

## Neurosurgery

# Going home after surgery (following a Skull Base procedure)

This leaflet is written for patients and their families or carer, and describes some of the symptoms you may experience when you go home after surgery.

### Going Home

The team will ensure you are safe to be discharged and if necessary you will be reviewed by a physiotherapist and occupational therapist.

Please ensure you contact your local practice nurse (at your GP) for suture/ clip removal. If there are any difficulties arranging this please contact the ward. If you require further support we will refer you to the Intergrated discharge team.

Upon discharge it is advisable for a family member or friend to collect you.

There are certain questions that people ask regularly after their surgery, these are covered below. Remember that not all of these may apply to you. If you have any further questions, please do ask.

### Facial Weakness

Following your surgery you may have one or more of the following:

- A degree of facial weakness
- Incomplete eye closure



## Patient Information

- Dryness or excess fluid in the eye
- Alteration of taste

These are all symptoms of impaired facial nerve function. As you recover from the surgery these symptoms should slowly but surely disappear or improve over a period of some weeks.

The team may give you some advice regarding any facial weakness. They may also refer you for specialist therapy input on discharge from hospital.

Very occasionally facial weakness develops some weeks after discharge, most commonly about 2 weeks, but can happen up to 6 weeks after surgery. This delayed onset weakness usually recovers quickly and is best managed by a short course of steroid tablets taken along with antacids to protect your stomach. These can be obtained from your GP (as first point of contact). Please contact skull base nurse if there are any further concerns on **02476965326** for advice (Monday – Friday, working hours).

## Eye Care

If you have facial weakness after surgery you may have difficulty closing your eye. If this is the case, you may be referred to an eye specialist.

Even if you don't see the eye specialist after surgery, it is vitally important that you take great care of your eye in the post-operative period.

If your eye does not close or blink properly it is at risk of becoming scratched by foreign bodies and getting infected. If necessary, we will prescribe eye drops and eye ointment for you to use and take home so that you can keep your eyes moist. If your eye becomes red, sore or irritable then seek early advice from your GP or an ophthalmologist as this could be the start of an eye infection, and it may require treatment.

## Swallow and Speech

Following surgery you may have one or more of the following:

- Swallowing Difficulties
- Changes to your speech i.e. difficulty clearly producing sounds as a result of facial weakness.

## Patient Information

- Changes to the clarity and strength of your voice

If this happens you will be assessed by a Speech and Language Therapist who will give advice and strategies on how to manage swallowing safely and to improve your voice quality.

## Headaches

Headaches are common immediately after surgery but are easily managed and should disappear completely during your recovery.

If headaches persist and are not relieved by painkillers, if the light hurts your eyes or you have a stiff neck or vomiting please contact your GP as first port of call for urgent advice, or attend your nearest A&E.

## CSF Leak

While you are in hospital the team will be monitoring you closely for potential leaks of cerebro-spinal fluid (CSF) from your nose, ear and wound. By the time you are discharged it is unlikely that a CSF leak will develop, but should you start to have a leak of clear, salty, fluid from your nose, ear or wound then please contact your GP or Ward 43 for advice.

There are some simple precautions that you should take to prevent a CSF leak from happening:

- Avoid any activity that may raise the pressure in your head for the first 4 weeks
- Prevent constipation by taking a laxative to reduce risk of straining while opening your bowels
- Avoid heavy lifting
- Avoid strenuous exercise or weight training

## Tiredness

It is normal to feel tired post-operatively. Ensure you take enough rest periods. Avoid strenuous exercise, gentle walking only – for approximately up to 4 weeks. Increase exercise gradually.

## Patient Information

### **Flying**

Travelling by aeroplane is best avoided for 2-3 months after your surgery. Please discuss this with your neurosurgeon before flying.

### **Driving**

Please inform the DVLA that you have had surgery as you will not be insured. Contact the DVLA post-surgery for further advice regarding driving

### **Informing your GP**

We will give you a discharge letter upon discharge. An electronic copy of this will be sent to your GP. This will inform your GP of the details of your surgery and any medications which you have been prescribed.

### **Outpatient follow-up**

Your surgeon will want to review you in the outpatient clinic. Your appointment date will be sent to you by post.

### **Returning to work**

It is usual for people who have had this surgery to remain off work for approximately three months. We will issue a sick note for 4 weeks. Please contact your GP to make a further appointment to assess your ability to return to work.

### **Support Group and Charities**

#### **Meningioma UK**

[www.meningiomauk.org](http://www.meningiomauk.org)

Telephone: 01787 374084

[enquiries@meningiomauk.org](mailto:enquiries@meningiomauk.org)

## Patient Information

### **The Brain Tumour Charity**

Support and Info Line: 0808 800 0004

### **Macmillan Cancer Support**

Telephone: 0808 808 0000

[www.macmillan.org.uk](http://www.macmillan.org.uk)

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact us and we will do our best to meet your needs.

The Trust operates a smoke free policy

#### **Document History**

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