

Going Home Following Surgery to Remove a Malignancy of the Temporal Bone

This leaflet explains about returning to your everyday activities after surgery to remove your malignancy of the temporal bone. 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. The team will want to ensure that you are able to manage at home, that you are able to mobilise safely with minimal assistance and that your wound is healing. The normal length of stay in hospital following this surgery is between 10 to 21 days depending on your recovery.

After I leave hospital

Following this surgery you may have one or several of the following:

- The need of further treatment
- Facial nerve weakness
- Incomplete eye closure, dryness or excess fluid in the eye
- Cerebro-Spinal Fluid (CSF) leakage
- Balance problems
- Fatigue / tiredness
- Hearing loss
- Dizziness
- Headache
- Difficulty in swallowing
- Voice impairment.

Adjuvant therapy

Surgery can be the first step in your treatment. Depending on the histological results of the tumour removed, your case will be discussed in a multidisciplinary team meeting and you may need further treatment such as radiotherapy or radio-chemotherapy. All the different options will be explained and discussed with you.

Facial nerve weakness

In some cases the facial nerve should be removed and in others it may be damaged during surgery. The facial nerve controls the movement of one side of your face. If your facial nerve is damaged / weak after surgery you may find that:

- 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 have given you advice and some exercises to try to prevent the muscles of the face from becoming too tight or too weak. Nerve regeneration is a slow process and it can take up to eighteen months for full nerve recovery, so please be patient. However, it's important to be aware that some damage to your facial nerve may be permanent.

Incomplete eye closure, dryness or excess fluid in the eye

Facial nerve weakness can also affect your eyes. It is vitally important that you take great care of your affected eye. For example, you may find it difficult to blink or close your eye completely on the side of the operation. If your eye does not close properly, it is open to foreign objects and infection. If you have incomplete eye closure you will need to 'tape' your eye at night and this will be explained to you by the physiotherapist and the nurse specialist on the ward. Taping your eye at night is done to ensure that, while you are sleeping, your eye is not lying open. It is important that you continue to do this when you go home for as long as you have incomplete eye closure.

Your eye may also become dry as tears may not be produced. If this is the case you will need to use eye drops during the day to prevent your eye from getting dry and ointment at night. You will be given a prescription for these on discharge from the ward.

Hearing loss

After surgery to remove a malignancy of the temporal bone, you may have different degrees of hearing in the operated ear.

In your follow-up outpatient appointment, the surgeon will discuss hearing aid options and will speak to you about referring you to the audiology (hearing) team for assessment for hearing aid or a bone anchored hearing aid.

Imbalance and dizziness

Your imbalance and unsteadiness occur, they will improve as the balance apparatus in the normal ear compensates and will normally resolve before you leave hospital. However, you may find that your balance is not good, particularly in darkness, when you are tired (by end of the day) or when you suddenly change in position. You will need to continue to

work on your balance at home by working through the exercises that the physiotherapist has given you. Regular walking is particularly useful with an aim to increase the distance on a daily basis or as tolerated.

Swallow and voice impairment

Such lesions can cause nutritional difficulties and aspiration. Temporary or permanent tracheostomy is a possibility. The placement of a nasogastric or gastrostomy tube may be necessary to compensate for the associated deficits in dietary intake. The physiotherapist and a Speech and Language Therapist will give you advice and some exercises and strategies to improve both symptoms. In severe cases, vocal fold medialisation or a laryngo-tracheal separation may be necessary.

Looking after my wound

Wound care is important. When you leave hospital your wound should be healed enough that you don't need to have a dressing on it. The stitches will need to be removed 14 days after your operation date. This is usually done in your GP or Practice Nurse. You will need to arrange an appointment to have this done.

You may find that your ear on the operated side sticks out more. This is caused by some swelling behind your ear but over the next couple of months, as the swelling reduces, your ear will not stick out as much.

Although rare, you need to watch out for Cerebro-Spinal fluid (CSF) leak from your wound, ear or nose and urgently contact us if this happens (the nurse specialist within working hours or the ward out of hours or at weekends, please find contact details below).

You can wash your hair normally one week after surgery but this does depend on how your wound is healing after the operation. You will be informed if you cannot wash your hair once you have gone home.

Will I be in pain?

Headaches immediately after surgery are common but usually start to resolve within a few days. You will be prescribed regular analgesia (pain killers) to take home with you. You will be advised on how long to continue taking the analgesia by the nurse on your day of discharge.

Whilst at home, if your headaches do persist and are not relieved by the analgesics given to you by the hospital then please contact us to discuss this.

When can I return to normal activities?

If you need further treatment such as radiotherapy or radio-chemotherapy, the return to normal activity should be delayed and discussed with the specialist in charge of the adjuvant treatment.

Tiredness and fatigue following surgery are quite usual. You will have to adjust your daily activity to your energy level; a gradual increase in your activity will help. Please remember that you have had major surgery to your head.

Returning to work

You will have to take a period of time off work while you recover, depending on the type of surgery, further treatments, your progress and the type of work you do. You will be assessed on this subject individually.

Flying

Flying should be avoided for at least a number of weeks after the surgery. This also depends on your post-operative condition and progress. Please speak to your team about when it is safe for you to fly.

Driving

There are no legal requirements for not driving following surgery of this kind, however you will initially, most likely, not feel ready to drive due to dizziness or giddiness. Most patients tend to avoid driving for approximately a month or two following surgery and only start when their dizziness, giddiness and balance symptoms are completely better.

You do not need to inform the DVLA that you have had surgery, unless specifically instructed to do so by a medical team. The DVLA's advice is that you do not return to driving until 'fully recovered from the surgery.' This varies enormously between patients and depends on your ability to perform an emergency stop, being able to glance in your mirrors and being able to look right and left without feeling nauseous and dizzy. When you feel able to do these, you are able to return to driving. To begin with, only drive short distances and gradually increase the distance.

What should I do if I have a problem?

Signs you need to watch out for are

- Fluid leaking from your wound, nose or ear, salty taste.
- Neck stiffness, sensitive to bright lights and fever.
- Consistent headaches.
- Haemorrhage.
- Wound dehiscence.
- Signs of wound infection: increase in redness, swelling, pain and heat.

If you notice any of the above then please urgently contact your Nurse Specialist during working hours or if outside of working hours then please contact the ward from which you were discharged. If you are concerned you can also attend your GP or if more urgent then please go to your local Accident & Emergency department.

Will I have a follow-up appointment?

Everything concerning your follow up and further treatment will be decided in a multidisciplinary team meeting and you will be informed of the outcome of these meetings. You will have an outpatient appointment with your surgeon in the weeks after your operation and, if further treatment is needed, an appointment with the Oncology team will be arranged. You will receive this appointment in the post.

Contact us

If you have any question or concerns then please contact the Clinical Nurse specialist during working hours of Monday to Friday 8.00am to 4.00pm.

- Telephone :020 8725 4468
- Email: stgh-tr.skullbase@nhs.net
- Urgently on Bleep 7171 via switch on 020 8672 1255

You can contact the ward outside of normal working hours if there is anything you are concerned about.

- Brodie ward: 020 8725 4646/4647
- McKissock ward: 020 8725 4644/4645

Other useful contact numbers:

- Mr Patel & Mr Martin secretary: 020 8725 4172
- Mr Stapleton secretary: 020 8725 4508
- Mr Minhas secretary: 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 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (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