

Your Craniotomy Surgery

This pamphlet will help you learn about your craniotomy surgery. The word craniotomy means “opening of the skull.”

If you have any questions after reading this pamphlet, please ask a member of your health care team.

Before your surgery

- Many people who need this surgery are admitted through the Emergency Department or transferred from another hospital.
- Others may have an appointment booked and come to the hospital from home on the day of their surgery.
- If your surgery is planned ahead of time, you may be asked to visit the Pre-Admission Clinic. When you come for this appointment, please bring all of your medications in their original bottles or containers. This includes vitamins, natural health products, and over-the-counter medications.

Rehabilitation

Before you are discharged from the hospital, your health care team will talk with you about what kind of care you will need at home. You may need to stay at the Nova Scotia Rehabilitation and Arthritis Centre for a short time. This is to make sure you are able to function as independently (on your own) as possible.

After you go home, call your surgeon or your primary health care provider if you have any:

- › Trouble seeing
- › Weakness in your arm(s) and/or leg(s)
- › Trouble speaking
- › More or severe headaches
- › Redness, swelling, drainage, or a bad smell at the incision site

- Before you leave the hospital, ask your surgeon when you can drive and when you can go back to work.

Comfort

- You may have a headache. Tell your nurse if you have any pain. Pain medications can help. They should be given early so that your pain does not get severe (very bad).
- You may have an upset stomach and feel like you might throw up. This may be because of the anesthetic or other medications. Tell your nurse so they can give you medication to help.

Pain management

If you have pain, your surgeon will order Tylenol®. Many surgeons do not like to order stronger pain medications because they may change how your brain works.

How are you feeling?

While you are in the hospital, tell your nurse if you feel:

- › Nervous
- › Sleepy
- › Dizzy
- › Different from your usual self
- › Uncomfortable or in pain

Before your surgery, you will:

Have blood tests

- These tests make sure your blood levels are within normal limits.
- **If you do not wish to have a blood transfusion (when you are given donated blood from another person) for any reason, tell your surgeon before surgery.** Your surgeon will talk with you about your options.

Meet with an anesthetist

You may see an anesthetist (doctor who puts you to sleep for surgery). This may not be the same anesthetist who will put you to sleep on the day of your surgery.

Review and sign a consent form

Your surgeon will talk with you and your loved one(s) about your surgery. They will explain:

- › How the surgery is done
- › How long the surgery will take
- › Possible risks
- You should have all your questions answered before you or your loved one (if you are not able to) sign the consent form. It may help to write down your questions before you talk with the surgeon.

- After your questions have been answered, you will be asked to sign the consent form. This gives your surgeon permission to do your surgery.

- **Do not eat or drink anything for at least 6 hours before your surgery.**

- The anesthetist may ask you to stop taking certain medications (including vitamins, natural health products, and over-the-counter medications) the night before and/or morning of your surgery.

Morning of surgery

- If you are coming from home, please **do not bring any valuables (like jewelry or money)**. The hospital is not responsible for the loss of any item.

- You will be asked to come to the Same Day Surgery Unit. This is on the 5th floor of the Halifax Infirmary Building.

- Your incision may have staples or sutures (stitches). These will be removed by your primary health care provider (family doctor or nurse practitioner) in 10 to 14 days. If you have sutures that dissolve (go away on their own), they will dissolve within 3 to 4 weeks. They do not need to be removed.

Hygiene

You can wash your hair 3 to 4 days after your surgery. Rub gently using shampoo. **Do not scrub the incision site.**

- Your nurse will help you with your personal care. It is important that you try to do as much as possible for yourself. This will help with your recovery.

Activity and therapy

- **For your safety, do not get out of bed on your own until you have checked with your nurse.** Your nurse will tell you when you can get up on your own.

- You may also see a physiotherapist and an occupational therapist to help with your recovery. Your loved ones may be asked to visit during your therapy sessions so they can learn how to help you recover faster.

Bowel and bladder care

- You may or may not have a catheter (thin, hollow tube) to drain urine (pee) from your bladder. It will be removed as soon as possible after your surgery.
- After the catheter is removed, your nurse may ask you to measure your urine for a few days. This is to make sure your bladder is emptying well.
- You may notice a change in your bowel movements (poops). This is normal. It may be because of changes in your nutrition, stress, or medication(s). Tell your nurse if you have stomach cramps or any other concerns. **It is important to deal with bowel problems early.** You may need to take medication to help you poop.

Your incision (cut)

- After surgery, you will have a bandage over your incision. Your nurse will tell you when to take it off. After it is removed, your incision may be left open to the air to heal. **Do not touch it or put anything over it.**

Hair

Before your surgery, you may wash your hair with shampoo. Your hair will not be cut or shaved until you are asleep in the Operating Room (OR). Your hair will grow back over the surgery area.

Craniotomy surgery

- You will be taken to the OR on a stretcher.
- The anesthesiologist will place an intravenous (IV) in your arm. This is a small plastic tube that will give you medication(s) to put you to sleep.
- During your surgery, your loved ones may wait in the Neurosurgery waiting room on Unit 7.3 or on the 5th floor, ICU (the surgery team will tell your loved ones which room to wait in). This surgery can take a few hours. The surgical liaison nurse may visit your loved ones to tell them about your progress.
- As soon as your surgery is over, your surgeon will go to the waiting room to give your loved ones a report.

Tissue for testing

During your surgery, the surgeon may take a tissue sample for testing. The results are usually ready in 7 to 10 days. Your surgeon will talk about the results with you.

After surgery

After your surgery, you will be taken to:

- › the Intensive Care Unit (5.2).

OR

- › the recovery room, while you wake up from the anesthetic (medication to put you to sleep during surgery). This will take about 1 to 2 hours. From the recovery room, you will be taken to the Neurosurgery Intermediate Care Unit (7.3 IMCU) or the Neurosurgery Unit (7.3). This will depend on your needs. We will move your belongings to one of these areas when you go to the OR.

Deep breathing exercises

You may be asked to do deep breathing exercises. This will help to clear your lungs after surgery.

Routine checks

- Your nurse will check your blood pressure, temperature, pulse, pupils (centres of your eyes), and leg and arm movements. They will ask you questions to check if you are alert, like “Can you tell me where you are?”
- These routine checks tell the nurse how well your brain is working.

Nutrition

- You will have an IV. This will give you fluids until you are able to drink. Once you are eating and drinking well, the IV will be removed. If you need IV medication(s), it may stay in longer.
- Your nurse may measure how much you are drinking. This helps to make sure you are getting enough fluid.
- If you are having trouble swallowing, you may see a dietitian. They may put you on a modified (changed) eating plan to help keep you from choking on your food. We will check this every couple of days until you are able to go back to your usual eating plan. If it is not safe for you to eat and/or drink, you may need a feeding tube (a tube down your nose into your stomach) to give you nutrition.