

# Recovery Following Brain Surgery

Specific care and post-operative management after brain surgery depends on your condition and the nature of the operation. Some general instructions are as follows:

- Maintain a balanced diet with regular meals. Avoid fast foods.
- Avoid alcohol as this can reduce your "seizure threshold" and lead to seizures.
- Try to get adequate rest. Get plenty of sleep. Please note that sleep deprivation can trigger seizures. Try to keep a regular sleep and wake cycle.
- You may find that you are more irritable than usual and have difficulty with your concentration. This may be normal after brain surgery. Explain this issue to your carers and family members so that they understand your situation.
- Avoid over exertion. Short walks are healthy. They help your body maintain muscle mass and facilitate its reconditioning. However, avoid over-exertion, over-heating.
- Try to keep your head elevated when sleeping by using two pillows.
- Avoid heavy lifting.
- Seek medical attention if you develop constipation. It is important to use laxatives if this happens.
- You should consult Dr Ghahreman or your neurologist before you recommence driving. It is a legal requirement that you do not drive for a period of at least 3 months after brain surgery.
- Ensure a carer stays with you for at least two weeks after discharge home. A longer period of assistance and supervision may be required depending on your condition and recovery.
- Avoid smoking (active or passive).
- Resumption of work depends on multiple factors including your condition and specifics of your occupation and needs to be discussed on an individual basis.

## Medications:

### ○ Pain Killers:

- Brain operations are generally not painful.
- It is desirable to use only paracetamol for management of your pain. If this is insufficient then a combination of Paracetamol and Codeine may be used. Codeine can cause dependency, drowsiness, nausea and vomiting, constipation and other side effects. Its use should be limited.
- Non-steroidal anti-inflammatory medications can cause a tendency to bleeding and should not be used after brain surgery.
- Stronger Opiates should be avoided as they can lead to drowsiness and affect your level of alertness and consciousness. They can raise your intracranial pressure. They can cause dependency after short periods of use and can lead to constipation, nausea, vomiting and headaches.

### ○ Steroids:

- Dexamethasone is the commonly used steroid. It is used to reduce brain swelling.
- Prolonged use should be avoided as it can cause suppression of the immune system, reduced bone density and strength, mood swings/changes, increased appetite, weight gain, disproportionate gain of fat around the trunk, easy bruising and bleeding, diabetes mellitus and interference with control of blood sugar levels if diabetic.
- It should be taken, tapered and stopped strictly based on advice given by Dr Ghahreman or other senior clinicians in charge of your care.

### ○ Anti-seizure medications:

- You may already be on some anti-seizure

medication prior to surgery. Please inform Dr Ghahreman or his team doctors of this.

- You may be started on a new anti-seizure medication; often Phenytoin (Dilantin).
  - You should have a blood test by your GP few days after discharge to check the levels of Dilantin in your blood. If the level is high then this could cause symptoms of toxicity. If the level is low you may develop a seizure. Hence it is important to monitor levels and seek advice.
  - If you are on Dilantin (Phenytoin) and develop a rash (often a fine red skin rash) you should stop your Dilantin and seek advice from your doctor. Phenytoin should not be used again as this can lead to severe complications.
- Seek medical advice if:
- You notice wound swelling, pain, redness or discharge.
  - New neurologic symptoms (eg, seizure, loss of consciousness, weakness, numbness, speech problems, visual problems).
  - Significant headache, which is not relieved by simple pain killers such as Paracetamol, or pain that is more intense, frequent or prolonged than usual.
  - Fever, chills, rigors.
  - Follow-up is generally 6 weeks following surgery, or as advised.