

# Brain surgery

## Information for patients

You have been put on the neurosurgical waiting list to have brain surgery at King's College Hospital. There are many different types of surgery so this information leaflet explains what to expect when you come into hospital and provides basic before and after care information and advice for all these procedures.

If you have any queries or concerns, please do not hesitate to speak with the nurses and doctors caring for you.

### **Confirming your identity**

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

# **Pre-assessment**

## **Pre-assessment appointment**

You will either have a telephone appointment or see one of our pre-assessment nurses in clinic before surgery (this will be decided by the team).

The nurse will:

- ask you questions about your medical history, any medication you are taking, your symptoms and how you currently go about your daily activities
- tell you which medications you need to stop before coming into hospital for your procedure
- explain the admissions process, your hospital stay, your surgery and recovery.

## **Pre-operative tests and investigations**

We will ask you to come in for tests and investigations such as blood tests, MRSA swabs and an ECG (heart tracing), and to have other checks such as your blood pressure, height, weight and BMI measured. If we do not contact you about your results, it means that you are ok to have your surgery.

If there are any abnormalities, we will let you and your GP know.

After these appointments, the nurses will assess whether you are fit for surgery, or you need some more tests, such as extra or repeat blood tests, or your GP needs to review your medication and/or treatment.

If you have a complex condition, you may also have an appointment to discuss your anaesthetic; this will either be over the phone or as a face to face appointment.

# Admission and getting ready for surgery

## When will I get my admission date?

If you do not already have a date for your surgery, the hospital admissions team will contact you as soon as they have a theatre slot for you.

This can take a few weeks or months, but the team will be doing what they can to ensure you have your procedure as soon as possible.

Once they have a theatre slot for you, our admissions team will send you a letter by post showing your admission date and time and where to come in the hospital.

## How do I prepare for my surgery?

Please read the admissions sheet that we will give you at your preassessment appointment, either by email or a paper copy, to help you get ready to come into hospital.

- On the **three nights before and on the morning of your surgery**, please shower with the Hibiscrub shower gel that the nurse will give you at your pre-assessment appointment. Use it head to toe, including your hair, and no other products.
- Stop eating **from midnight on the night before your surgery** and drink water only **up to 6am**. You can have sips of water with your morning tablets.
- Do not put on any makeup or use moisturiser the morning of your procedure.

## When do I come in for my surgery?

Your admissions letter will tell you the date, the time and where to come in the hospital.

You will be admitted either to the Neuro-Admissions Lounge (NAL) on the morning of your surgery at 7am, or if you need more tests, treatment or scans before your procedure, you might be admitted to Murray Falconer Ward the night before. If you feel getting to the hospital at 7am will be an issue due to distance, you can discuss this with the team or can offer you advise.

Please bring with you any medications that you take.

## **What happens before surgery?**

Our nurses will help you to put on a theatre gown, surgical underwear, white stockings to prevent blood clots/DVTs and red non-slip socks. They will also fill in checklist to make sure you are ready for surgery.

Before you have your anaesthetic

- your surgeons will come to see you to get your consent to the operation
- your anaesthetists will discuss with you the anaesthetic you are going to have
- a pharmacist will prescribe your medications for after the surgery.

One of our nurses will take you down to the operating theatre. They will put a thin plastic tube (cannula) in a vein in your hand or hand. The anaesthetist will use this to send you to sleep for the procedure and to give you medications. It will take them about one hour to put you under the general anaesthetic.

When you are asleep, the team may also put a plastic tube into your bladder (urinary catheter) to drain your urine into a bag. This allows them to check how much urine you are making and it will be taken out the next morning.

## **How long will my surgery take?**

This depends on the type of surgery you are having. Before your operation the pre-assessment nurses and surgeons will give you an idea of the length of time it is likely to take.

# After surgery

## What happens after surgery?

You will wake up in the recovery room after your operation. The recovery nurses will keep checking you to make sure you are recovering fully from the anaesthetic.

You will have a breathing tube down your throat and into your airway (trachea) which they will take out when you wake up, so you might feel like you have a sore throat. You will also have other cannulas taken out before being taken back to the ward).

You will have bandage on your head, which you usually wear for 48 hours. It may feel tight and uncomfortable but this is to reduce swelling. If you are having DBS leads put in, you may need to have this bandage until the second part of your surgery.

If you had any extra bleeding during surgery, the nurses may leave in a plastic drain tube to reduce your risk of haematoma and bruising. They will take this out after 24 – 48 hours.

They will be able to give you strong pain relief and medicine to stop you from feeling sick. It is very common for the anaesthetic to make you feel sick and you might have some pain where you had your surgery.

