

Going Home Following Surgical Closure of a Temporal Bone Cerebrospinal Fluid (CSF) Leak

This leaflet explains about returning to your everyday activities after surgical closure of a Temporal Bone Cerebrospinal Fluid (CSF) Leak. 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 your wound is healing, no CSF is leaking and that you are able to mobilise safely with minimal assistance. The normal length of stay in hospital following this surgery is between 10 to 14 days depending on your recovery.

After I leave hospital

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

- Fatigue / tiredness
- Hearing loss
- Headache
- Nausea.

Hearing loss

After surgical closure of a Temporal Bone Cerebrospinal Fluid (CSF) Leak, you may have a hearing loss in the ear on which the operation was performed. 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 the different types of hearing aid.

Looking after my wound

Wound care is important. When you leave hospital your wound should be healed enough so 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 by your GP or Practice Nurse. You will need to arrange an appointment to have this done.

You may find that your ear on the operation 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.

Your leg wound stitches are dissolvable and will not need to be removed. You might notice that your leg wound will be slight indented for a period of time.

You need to watch out for Cerebro-Spinal fluid (CSF) leak from your wound, ear or nose. The doctors and nurses will have been monitoring for leaks of CSF while you are in hospital. By the time of your discharge it is unlikely that a CSF leak will develop, but should you develop a leak of clear fluid from your nose, ear or wound, please contact your team urgently (the nurse specialist within working hours or the ward out of hours or at weekends). Please find contact details below.

There are some simple precautions we ask you to take to prevent a leak happening:

- Prevent constipation by taking a laxative to keep you bowels loose
- No heavy lifting
- No strenuous exercise or weight training.

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 given tips on caring for your wound after washing your hair once you are

ready to go 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 pain killers given to you by the hospital, then please contact us to discuss this.

When can I return to normal activities?

Tiredness and fatigue following surgery is quite usual. This may continue after you have left the hospital and it is very important that you continue to rest when you get home. You will have to adjust your daily activity to your energy level; a gradual increase in your activity will help.

Returning to work

You will have to take a period of time off work while you recover depending on your progress and the type of work you do. It can take a long time to build up your energy levels. We suggest three months off for you to feel strong enough and feel like yourself again.

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.

If you had a middle fossa approach, you have to inform the DVLA that you have had this type of surgery. If the surgery was performed through a post-auricular approach, you will not have to inform the DVLA, unless specifically instructed to do so by the 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. Once 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, sensitivity to bright lights and fever.
- Consistent headaches.

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 and emergency department.

Will I have a follow-up appointment?

You will have an outpatient appointment with your surgeon usually six weeks after your operation. You will receive this appointment in the post. At your appointment you'll discuss your recovery with the surgeon as well as addressing any concerns you may have. You may have a scan after your operation.

Contact us

If you have any question or concerns then please contact the Clinical Nurse Specialist during Working hours 7.00am to 4.30pm Tuesday to Friday.

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

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

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

Other useful contact numbers:

- Mr Patel and 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

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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