

Surgical removal of an acoustic neuroma

This leaflet explains more about surgery for the removal of an acoustic neuroma (also called a vestibular schwannoma), including the benefits, risks and alternatives and what you can expect when you come to hospital. If you have further questions, please speak to a doctor or nurse caring for you.

What is surgical removal of acoustic neuroma?

The operation will be done under general anesthetic by a neurosurgeon and an ear, nose and throat (ENT) surgeon.

How the surgeons get to the tumour will depend on its size and location, as discussed with you in clinic. The most common way is through the bone behind your ear (translabyrinthine approach). If this approach is taken you will lose any remaining hearing you have on this side.

A less common way in is through your skull bone, further back behind your ear (retrosigmoid approach). This approach may make total tumour removal more difficult.

Small acoustic neuromas can usually be removed completely. If you have a large tumour, a small part of it may be left behind to try to prevent any damage to the facial nerve.

Why should I have surgery to remove my acoustic neuroma?

You will be offered surgery to remove your acoustic neuroma if you have new symptoms or your current symptoms are getting worse, or if your tumour:

- has grown
- is large and pressing on your brain
- is causing a build-up of fluid.

If you have any of these issues and your tumour is not suitable for radiotherapy treatment, then surgery is the only other option. Surgery is needed to stop the tumour pushing on your brain and causing damage to important nerves and structures.

What are the risks?

There is an 85 to 90% success rate of having a functioning facial nerve after surgery. The facial nerve controls the movement of the muscles on one side of your face. The risk of damage to this nerve is 10 to 15%.

Other risks are:

- 5% risk of the fluid surrounding your brain and spine (cerebral spinal fluid or CSF) leaking from your wound, ear or nose. If this happens you may need a drain in your back and to stay longer in hospital. Sometimes more surgery is needed to fix the leak.
- Less than 1% risk of death, stroke, meningitis or problems with speech and swallowing.
- Occasional risk of facial numbness depending on the size of your tumour and if you had any numbness before surgery.

Are there any alternatives?

Your consultant should have discussed the different options with you in clinic.

Radiotherapy is a treatment option for small acoustic neuromas where there is space between the tumour and the brain. If your tumour is already touching brain tissue radiotherapy is not normally suitable.

Another alternative is to keep MRI scanning the tumour to see if it is growing. Your consultant will discuss the risks of this and the impact it could have if you need surgery in the future.

How can I prepare for surgery?

You will have a preoperative assessment a few weeks before your operation, including 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 several months before your admission as this will help your recovery as well as your general health. We can offer support and information to help.

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

You will be admitted into hospital the evening before your surgery.

Asking for your consent

It is important that you feel involved in decisions about your care. The neurosurgical and ENT consultant, or a senior member of their team, will come and see you to talk to you about your operation, including any side effects and complications.

They will then ask you to sign a consent form to say you agree to have the treatment and understand what it involves. Your surgeon will also sign this form. This is normally done on the morning of your surgery.

You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during your stay in hospital?

On the day of your surgery you should stop eating six hours before your operation but should carry on drinking clear fluids until two hours before. Your nurse will tell you when to stop eating and drinking. You should take your usual medication unless told not to.

You will be given a hospital gown and anti-embolism stockings to wear. The stockings may help prevent a blood clot (deep vein thrombosis or DVT) developing in your legs.

An anaesthetist will see you to talk about your anaesthetic. They will be responsible for giving you your anaesthetic and caring for you during your operation.

During the operation you will be under a general anaesthetic so will not be awake or aware of your surgery. The operation normally lasts all day, about six to eight hours. Some of your hair will need to be shaved behind your ear so that the surgeon can clean the area.

A cut (incision) will usually be made behind your ear in a C shape, about 10-15cm long. You will have sutures to the wound which will stay in for 14 days, and a small dressing for the first few days. You may also have a wound on your thigh if a graft of tissue needs to be taken from there to put into the wound behind your ear. This will also have sutures and may have a small drain in it for a day or two after your operation.

Will I feel any pain?

You may have headaches and pain in your leg where the tissue was taken from. You will be prescribed painkillers but if you are in pain ask your nurse for more help.

What happens after my surgery?

You will wake up after the operation in the recovery unit or intensive care unit, with a nurse specialising in brain surgery patients looking after you. You will have a drip in a vein in your hand for fluids and medication. This will be removed when you can eat and drink normally, usually the next day.

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

Patients sometimes feel sick after having a general anaesthetic and may vomit. If you feel sick, please tell a nurse who will offer you medicine. Your surgery may also cause nausea and dizziness, and we will give you medication to help try to reduce this.

Following your surgery you may have:

- headache
- hearing loss
- facial nerve weakness
- incomplete eye closure
- dryness or excess fluid in the eye
- cerebro-spinal fluid (CSF) leakage
- balance problems
- fatigue or tiredness.

Your nurse specialist and medical team will discuss any symptoms with you and advise on any treatment or care you may need.

A physiotherapist will see you to assess and help with your balance and mobility. They will give you exercises to do while in hospital and at home to help. If needed, the hospital physiotherapist will refer you to the community team who will see you after you go home.

You will normally stay in hospital for five to ten days depending on your recovery. You will be able to go home as soon as the medical team are happy with your progress and you feel ready. We will need to make sure you are able to manage at home, your wound is healing, there is no CSF leak and you can move around safely.

What do I need to do after I go home?

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, slowing 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.

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 ask your surgeon for when is safe to fly.

There is no legal requirement not to drive following this surgery, but you will probably not feel like driving at first. 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.

Will I have a follow-up appointment?

Around six weeks after surgery you will need to come to the outpatient clinic for the surgeons to review your progress. You will be sent this appointment in the post.

You will also have an MRI scan two years after your operation to check how things are.

Useful sources of information

British acoustic neuroma association:

www.bana-uk.com

Contact us

If you have any questions or concerns about 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.

Other useful contact numbers:

Neurosurgical Bed Manager: 020 8672 1255 Bleep 7251

Mr Patel's & Mr Martin's secretary, Pritesh: 020 8725 4172

Mr Stapleton's secretary, Sue: 020 8725 4508

Mr Minhas's secretary, Patricia: 020 8725 4524.

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