You will be in the recovery room for at least one hour before you are taken to the ward. You normally spend the same amount of time in recovery as the length of your surgery.

Once you are comfortable, you will be taken to Murray Falconer Ward. You may spend a night in the high dependency unit (HDU) overnight for closer monitoring; this will already have been organised and discussed with you prior to admission if required.

# **On the ward**

## **First night**

You will stay overnight in a same-sex bay for people who have just had an operation. The nurses here will regularly assess your vital signs and your neurological status. You will be sleepy and you may find it frustrating that the nurses wake you up, but they need to do this to check that you are ok.

You will be wearing an oxygen mask or a tube that goes slightly into your nostrils. The nurses will take this off when it is ok to do so.

If you feel sick or are in pain, please tell the nurses – they can give you medicine to help.

They will check how much you are drinking and urinating. The nurses will give you a container to pee into if you do not have a catheter. Please let them know when you are going to the loo.

## **Day after surgery**

The next day you will have a head scan to make sure there is no bleeding. If there is any sign of bleeding, the doctor will let you know what they plan to do about it. It usually means that they will not give you blood-thinning medications.

If possible, the nurses will get you up and out of bed as soon possible. This helps prevent blood clots and constipation.

You need to wear the white stockings to prevent blood clots/DVTs the whole time you are in hospital. The nurses will take them off once a day to check your skin. They will also give you an injection in your stomach to prevent blood clots.

## **Next few days on the ward**

If you've had a craniotomy (open brain surgery), you are likely to have swelling and bruising around the area where you had your surgery, including the side of your face and your eye. This can take up to three months to heal fully.

Ask the nurses for painkillers and anti-sickness medicine if you need them.

People often have constipation after an anaesthetic and when they are taking strong painkillers, so the nurses will offer you laxatives to help. It is important that you do not strain on the toilet, because this can increase the pressure inside your head and cause headaches.

If you are not at your baseline (how you were before surgery) Occupational therapists (OTs) and physiotherapists (PTs) may will come to see you to assess:

- your neurological function
- whether you will be safe to go home
- whether you will need more help and support.

If you have any problems with your speech or swallowing, a speech and language Therapist (SLT) you will come to see you to assess the help you need.

These teams do not routinely assess patients, unless they have had any new changes to their cognition, mobility or swallow/speech.

If you had tumour resection surgery, there will be a multidisciplinary (MDT) meeting to discuss the results of the samples taken during your operation.

You will be invited to a meeting with the specialist nurses to discuss the results and treatment options. If you are still a patient on the ward, they will do it while you're there, or it will be an outpatient appointment. They will let you know when this appointment will be.

## **How long will I need to stay in hospital?**

Most patients stay on the ward for three – seven days. Whether you are here for a shorter or longer time depends on how quickly you recover and what the consultant neurosurgeon decides.

## **Will I need rehab?**

The therapists and surgical team may decide that you will benefit from rehab before going home. They will talk to you about what this involves and the location so you can consent to being moved to rehab.

## **What are the risks of brain surgery?**

The following are common side effects. These will likely occur within the first few days after surgery, but should subside after a few weeks.

Surgery behind your ear:

- nausea and vomiting
- poor balance
- dizziness
- headaches.

Surgery by way of your nose:

- blocked nose feeling. You must not blow or pick your nose or use a straw for at least a week
- nausea and vomiting
- taste of iron in your mouth caused by blood from surgery in your head
- producing more urine/peeing more
- headaches.

Surgery at the base of your skull:

- nausea and vomiting
- headaches.



# Recovery at home

We will give you a copy of your discharge notification letter when you go home. This is a summary of your time in hospital, recommendations for the GP, any follow-up appointments you need and a list of your medications.

You should have any cannulas taken out before you are discharged home. If you leave the ward with a cannula in place, please go to your nearest medical centre or Emergency Department (A&E) to have it taken out because it can cause an infection.

## How long will I take to recover?

Your recover is likely to take about four – 12 weeks but this depends on the type of surgery you have had.

## Do I need someone at home with me?

**Weeks one and two:** We advise you to have someone at home with you for the first one – two weeks.

**Week three onwards:** Arrange for someone to come in and check on you now and again.

## How can I prevent blood clots?

Wear the white stockings to prevent clots/DVTs for at least six weeks, until you have fully recovered and are back to your normal daily activities. Drinking plenty of water and keeping moving will also help prevent blood clots.

If you get red, painful and swollen calf muscles, you must go to your nearest Emergency Department (ED/A&E) because this might be a sign of a blood clot in your leg (deep vein thrombosis/DVT).

