Department of Neurosurgery

Patient Information

Posterior fossa craniectomy

This leaflet is for patients who are having a posterior fossa craniectomy. It tells you about the operation and about its risks and benefits. It also tells you what to do if you have any questions or worries.

What is a posterior fossa craniectomy?

This is a surgical procedure to make an opening in the back of the head to gain access to the brain. This is usually done to treat certain abnormalities that are interfering with the normal function of the brain like a brain tumour.

Are there any other options for this treatment?

This depends on the reason you are having this procedure and your consultant will have discussed this with you.

What preparation do I need?

You will have a preoperative assessment before your admission. This will include a physical examination and blood tests. You may also have an electrocardiogram – ECG - and a chest x-ray. If you smoke, we strongly advise you to stop as this will help your recovery as well as your general health. We can offer support and information about stopping smoking.

If your surgery is for the treatment of a brain tumour you may be given a course of steroids. The steroids treat any swelling in the brain caused by the tumour. This treatment will continue after your surgery for a period of time on your surgeon's instructions. It is important that you follow the prescription accurately. Do not stop taking these tablets without medical advice.
The steroids may cause stomach irritation. To reduce this, take the tablets with food or a glass of milk. You may be given medication to help prevent stomach irritation.

We will advise which medications you need to stop before surgery.

We may admit you into hospital on the morning of your surgery. If you have several other medical problems we may ask you to come in the day before your surgery.

**What happens on the day of my operation?**

The nurse will tell you when to stop eating and drinking before your operation.

You will be able to take your usual medication unless otherwise instructed.

You will be given a hospital gown to wear and anti-embolism stockings.

These are special stockings which help to prevent a deep vein thrombosis – DVT - developing in your legs.

A DVT is a blood clot that can sometimes form in the veins of the legs due to prolonged lack of movement.

Your consultant surgeon or a senior member of their team will come and see you to talk to you about your operation, including any side effects or complications. They will give you a form to sign which means you give your consent to have this procedure. Your surgeon will also sign this form.

An anaesthetist will also see you. An anaesthetist is a specialist doctor who is responsible for giving you your anaesthetic and caring for you throughout your operation. You can ask any questions that you might have.

**What does the operation involve?**

When you have been anaesthetised a small amount of hair is shaved from the back of your scalp. The surgeon or a member of the surgery team will:
• clean this area of your head
• remove a segment of bone from your skull
• close your wound with metal clips
• insert a wound drain and secure it with one stitch. This is a narrow tube connected to a small plastic container. The drain helps the wound to heal and prevents the wound from swelling.

**What happens after the operation?**

When you wake up after your operation you will be in the intensive care unit.

You will be cared for by a nurse experienced in caring for patients who have had brain surgery.

You will wear an oxygen mask until you have fully recovered from your anaesthetic, usually after a few hours.

You will have an intravenous infusion. This enables us to give you fluids, usually saline, into a vein in your arm. This will be removed by a nurse when you feel able to eat and drink normally, usually the same or next day. The nurse will also monitor you closely to ensure that you are able to swallow properly after your surgery.

You may experience some nausea and vomiting after your surgery. You may also experience poor balance and co-ordination. You will be given medication to control these symptoms and the nurses and medical team will monitor you closely.

Your wound drain will be removed by a nurse the following day.

You will be encouraged to mobilise - move about - as soon as you feel able to.

**We will give you painkillers as it is normal to experience headaches.**

Your clips will be removed by a nurse 7 to 10 days after your operation. If you are discharged before your clips are removed the discharge planning nurse will arrange for your clips to be removed at your GP’s surgery. Do not wash your hair until your clips have been removed.
When will I go home?

You will be in hospital for approximately five days. In some cases this may be longer.

A senior nurse will discharge you from the ward and you will be ready to go home some time after midday.

We may ask you to vacate your bed space by 10.00 hours so we can prepare it for the next patient. You may wait in the day room until you are ready to go home.

We will supply any new medication you will need following your surgery.

We will not supply further supplies of your regular medication. You can get these from your GP in the usual way.

If you are eligible for hospital transport please tell the discharge planning nurse.

How will I feel as I recover?

You may feel tired and anxious when you first go home. This is normal. Resting during the day should help.

Go back to work when you feel ready. You may wish to discuss this with your doctor when you return to outpatient clinic. You will be sent an appointment usually within 6 to 12 weeks.

Some patients may require physiotherapy. You will be seen on the ward. If further physiotherapy is required the physiotherapist will discuss this with you.

Some patients may require occupational therapy. If you are having difficulties with any activities the occupational therapist may help you become more independent. Our occupational therapist will see you on the ward and assess you.

If necessary you may be seen by our speech and language therapist on the ward. This will be due to swallowing or speech difficulties you may experience.
If you need continuing help with any of these problems you may be referred on to the relevant care team once you are discharged home or transferred to your local hospital.

When you go home you will be given any medication that you need. You will be given painkillers.

Some painkillers cause constipation. Try to eat plenty of fruit and fibre. Drink plenty of fluids.

Some patients experience seizures (or fits) before or after their operation. You may be prescribed anti-convulsant medication. These help to control seizures. Never stop taking this medication without medical advice.

If you experience any side effects from your medication inform your GP.

If you drive you may have to notify the DVLA of your operation. Your surgeon will advise you when you can drive again.

What are the risks?

When you go home it is important that you contact the ward or your GP if you experience any of the following:

- Fever (which may be as a result of an infection)
- Frequent vomiting (which may be a sign of raised pressure in the brain)
- Drowsiness.
- Difficulty walking.
- Difficulty swallowing or talking.
- Facial weakness.
- Drooping eyelid.
- Oozing from the wound site or ear.

If I still have questions?

You can contact the ward anytime if there is anything you are concerned about.

- Brodie ward: 020 8725 4646/4647
• McKissock ward: 020 8725 4644/45

Other useful contact numbers:
• Neurosurgical Bed Manager: 020 8672 1255 bleep 7251.

Further Information:
• Brain Tumour UK: 0845 4500386 or www.braintumouruk.org.uk.
• Medical Advisory Branch DVLA: 0870 6000301
• British Acoustic Neuroma Association: 01623 632 143.

Produced November 2010, approved February 2011
for review February 2014