

## **Department of Neurosurgery**

### **Patient Information**

### **Craniotomy**

This leaflet is for patients who are having a craniotomy. 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 craniotomy?**

This is a surgical procedure to form a bone flap on the skull 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 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 to 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 your scalp. The surgeon or a member of his team will:

- clean this area of your head

- inject a local anaesthetic into your scalp to reduce pain after the surgery
- drill a series of small holes called burrholes into your skull using a high powered drill
- using a saw cut the bone between the burrholes so that a flap of bone is created
- turn back this bone flap and access your brain
- 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 recovery unit or 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.

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.

Your face may be swollen and bruised at first. This is normal.

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

Your wound clips will be removed by a nurse 5 to 7 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 the 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 provide 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 will see you on the ward and assess you.

If necessary you may be seen by the 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, vegetables 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)
- A fit (which may be a complication of brain surgery)
- Frequent vomiting (which may be a sign of raised pressure in the brain)
- Drowsiness.
- Weakness in the limbs.
- Difficulty talking.
- Swelling or oozing from your wound.

### **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 8724 4644/4645

Other useful contact numbers:

- Neurosurgical Bed Manager: 020 8672 1255 bleep 7251.

**Further Information:**

Brain Tumour UK: 0845 4500386 or [www.braintumouruk.org.uk](http://www.braintumouruk.org.uk)

British Epilepsy Association: - 0808 800 5050.

Medical Advisory Branch DVLA: 0870 6000301



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