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RECOVERY FOLLOWING YOUR CRANIAL SURGERY

You have recently undergone cranial surgery. Hospitalization for this is generally short. Following are some routine care strategies that will improve your recovery. Although these have been customized to apply to your particular surgery, as always, call with questions or symptoms that appear atypical.

Our goal is to help you achieve optimal recovery and to restore you to your normal activities. Although we are able to achieve this for most patients, this requires time and a good deal of effort on your behalf. **It is NOT unusual for patients to experience persisting or residual symptoms during their recovery, such as numbness, tingling, neck and/or upper extremity pain, and muscle spasms/tightness.** This is often due to inflammation and irritation of the nerves which requires time to resolve. Medication, ice packs, and moderation of activities may help this process.

ACTIVITY AND LIMITATIONS

- We encourage you to take an easy stroll multiple times a day during your recovery. This should consist of starting with a short distance (half a block or one block) on a relatively flat walking surface. In case of inclement weather or road conditions that make this difficult, feel free to walk about the house or at the local indoor mall. Each day, we encourage you to slowly increase the distances that you walk. Always walk leisurely and to your comfort level.
- Driving is not allowed during your recovery period for all cranial surgeries, although you may ride in a car to your comfort level. If you must ride in a vehicle for an extended period, break up the ride at one-hour intervals.
- For the first two weeks following surgery, no heavy lifting is permitted. You may lift up to 5 pounds during this four week period. Thereafter, you may increase your activities, as tolerated. Rest will improve your recovery; however, we also encourage you to maintain at least a moderate amount of activity. Changing positions frequently (sitting, standing, walking, and resting) will prevent stiffness from impairing your recovery.

MEDICATIONS

- You will be discharged with prescriptions for any additional medications. Unless advised otherwise, resume all routine medications. Prescriptions for pain medications will be provided, unless you have enough at home.
- Some patients may be discharged with Dilantin (Phenytoin) or other seizure medications to prevent seizure activity during your recovery period. This medication typically is not needed long-term and we will most likely begin to wean you off at your first postoperative visit.
- You may take Tylenol for mild or moderate discomfort.
- Over the first **two to four weeks** following surgery, you will be expected to take a narcotic pain medication, as needed, for any more substantial discomfort. If your pain is under good control without this medication, you do not need to take it. This medication may cause unwanted side effects including constipation. If you need prescription renewals, please call **72 hours** in advance during regular office hours.
- Anticoagulation products such as Coumadin and aspirin products should be stopped for approximately 2-4 weeks following surgery.

DIET

- You may resume your **regular diet** following surgery. Nausea is not unusual following surgery. It is often related to the anesthetic and pain medications. This should resolve as you recover and take less medication.
- Constipation is also not unusual. Increasing your fluid intake and consuming a higher concentration of fruit and vegetables will not only minimize this, but improve your nutrition and provide valuable nutrients and vitamins during your recovery. Sometimes stool softeners, such as Colace, Dulcolax, Senokot, or even an enema, are needed. These can be obtained over the counter at your local pharmacy.
- To help improve your nutrition during your recovery, we encourage you to make sure you get a good mix from each of the food groups. Anti-oxidants, such as vitamin C and E, can help your healing. Often for a few weeks following surgery, you will feel more tired than usual as your body maintains a higher rate of metabolism during the process of healing. Rest and increase your caloric intake appropriately.

YOUR INCISION

- You will have an outer dressing covering your incision; this is removed approximately 2 days following surgery. You may begin taking showers following removal of the dressing. Allow the soap and water to wash across your incision, but avoid vigorous scrubbing. Mild soap and shampoos are best.

- Your incision may have steri-strips that cover the incision itself. **Leave the steri-strips on**, they will fall off by themselves. If they are not off by your first postoperative visit, they will be removed by our medical team.
- Most patients will have external sutures or staples which will be removed **approximately 2 weeks** following your surgery.
- Until your incision is assessed at your first post operative visit, avoid immersing your incision in a pool of water. Hot tubs, bath tubs, and swimming pools can harbor bacteria which may impair your healing.
- Your incision may spot the first few days following your surgery. **This is normal**. Some mild redness around your incision is expected. This is often a sign of increased vascularity associated with healing.
- *****Any excessive drainage, redness or fever over 101 degrees, should be reported.***
- Vitamin E lotion or ointment applied to your incision may improve its cosmetic healing. This may be done after the incision is adequately healed, generally after two weeks.

FOLLOW-UP

- Your follow-up has been arranged in our office approximately 4 weeks following your surgery. An appointment has been prearranged prior to your surgery. The appointment date will be found in your preadmission package.
- At your first visit, your recovery will be assessed by the Physician Assistant or Nurse Practitioner. Most patients report some improvement by this time. Full recovery from postsurgical symptoms may take 6-8 weeks and sometimes longer for some people. Everyone heals differently. Most patients will be advised to gradually return to normal activities, including work, if this has not already been resumed.
- **Physical therapy** is often offered at your first postoperative visit, although many patients decline based on their symptoms. For the few patients with more severe impairment, physical therapy may be started during and shortly after discharge from the hospital.
- Additional imaging studies are needed for some patients. These will be discussed and arranged based on the pathology results.

LONG-TERM

Most patients who have recovered well following surgery will be released during their recovery period. If any new problems develop after you have been released, contact our office for re evaluation. If it has been longer than 6 months since your surgery, you may need to contact your primary care physician first to obtain additional imaging studies and to renew your referral.

We are intensely devoted to each individual's recovery. All problems will be promptly reviewed with Dr. Yalamanchili, his Physician Assistant or Nurse Practitioner, or secretarial staff and all efforts will be made to communicate recommendations directly to you in a timely fashion.

Our office has the only neurosurgical answering service dedicated to our practice on a 24 hour 7 day basis. If an emergency develops, call the office number or go to the emergency room. Less emergent problems can be communicated to the staff during the regular office schedule, 8:30am to 4:15pm, Monday- Friday.

If you need prescription renewals, please call **72 hours** in advance during regular office hours. This will allow us to review your medication and allergy history to provide good, safe care. Because of state law, most pain medications can only be provided in prescription form, this requires you to pick up this prescription in our office. It cannot be called in or faxed to the pharmacy nor can it be mailed.

We will make every effort to help each patient optimize their recover and their outcome. Our goal is to return you to your normal activities, and lifestyle, and we are dedicated to this goal.

Sincerely,

Kennedy Yalamanchili, MD, FACS,

Shakara S. Smith, PA-C,

Eileen Gabrielli, FNP-BC,

Vickie Gross, LPN,

Lynn Vanneman,

Michelle Hibbitts