

PACIFIC BRAIN TUMOR CENTER

AT PACIFIC NEUROSCIENCE INSTITUTESM

DISCHARGE INSTRUCTIONS AFTER ENDONASAL SURGERY

*Although post-operative recovery is somewhat different for everyone, here are some helpful guidelines for the first two weeks after your surgery.

ACTIVITY: Get plenty of rest. For the first week after surgery, avoid heavy lifting (over 5 lbs), bending over, excessive straining and blowing your nose. For the first two weeks after surgery, you should not drive or exercise, however, walking is encouraged. After two weeks, you can begin to resume all normal activities including driving and exercise.

BATHING: You may shower or bathe when you go home. If you have an abdominal incision from a fat graft, avoid getting it wet for the first 4 days after surgery by covering it with plastic wrap. After the 4th post-operative day your abdominal incision needs no dressing. Suture removal is not necessary as the sutures are buried.

NASAL CARE: Expected nasal drainage after endonasal surgery is usually yellow or blood-tinged and of a thicker mucus consistency compared to cerebrospinal fluid (CSF) which is watery. This normal drainage should decrease or stop completely within 1-2 weeks. Use of saline irrigation (Ocean Spray) 2-3 times a day, a decongestant or steam baths are helpful to improve nasal airflow. A Q-tip or tissue can also be used to clear your nasal passageways. Do not forcefully blow your nose and try to avoid sneezing for the first week after surgery.

DRIVING: You may resume driving two weeks after surgery provided your vision is not impaired since surgery and you do not have double vision.

DIET: You may resume the type of diet you had before surgery.

WORK: You should have clearance from your doctor before returning to work. 2-3 weeks off after surgery is recommended before resuming work although working at a desk on a computer is often possible after 7 to 10 days.

WARNING SIGNS:

- Excessive bleeding from the nose that does not stop
- A clear, thin, watery nasal drip. Such nasal drainage may be cerebrospinal fluid (CSF)
- Persistent headache not relieved by medication and rest (it is normal to have some mild to moderate headaches for up to 2 weeks after surgery)
- Excessive fatigue or tiredness (most patients experience some fatigue and tiredness)
- Persistent chills; onset of fever (over 100°)
- Onset of stiff neck, nausea/vomiting or diarrhea
- New or increased visual problems (blurring, loss of peripheral vision, double vision)
- Onset of excessive urination or thirst.
- **If any of the above symptoms occur contact our office at 310-582-7450. On weekends, the answering service will forward the call to the doctors.**

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MEDICATIONS

You may be given prescriptions for new medications you are to take at home and possibly for medications you have already had prescribed. You may fill these at any pharmacy. Before discharge, your nurse will review your medication dosage, schedule, and side effects. **It is important to take your medications as ordered.**

POSSIBLE DISCHARGE MEDICATIONS INCLUDE:

- ❑ **Prednisone or hydrocortisone:** These steroids are normally produced by the adrenal glands and are necessary for dealing with stress. Dr. Kelly and your endocrinologist will decide how long you need this medication – possibly weeks or permanently.
- ❑ **Thyroxine** (Synthroid, Levoxyl, levothyroid, Levothyroxine - thyroid hormone). This medication should be taken every morning on an empty stomach, 1 hour before eating.
- ❑ **DDAVP** (Desmopressin acetate - hormone for salt and water balance): The pituitary gland may not produce enough of this hormone after surgery. This usually resolves within 3-4 days after surgery. Overdosing of this medication may lead to low blood sodium levels causing listlessness, headache, confusion and decreased urine output.
- ❑ **Sodium Chloride** (salt tablets): You may be losing more salt than normal for 5-10 days after surgery and require added salt. Side effects may be upset stomach and nausea.
- ❑ **Saline spray** (Ocean Spray): May be used 2-3 times/day both nostrils to help nasal mucosal healing.
- ❑ **Decongestants** (Sudafed, pseudoephedrine hydrochloride): You may take this as needed for congestion. **Do not take pseudoephedrine if you have high blood pressure.** Side effects include anxiety, palpitations, dizziness, nervousness. If you do have hypertension, alternative decongestants/antihistamines such as Claritin or Allegra should be used instead.

If you have permanent pituitary insufficiency (hypopituitarism) and require long-term steroids (prednisone or hydrocortisone) and/or DDAVP, you should carry a medic alert card in your wallet or wear a medic alert bracelet. This will alert medical personnel to the need for hormonal coverage in an emergency situation. If you do not have a medic alert bracelet or card, the nurse will give you an application form prior to discharge.

APPOINTMENTS AFTER HOSPITAL DISCHARGE:

Post-operative sodium blood level check: This test should be done on the 4th or 5th day after surgery. It can be done at Providence Saint John's or an outside medical lab closer to your home. Results should be faxed to our office at **310-582-7495**.

Follow-up with your neurosurgeon: 1-2 weeks after surgery. Please call **310-582-7450** to schedule an appointment. Bring your sodium test results with you to this appointment.

Follow-up with your head & neck surgeon: 1-2 weeks after surgery. Please call **310-477-5558** to schedule an appointment.

Endocrinology follow-up: Typically within 2-3 weeks after surgery.

For additional post-surgical information and information about the Patient Support Group visit our website below or contact our office at 310-582-7450.