## How do I look after my operation wound?

It is normal for the wound to feel tender, but if it starts to become inflamed, looks red, you can see pus and you have a fever, you are likely to have a wound infection.

We will give you the contact information for a wound specialist nurse before you leave the hospital. Please contact them or go to your local Emergency Department (ED/A&E) as soon as possible.

### **When will I have my stitches/clips taken out?**

You need to make an appointment to have your stitches/clips taken out by your local GP nurse after either:

- 7 – 10 days (new surgery site), or
- 10 – 14 days (redo surgery over scarred tissue).

The GP nurse needs special tools to take out your stitches/clips. We will give these to you when you leave hospital. Please take them to your appointment with the GP nurse. **Do not** ask a friend or relative to remove your stitches/clips for you.

### **When can I wash my hair?**

Do not wash your hair until a day after your stitches/clips have been taken out and your wound has fully healed. This is to prevent wound infections.

### **When will I have follow-up appointments?**

- You will have a follow-up appointment with the consultant in clinic three – six months after your surgery. We will give you their contact details so you can contact them direct if needed when you're discharged for if you have any issues before this appointment. It will be made by the appointments team and a letter will be sent out to you with the details. You will have follow-up scans within a year. Your doctor will use these to work out when you need your next appointment and scan.

### **How do I get my medication?**

We will make sure you have the medicines you need when you go home.

If you already have a supply of them at home, please tell the pharmacist because it can take a while to get the medications from the pharmacy for you to take home.

## **What happens if I have a seizure?**

Surgery increases your risk of having a seizure. You may have been started on anti-seizure medication and you will need to keep taking this until your surgeon tells you to stop.

If you have a seizure at home which lasts longer than three minutes, whoever is with you must:

- call 999 and ask for an ambulance
- put you into the recovery position once the seizure has stopped.

**If it is your first ever seizure, you will need to go to the Emergency Department (ED/A&E) regardless of how long your fit lasted for.**

## **When can I start driving?**

Contact the DVLA to check when it is safe to start driving again. The general rule for patients who have had brain surgery is that you will not be able to drive for at least 3 months after surgery (or one year if you've had a seizure). You can discuss this with the neurosurgeons, who will be able to give you more advice.

## **When can I start doing normal activities and sports?**

There will be days when you feel fit, energetic and back to normal, and then other days when you could sleep all day; this is normal and is a sign of your brain healing naturally.

- Do not do any impact sports for at least 12 weeks.
- Do not swim for at least four weeks. You can start swimming once your wound has healed properly.

For the first six weeks of your recovery:

- Avoid bending over because it will increase the amount of pressure in your head, causing bad headaches.
- Do not do tasks such as unloading the dishwasher, changing heavy bedclothes, hanging up big wet washing, vacuuming or mowing the lawn.

## **When can I fly?**

There are no guidelines for when it is safe to fly again. It depends on the length of the flight and whether you will feel comfortable because of the change in air pressure. However, we recommend waiting for 6 weeks before you fly to minimise risks of bleeding or headaches.

## **When can I have sex?**

There are also no guidelines on how long you need to wait before having sex again. Having sex can increase the amount of pressure in your head, which will cause headaches and increase the risk of bleeding. We recommend you avoid having sex for at least one or two weeks after surgery.

## **Who can I contact with queries and concerns?**

Neuro Preassessment Team, tel: **020 3299 2473**

Neuro-Admissions Lounge, tel: **020 3299 4722**

Admissions team, tel: **020 3299 1583**

Bed managers, tel: **020 3299 7807**

Murray Falconer Ward, tel: **020 3299 3316/ 4445/ 2106**

If you a skull base patient:

Skull Base Clinical Nurse Specialists, tel: **020 3299 4285**

Email: **[kch-tr.skullbasenurses@nhs.net](mailto:kch-tr.skullbasenurses@nhs.net)**

If you a neuro-oncology patient:

Neuro- Oncology Clinical Nurse Specialists tel: **07929854244**

Email: **[kch-tr.neuro-oncologynurses@nhs.net](mailto:kch-tr.neuro-oncologynurses@nhs.net)**

If you would like more information about your surgery, hospital stay or recovery, please email the team at **kch-tr.NeuroPreassessmentLounge@nhs.net**

## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS  
Tel: 020 3299 3601  
Email: [kch-tr.palsdh@nhs.net](mailto:kch-tr.palsdh@nhs.net)

**If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email [kch-tr.accessibility@nhs.net](mailto:kch-tr.accessibility@nhs.net)**

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