About Your Craniotomy

MaineHealth
A craniotomy is a type of brain surgery. During this surgery, a piece of bone is removed from the skull to give access to the brain. After the surgery is done, the piece of bone is replaced and the skin is closed.

Risks from surgery: There are risks for any type of surgery. Your doctor will go over the risks with you before your surgery. You will be asked to sign a consent form before your surgery.

During surgery

First you will go into the pre-operative area where nurses, anesthetists and your surgeon will get you ready for surgery. Your family member can stay with you in this room.

Then a nurse will take you to the operating room. The operating room staff will wear special scrub clothes, caps and masks. The room has bright lights and is cool. There is special equipment and tables set up with supplies and instruments.

A nurse will check your identification (ID) bracelet. You will be asked about any allergies. Then you will be made comfortable on the operating room table. The staff will explain what will happen before you are put to sleep.

Many tubes and IV lines are placed before surgery begins. These are used to monitor you during and after surgery. As you recover, the tubes and lines will be removed. The anesthesia team will talk to you more about these tubes and lines. Some of this equipment may include:

- **Heart monitor:** Used to check your heart rate and rhythm.
- **Pulse Oximeter:** A small clip will be put on your finger to measure your pulse and the amount of oxygen in your blood.
- **Intravenous line (IV):** A small catheter (tube) is put into a vein and used to give medicines and fluids. An IV may be put in an arm vein or sometimes an IV is put into a large vein in the chest or neck. This is called a Central Venous Catheter (CVC).
- **Foley catheter:** This tube is placed into the bladder. It drains urine into a bag.

What happens during the surgery?

Most surgeries take several hours but your surgeon will tell you how long to expect your surgery to be. Most patients will have medicine to put them to sleep for their surgery, but some patients may be kept awake for a portion of the surgery.

In most cases your hair will not need to be shaved. Instead, the hair on your head will be parted so the surgeon can open your scalp and skull. Your head may be placed in a clamp or positioner to keep it in place. You will not feel this during your surgery but it may leave sore spots on your head for a few days.

When the surgery is done, the piece of skull is replaced and secured using small metal plates. These are titanium, so
you can still have brain scans in the future and they will not set off airport alarms. The scalp is closed with stitches, staples or glue.

Speak with your surgeon if you have any questions or concerns about your surgery.

**After surgery**

After your surgery you will be moved from the operating room to the Post Anesthesia Care Unit (PACU) for close monitoring for about 4 hours. When you first wake up, you may feel cold and you may shiver. This is normal. Extra blankets and warm lights will be used to warm you. After you are awake and comfortable (usually about an hour after surgery) 2 family members may come to see you for a short visit.

When you leave PACU, you will be moved to a room in another part of the hospital. Most patients go to the neurosurgical unit on the 6th floor of the Richards Building (called R6). Your surgeon will decide what kind of bed and location you will be going to.

**Checks of your brain and nerves:** We will check how your brain and nerves responded to surgery. This is called a neuro check. You may be asked to:

- Open your eyes.
- Squeeze hands.
- Answer questions such as: What is your name? Where are you? What day is it?
- Hold your arms up in the air.
- Lift your legs off of the bed and wiggle your toes.

**Deep breathing exercises:** Your nurse will teach you how to do deep breathing exercises. This helps to keep your lungs clear from infection after surgery.

**IV fluids:** You may have a couple small tubes placed into your blood vessels in place after surgery. These will be used to give you fluids and medicines. These will be removed before you are discharged from the hospital.

**Nutrition:** Your ability to swallow safely will be checked. Your nurse will let you know when you are able to eat and drink after surgery. You will start with clear liquids and move to solid foods as you are able to tolerate them.

**Activity:** You will be encouraged to change position and a nurse will help you if you are unable. You will be helped out of bed and into a chair the day after your surgery. The nurse will help you get up out of bed. You will be evaluated by physical and occupational therapists for additional needs.

**Physical and occupational therapy:** Therapists will come see you the day after surgery to start assessing how you are healing. Physical therapists, occupational therapists or speech therapists will decide if you need more of those services to help you heal.

**Your incision:** Your surgeon may use glue, stitches or staples to close your incision. We may put a small dressing over the incision, or it may be left uncovered. It is important to keep this area clean and to lower the risk of infection. You will be instructed about when you can get it wet in the shower.

**Pain control and healing:** It is normal for your incision to feel painful, itchy, burning or numb. You may also have headaches. These headaches may be different from any headaches you may have had before surgery. This is normal.
Your nurse will ask you about your pain. Pain medicine will be given through your IV until you can take pills by mouth. Ask for pain medicine when you need it. You should be comfortable enough to move, cough and breathe deeply, eat, and get out of bed.

**Feelings about your surgery:** Surgery can be an emotional and stressful time for you, your family and caregivers. Having brain surgery can affect your emotions. You may feel your emotions change and be different from before your surgery. Let your doctor or nurse know if you have any question or concerns. They can help answer your questions and help you find the resources you may need. A chaplain and social worker are also available to help as needed.

**Going Home or to Rehab**

Most patients are in the hospital for about 1-3 days but some people need to stay longer. Ask your surgeon how long you are expected to stay. You may notice that you have less energy when you get home. This may last for several months. You may be discharged home or you might need to go to inpatient rehab therapy. Together, your care team will decide when you are able to leave the hospital and where the best place is for you to continue healing. If inpatient rehab is recommended, it will be arranged by the hospital. If it is decided that you need Home Health services, this will also be arranged by the hospital team.

**Read your discharge summary:** Detailed information on how to care for yourself at home, your medicines, and follow-up visits will be explained to you before you leave. You will also be given a paper called a Discharge Summary. It is important that you and your caregivers read this closely and keep it handy. If you don't understand something, please ask a nurse or your surgeon.

**Your Tumor Results:** If you had a tumor removed, we have to wait for the pathology report from the lab to make a diagnosis. This often takes 7-10 days or longer in some cases. Your surgeon may want to tell you in person or over the phone. We understand that waiting for these results can be scary and frustrating. It is best for you to wait for a meeting with your doctor to give you results. If you have questions or concerns, call your surgeon’s office at 207-885-0011.

**Follow-up visit:** Call the office at 207-885-0011 to make your follow-up appointment with your surgeon for 1-4 weeks after your surgery.

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