

Going home after surgical removal of an acoustic neuroma

This leaflet explains more about returning to your everyday activities after surgery to remove your acoustic neuroma (also called a vestibular schwannoma).

If you have any further questions, please speak to a doctor or nurse caring for you.

When can I leave hospital?

You will be able to go home as soon as the medical team, nurses and physiotherapist are happy with your progress. We will need to make sure your wound is healing and there is no cerebrospinal fluid (CSF) leak. We will also need to know that you can manage at home and can move safely with only a little help.

You will normally stay in hospital for between five and ten days after your operation, depending on your recovery.

After I leave hospital

Following your surgery you may have one or more of the following:

- facial nerve weakness
- incomplete eye closure
- dryness or excess fluid in the eye
- CSF leakage from your nose or wound
- balance problems
- fatigue or tiredness
- hearing loss
- headache
- pressure in your head.

Facial nerve weakness

Surgery can occasionally cause weakness to the facial nerve.

Your facial nerve controls the movement of one side of your face. Acoustic neuromas are very close to this nerve and large tumours are often stuck to it. In this case a small part of the tumour may be left on the facial nerve to try to prevent nerve damage.

If your facial nerve is damaged or weak after surgery you may find:

- your face droops on one side (facial palsy)
- you drool saliva on the weak side of your face
- you have difficulty closing your eye on the weak side of your face
- your speech is less clear.

The physiotherapist and a speech and language therapist will give you advice and exercises to help stop your facial muscles becoming too tight or weak. It can take up to eighteen months for full nerve recovery and in some cases some damage to the facial nerve may be permanent.

Incomplete eye closure, dryness or excess fluid in the eye

You must take great care of your eye if it is affected.

If your eye can not close properly it is open to foreign objects and infection so you will need to 'tape' it shut at night. The physiotherapist and nurse specialist on the ward will explain how to do this. You should continue to do this when you go home for as long as you have incomplete eye closure.

Your eye may also become dry and if so you will need to use eye drops during the day and ointment at night. You will be given a prescription for these when you are discharged.

Hearing loss

After translabyrinthine surgery to remove an acoustic neuroma, you will have no hearing in the operated ear.

In your follow-up outpatient appointment, the surgeon will discuss hearing aid options and may refer you to the audiology team for assessment for a CROS or bone anchored hearing aid (BAHA) which will help divert sound from your deaf ear to your good ear.

Imbalance and dizziness

Any imbalance or unsteadiness should improve as your normal ear will take over. Your balance may not be so good in the dark, when you are tired, towards the end of the day or if you suddenly change position. You may find walking in crowds difficult.

You can help improve your balance by doing the exercises the physiotherapist has given you at home. Regular walking will also help.

Any dizziness should have gone by the time you leave hospital but if not, regular movement and your balance exercises will help.

Looking after my wound

Wound care is important.

Please watch for any CSF leaking from your wound, ear or nose. We check this while you are in hospital and it is not very likely to happen at home, but contact us urgently if you have any clear fluid coming from your nose, ear or wound. From Monday to Friday 8.30am to 4.30pm, contact the nurse specialist and at any other time contact the ward you were discharged from, all contact details below.

Take these simple precautions to prevent a CSF leak:

- prevent constipation by taking a laxative
- no heavy lifting
- no strenuous exercise or weight training.

Your wound should have healed enough not to need a dressing by the time you leave hospital.

Your stitches will need to be removed 14 days after your operation. You will need to make an appointment with your GP or practice nurse to have this done.

The ear on your operated side may stick out more due to swelling. This swelling will slowly go down over about two months and as it does your ear will not stick out as much.

Your leg wound stitches will dissolve on their own. There may be a slight dent in your leg where your wound was for a while.

You can normally wash your hair one week after your operation, depending on how your wound is healing. You will be told if your wound has not healed enough for you to wash your hair.

Will I be in pain?

Headaches are common straight after surgery but usually start to go after a few days. You will be prescribed pain killers and given some to take home. You will be told how long to carry on taking these after you are discharged.

If your headaches carry on at home and the pain killers do not help, please contact us about this.

Will I need to do any specific exercises?

The physiotherapist will work with you on the ward to improve your balance.

They will also give you an exercise booklet to work through at home.

Doing these exercises consistently together with regular walking and movement will all help your balance get better again.

When can I get back to normal activities?

It is normal to have some tiredness and fatigue after such major surgery to your head.

This will continue after leaving hospital, so you must rest when you first get home. You will then need to match your activity to your energy level, slowly becoming more active as you feel stronger. It may help to take naps in the afternoon until your energy returns.

You will probably have to take at least three months off work to recover. The actual length of time you need to take off will depend on your progress and the type of work you do. It can take a long time to build up your energy levels so try not to go back to work too early. If you do you may become very tired, very quickly. If you are able to have a phased return to work, take this opportunity and gradually build up to your previous hours.

You should not fly for a few weeks after this surgery. The length of time will depend on your post-op condition and progress. Please speak to your team about when is safe for you to fly.

There is no legal requirement not to drive following this surgery, but most patients tend to avoid it for one - two months and only start again when their dizziness is gone and their balance symptoms are completely better. You do not have to inform the DVLA that you have had surgery, unless told to by the medical team. DVLA advise you not to return to driving until 'fully recovered from the surgery' which varies between patients. You will need to be able to perform an emergency stop, glance in your mirrors and look right and left without feeling nauseous or dizzy. Once you can do these, you can start to drive short distances, and then gradually increase them.

What should I do if I have a problem?

You must contact us urgently if you have:

- fluid leaking from your wound, nose or ear (it may have a salty taste)
- neck stiffness, with sensitivity to bright lights and fever
- persistent headaches.

Contact your nurse specialist during working hours or the ward you were discharged from at any other time.

You can also see your GP if you are worried or go to your local emergency department (ED or A&E) in an emergency.

Will I have a follow-up appointment?

You will normally have an outpatient appointment with your surgeon six weeks after your operation. You will receive this appointment in the post. You can discuss your recovery and any concerns you may have with your surgeon.

You will have a scan after two years to check for any remaining tumour. If there is no tumour you may not need any more scans but if there is we will continue to monitor it with yearly scans.

Useful sources of information

British acoustic neuroma association

www.bana-uk.com

Contact us

If you have any questions or concerns about going home after surgical removal of an acoustic neuroma, please contact the clinical nurse specialist on 020 8725 4468 or email stgh-tr.skullbase@nhs.net (Monday to Friday, 8.30am to 4.30pm). Out of hours, please contact Brodie ward on 020 8725 4646/4647 or McKissock ward on 020 8725 4644/4645. If you need to contact the team urgently, please contact the switchboard on 020 8672 1255 and ask them to bleep 7171.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9am and 5pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

