor

- In a medical emergency, go to the nearest Emergency Room (ER) or dial 911. Your surgeon will be notified by the ER physician that you are experiencing difficulties.
- For questions regarding a non-urgent matter, medication, appointment or any other questions you may have about your plan of care after you leave the hospital, contact your surgeon's office number or the nurse practitioner at 584-2247. After hours, you may call 584-1000 (University Hospital) or 872-1400 (Good Samaritan Hospital) and ask for the neurosurgery resident on call.

Appointments after Surgery

- Your postoperative appointment is typically 7 to 14 days after surgery. In most cases, the appointment will be with your surgeon. Occasionally, it will be with the nurse practitioner or clinician who will then discuss how you're doing with the surgeon. Appointments with the appropriate UC BTC multidisciplinary team will be made before you are discharged from the hospital. If you are discharged over the weekend, the nurse practitioner or nurse clinician will call you to schedule follow-up appointments.
- Pathology results are available 5 to 10 business days after surgery. These results will be discussed at your first postoperative appointment with your surgeon. Special histologic studies may delay the availability of some results.
- If you are discharged from the hospital to a rehabilitation center, the Physical Medicine and Rehabilitation (PM&R) physician will be your primary provider. However, the surgeon and rest of UC BTC multidisciplinary team will continue to be involved in your care and will be in contact with the facility to coordinate appointments and treatment after discharge if you should need them.

What to Expect after Surgery

- After a craniotomy and tumor resection you can expect to tire easily during the first 6 weeks of recovery; take a nap during the day if needed.
- Numbness, tingling, and sensitivity at the incision site are common; symptoms can take up to 6 months to resolve.
- Headaches are common after surgery. Typically, rest and an over-the-counter pain medication such as Tylenol® should relieve it. Pain medications that were prescribed at discharge such as Percocet® or Vicodin® may also be used if Tylenol® is ineffective.

- Constipation may be a problem after surgery, especially with the regular use of narcotics for pain control and decreased physical activity. A stool softener will be prescribed before discharge. Over-the-counter laxatives can be used in combination with the prescription. Straining should be avoided because it can cause an increase in headaches.
- Titanium plates and screws are used to secure the bone after surgery. Titanium will not activate security alarms (e.g., airport security points) or interfere with MRI scanners. It is not uncommon to hear a clicking sound near your incision for about 2 months after surgery because the bone has not yet completely fused together.

Wound Care

- It is okay to shower and get your staples and sutures wet. Use mild shampoo with no harsh fragrances. Gently clean any old dried blood from the incision area. After the area is clean and dry, keep the incision open to the air or follow instructions as explained by the nurse. Inspect your wound daily and call the physician's office or the nurse practitioner if you note any redness or drainage from the incision area or have a fever greater than 101 degrees. Minimal swelling around your incision is expected. For additional information refer to your discharge instructions.

Medications

- Anti-seizure medications will be gradually discontinued as directed by your surgeon. If you have never had a seizure, a tapering schedule usually begins 1 month after surgery. You will not be able to drive during this time and for 2 weeks after the discontinuation of medication. If you have had a seizure, medications will be continued for at least 6 to 12 months.
- Steroid medication changes will be supervised by your surgeon. Tapering of these medications usually begins during your hospitalization and will continue at home. Further tapering and/or discontinuation of steroids will be discussed at your first postoperative visit.

Physical Activity

- Short walks are encouraged initially after surgery. Avoid bending and lifting anything greater than 5 pounds for 2 weeks after surgery. Two weeks after surgery, you may increase the amount of weight lifted by 5 pounds to 10, three weeks after surgery from 10 to 15 pounds and so on. Six weeks after surgery, you should resume your normal routine.
- During the second 6 weeks of recovery, you may be ready to return to work or continue other activities. Your surgeon will approve these activities before you begin them.
- Other activities that may be restricted are:
 - Massage – 2 weeks after surgery
 - Air travel – 8 weeks after surgery. Check with your physician because a CT scan may be needed before flying.
 - Driving – 6 weeks after surgery as long as you have not had a seizure in the last 6 months regardless of the date of surgery.
 - Hair coloring – 4 to 6 weeks after surgery or after the incision is completely healed.
 - Work – 6 weeks after surgery. Depending on the type of work you perform, it may be earlier or later.

General Information

- Visiting hours in the NSICU are 11 am – 1 pm, 4 pm – 6 pm, and 8 pm – 9 pm. Family members may not spend the night with you while in the intensive care unit. Visiting hours on the Neuroscience Acute Care floor are from 8 am – 8 pm. If you have a private room, a family member may spend the night with you.
- The cafeteria and a Starbucks coffee shop are located on the first floor of the main hospital building. The Wall Street Deli is located on the ground floor of the main hospital building.
- The surgery waiting room is located on the second floor of the main hospital building.
- No smoking in any area of University Hospital.
- Other: _____