Craniotomy

Overview
This information sheet explains what to expect with your surgery. Please read it and talk with your health care team if you have any questions.

You will have a surgery called **craniotomy**. With a craniotomy, your surgeon opens the skull to remove a brain tumor or other abnormal findings in the brain.

About Your Team
There are many members of the neurosurgical team that will help make your hospital stay as comfortable as possible. The **Neurosurgeon** directs your overall care. **Fellows** and **Residents** are doctors that will help take care of you while you are in the hospital. **Nurses** monitor your progress in the ICU (Intensive Care Unit), NPCU (Neurosurgical Postoperative Care Unit) or the recovery room and when you arrive to your hospital room. **Advance Practice Nurses** work closely with the doctors to coordinate your care.

You will also have other team members to help with your recovery. This includes a social worker, patient advocate, physical therapist, occupational therapist and a speech therapist.

Before Surgery
You will meet with your surgeon and nurse in the clinic to learn about your surgery and sign consent forms. You will also see an **anesthesiologist** (doctor) to plan your anesthesia for the surgery. Anesthesia is medicine that is used to make you sleep during surgery. Tell your anesthesia team about other surgeries you have had and if you are taking any other medicines. This includes over-the-counter vitamins, supplements and blood thinners, such as aspirin, Plavix, Lovenox or coumadin.

⚠️ **If you take aspirin or anti-platelet medication or blood thinners, please speak with the doctor or cardiologist (heart doctor) who prescribed this medication before stopping it.** Do not stop this medicine without supervision from your doctor. Stopping this medicine on your own can be dangerous.

**The night before surgery:**
- **Do not** eat or drink anything after midnight.
- You may brush your teeth, but do not swallow any water or mouthwash.
- **Do not** smoke after midnight.
- Pack a bag with pajamas, robe and slippers. Also, pack comfortable clothes and shoes...
wear during your recovery and when you go home.

- Leave all valuables at home. Do not bring money or credit cards.
- Your anesthesia team will tell you if you need to take any of your regular medicines the morning of surgery.
- Your anesthesia team will give you the phone number to call to find out the time you need to arrive the day of surgery and the location to which you should report.

**Day of Surgery**

Report to the hospital as directed. Please limit family members/friends to no more than 4 in the surgery waiting area. One caregiver may accompany you to the holding area. Here, you will change into a hospital gown and lie down on a stretcher. If you feel cold, ask for a blanket. A nurse will ask you questions to confirm your identity, your surgery site, and verify any drug allergies. An IV will be placed in a vein in your arm and you will receive medicine to help you relax.

**During Surgery**

You will be asleep and closely monitored throughout the surgery. A special IV will be placed in an artery in your wrist to monitor your blood pressure. A soft, rubber catheter will be placed in your bladder to drain and monitor your urine.

During the surgery, your family may wait in the surgery waiting area. Volunteers and a nurse liaison will update your family often on the progress of your surgery. Once the surgery is done, your neurosurgeon will come out and talk with your family.

**After Surgery**

You will wake up in the recovery area, NPCU or ICU. Most patients are then assigned to a hospital room. All rooms are private and a family member or friend may stay with you once you are in your room.

- Your vision may be blurry when you first wake up. This is from the protective lubricant that was placed in your eyes during surgery.
- Your throat may be sore for a few days from the breathing tube that was used during surgery.
- You will have a bandage on your head to cover your incision.
- You will have a soft, rubber tube to drain urine from your bladder.
- You will wear elastic stockings and **compression boots** (inflating/deflating sleeves) on your legs to prevent blood clots.
- Ask your nurse for medicine if you have pain or nausea.
- You will get ice chips to help soothe your dry mouth and throat.
- The first night, you will have wires on your chest to monitor your heart rate and blood pressure. And, we will check your neurologic function every hour.
- You may have swelling around your eyes/face that will slowly go away on its own.

**Day 1 – after surgery**

- Your foley catheter will be removed from your bladder.
- Your nurse will help you sit on the edge of the bed, stand, sit in a chair, and perform daily
activities.
- You will be encouraged to walk around your room and go to the bathroom.
- If needed, you will be evaluated by a speech therapist, physical and/or occupational therapist for special equipment to help you with daily activities.
- You will have a CT scan or MRI.
- Be sure you keep the head of your bed elevated to reduce head pressure.
- Use your incentive spirometer every hour.

Day 2 – after surgery
- Your nurse will help you take a shower. Your doctor will tell you if you can wash your hair or get your incision wet.
- You and the neurosurgical team will begin to plan your discharge and home care.
- You will be encouraged to walk outside your room.
- Your will resume your diet as instructed by your doctor.

Day 3 – after surgery
If you are recovering well and your doctor feels you are ready, you will be discharged from the hospital. Your nurse will give you written instructions for your home care and a list of the medicines you take. Once you are home, you are not required to keep the head of your bed elevated.

Home and Follow-Up Care
Your body will need 4 to 6 weeks to recover before returning to normal activity. Increase your activity slowly. **Do not** lift, push or pull more than 5 to 10 pounds for 1 to 2 weeks after surgery. **Do not** drive until you check with your doctor. **Do not** drink alcohol as this may interfere with your prescription medicines.

Get plenty of rest and take all your medicines as prescribed. Call your health care team if you have any problems, concerns or new symptoms.

You will have a follow-up visit 1 to 2 weeks after surgery to remove sutures/staples. At that visit, your doctor will go over your follow-up plan and schedule clinic visits. It is important that you come to all your clinic visits.

**Call your doctor right away if you have:**
- Fever of 101.5°F or higher
- Unrelieved nausea or vomiting
- Difficulty breathing or chest pain
- A sudden increase in pain, numbness or weakness
- Seizures
- Loss of bowel or bladder control
- Drainage from the incision
- Confusion or changes in speech and behavior
- Any change in hearing or vision
- Increased swelling or redness at the incision site
- A stiff neck
- A headache that worsens and does not respond to pain medicine
- Increased drowsiness

**Brain and Spine Center**
Monday through Friday, 8 a.m. to 5 p.m.
713-792-6600

**Emergency Center**
Main Building, Floor 1
Monday through Friday, after 5 p.m.
Saturday, Sunday and Holidays
713-792-3722

**Neurosurgery Fellow/Resident On-Call**
Hospital Page Operator
713-792-7090

**Reference**