

CRANIAL (BRAIN) SURGERY PRE-OPERATIVE INSTRUCTIONS

PRE-OPERATIVE TESTING

Prior to your surgery, your **Primary Care Physician** may perform what's known as a **pre-operative clearance**. As part of this, he/she will review your medical history and ask about anything that could adversely affect the outcome of the surgery, including existing medical conditions and allergies. You may also undergo laboratory tests, particularly if you have other medical conditions or problems. These may include blood tests, an electrocardiogram or EKG, and a chest X-ray.

Your blood tests should be done **within 14 days** of your surgery date. The results must be sent to our office **no later than 5 days** before your surgery date. They can fax the results to our office at (855-296-3292).

For image guided surgery, we will often require a pre-operative MRI scan with a special protocol to help us navigate in the operating room. This will require coming in the night before (or morning of) surgery to place special markers in order to calibrate the MRI properly.

SMOKING

You must quit smoking immediately. Please let us know if you need assistance with this. You can purchase nicotine patches over-the-counter and we can prescribe Zyban (Wellbutrin) to help you quit. The sooner you do this, the better off your lungs will be during and after surgery.

MEDICATIONS

To minimize the risk of excessive bleeding during and after surgery, discontinue all aspirin-containing medications and non-steroidal anti-inflammatory drugs (NSAIDs; ibuprofen, Celebrex, Vioxx, etc.) at least one week prior to your surgery.

Take all of your routine medications the morning of surgery with a sip of water. The only exceptions are:

- Aspirin-containing medications
- NSAIDs
- Blood-thinners such as coumadin, Plavix, Ticlid, persantine, etc.
- Diabetic medications such as insulin, Glucotrol, Glucophage, etc.

Bring to the hospital a detailed list of the medications that you are taking as well as their dosages.

We will provide you with your post-op pain medication before surgery. If not, be sure to ask so that there will be no delay in obtaining your medications once you are discharged

from the hospital.

OTHER PRE-OPERATIVE GUIDELINES

- NOTHING TO EAT OR DRINK AFTER MIDNIGHT PRIOR TO ADMISSION.
- Shampoo your hair and scrub your scalp gently with the ANTISEPTIC SOAP **HIBICLENS** which you will get from the hospital before admission. Use this soap in the shower and WASH ALL OVER with it.
- Please provide a good contact number to our office staff since this will be given to the hospital who will call you the night before surgery to inform you where and when to be on your surgical day. Please be available and feel free to ask any questions. You will likely be asked to arrive several hours prior to your surgical time.
- You will be given long white elastic stockings. This is to keep blood from clotting in your legs while you are asleep. Put them on **just before** you go to the Operating Room.
- You will be given some preoperative medication to assist in helping you to relax. Accompanying family members/friends may go to the operating area with you. They will be shown the way to the Surgical Waiting Room. We will update your family periodically during the operation, and afterwards as well.
- Most post-operative cranial surgery patients will go straight to the Intensive Care Unit (ICU) following surgery.
- PAIN MEDICINE will be provided to you after surgery. Injectable narcotics are sometimes avoided since they will put you to sleep rendering you difficult to examine neurologically and less able to deep breath. This could result in pathologically increased intracranial pressure. Brain surgery is usually not painful and mild analgesics are usually sufficient. We do not want you to experience intolerable pain. If your pain isn't controlled please let us know.
- We wake most patients up immediately after the operation. This permits us to conduct a very important initial post-operative neurological examination.

- Once we are satisfied that you are sufficiently awake and responsive, we will determine if you can begin taking oral nourishment. Oftentimes this is within hours of having been introduced to your new surroundings in the ICU. At first you will be offered ice chips to be followed by sips of water and then clear fluids. Determinations concerning your ability to take oral medications and food are made over the next few hours and days.
- You may anticipate that there will be one or more intravenous (IV) lines providing you with IV fluids and medications. Many patients will also have an arterial pressure line inserted in the Operating Room after they are asleep. In a similar way, a bladder catheter is inserted since we want to know about all the fluids entering your body and all that are coming out.
- In some unusual circumstances where controlling intracranial pressure is anticipated to be a significant problem, we may choose to leave the endotracheal tube (the breathing tube that is inserted by the anesthesiologist through which the anesthetic medication is delivered) in place post-operatively. In these cases, the patient will be sedated and breathing controlled by a special "ventilator" device that is beside the ICU bed. The Intensive Care specialist will be responsible for managing this aspect of your care. This is usually discussed with the patient in advance of surgery.