



Department of Otolaryngology-Head and Neck Surgery
VCU Health System

Acoustic Neuroma and Skull Base Surgery

PRE- AND POST- OPERATIVE INSTRUCTIONS

BEFORE SURGERY:

DISCUSS ANY GENERAL HEALTH PROBLEMS WITH YOUR SURGEON. YOU WILL NEED A CURRENT BLOOD TEST WITHIN ONE MONTH OF YOUR SURGERY AND COMPLETE HISTORY AND PHYSICAL EXAMINATION. THESE WILL BE ARRANGED THROUGH OUR OFFICE TO BE PERFORMED AT YOUR PRE SURGICAL TESTING VISIT. OTHER LABORATORY STUDIES, SUCH AS AN EKG OR CHEST X-RAY MAY BE REQUESTED. WE MAY ALSO REQUEST THAT A UNIT OF BLOOD BE DONATED A WEEK PRIOR TO SURGERY. ADDITIONALLY, IF YOU HAVE OTHER SIGNIFICANT MEDICAL CONDITIONS, PLEASE OBTAIN A MEDICAL CLEARANCE FROM YOUR REGULAR PHYSICIAN. (PEDIATRICIAN, INTERNIST, FAMILY DOCTOR OR CARDIOLOGIST)

WE OFTEN RECOMMEND A VCU CARDIOLOGIST OR INTERNIST FOR PREOPERATIVE CLEARANCE AND IN-HOSPITAL CARE.

ADDITIONAL IMAGING, HEARING TESTS OR INTERVENTIONAL RADIOLOGY PROCEDURES MAY BE REQUIRED PRIOR TO SURGERY.

KNOW THE RISKS AND POTENTIAL COMPLICATIONS OF YOUR UPCOMING SURGERY. AS WITH ANY OPERATION, INFECTION, SCARRING, AND BLOOD CLOT FORMATION (HEMATOMA) OF THE WOUND ARE POSSIBLE. THE FACIAL NERVE IS AT RISK FOR INJURY OR TEMPORARY. DIZZINESS FOLLOWING SURGERY MAY BE EXPECTED AND MAY LAST AT LEAST TWO MONTHS BUT WILL GET BETTER WEEK BY WEEK. HEARING LOSS AND RINGING IN THE EAR (TINNITUS) MAY BE MORE PRONOUNCED. TASTE DISTURBANCE IS NOT UNCOMMON IN CERTAIN EAR SURGERIES FOR A FEW WEEKS FOLLOWING SURGERY AND, IN A FEW INSTANCES, COULD BE PROLONGED OR PERMANENT. EYE DRYNESS MAY ALSO OCCUR. RARELY, LEAKAGE OF CEREBROSPINAL FLUID (CSF) CAN OCCUR.

AN INCISION MAY BE MADE BEHIND OR ABOVE YOUR EAR. THESE AREAS NORMALLY HEAL WITHOUT PROBLEMS OR OBVIOUS SCARS. HAIR AROUND THE EAR WILL BE SHAVED. MANY PATIENTS WILL ALSO HAVE ABDOMINAL FAT HARVESTED TO PREVENT CSF LEAKS, LEAVING A MINOR 1-2 INCH SCAR.

THE DOCTOR WILL DISCUSS IN DETAIL THE REASON FOR AND NATURE OF THE PROCEDURE AND ALSO GO OVER THE AFOREMENTIONED RISKS. PLEASE CONTACT THE DOCTOR IF YOU HAVE FURTHER QUESTIONS.

THE FOLLOWING ARE IMPORTANT CONSIDERATIONS FOR YOUR SURGERY:

1. TAKE NO ASPIRIN OR IBUPROFEN (I.E. MOTRIN, ADVIL, ALLEVE) OR OTHER NON-STEROIDAL ANTHINFLAMMATORY DRUGS (NSAIDS) FOR 10 DAYS BEFORE SURGERY. IF YOU HAVE A HEADACHE OR PAIN YOU MAY TAKE ACETAMINOPHEN (TYLENOL) INSTEAD.
2. WASH YOUR HAIR THE NIGHT BEFORE SURGERY. DO NOT WEAR ANY MAKEUP OR JEWELRY THE DAY OF SURGERY.
3. DO NOT EAT OR DRINK ANYTHING (INCLUDING WATER) AFTER MIDNIGHT BEFORE SURGERY. YOU MAY BRUSH YOUR TEETH, BUT DO NOT SWALLOW ANY WATER.
4. YOU CAN TAKE YOUR REGULAR MEDICATIONS THE MORNING OF SURGERY WITH SIPS OF WATER ONLY. IF YOU ARE DIABETIC YOU MAY HAVE TO ADJUST YOUR INSULIN OR MEDICATION DOSE.
5. ARRANGE FOR SOMEONE TO DRIVE YOU HOME AFTER SURGERY

AFTER SURGERY:

MOST PATIENTS GO HOME WITHOUT BANDAGES. IF YOU ARE SENT HOME WITH A BANDAGE, YOU WILL BE GIVEN INSTRUCTIONS ON WHEN TO TAKE IT OFF. SCHEDULE YOUR FIRST POST-OPERATIVE APPOINTMENT WITH EITHER DR. COELHO OR DR. BROADDUS FOR SUTURE REMOVAL APPROXIMATELY 10 DAYS AFTER SURGERY. OTHER FOLLOW-UP APPOINTMENTS MAY BE SCHEDULED AFTER THAT.

POST-OPERATIVE MEDICATIONS MAY INCLUDE STEROIDS, ANTIBIOTICS, ANTACIDS OR OTHERS AS NEEDED. THESE WILL BE DISCUSSED ON THE DAY OF DISCHARGE. AFTER DISCHARGE FROM THE HOSPITAL YOU MAY RESUME MOST NORMAL ACTIVITIES. YOU MAY NOT DO ANY HEAVY LIFTING (NOTHING OVER 25 LBS.) AND YOU MAY NOT DO ANY VIGOROUS EXERCISES (JOGGING, TENNIS, AEROBICS). DO NOT BEND OR STRAIN. IF YOU NEED TO BEND OVER, BEND AT YOUR KNEES. AVOID CONSTIPATION WITH JUDICIOUS USE OF LAXATIVES., FIBER IN THE DIET AND STAY WELL HYDRATED. DO NOT APPLY MEDICATIONS OR OINTMENTS TO THE INCISIONS UNLESS INSTRUCTED OTHERWISE. PROTECT INCISIONS FROM DIRECT SUN EXPOSURE.

YOU MAY SHAMPOO YOUR HAIR 48 HOURS AFTER HOSPITAL DISCHARGE. GENTLY DRY YOUR HAIR WITH A TOWEL AND AVOID RUBBING THE WOUNDS VIGOROUSLY. BABY SHAMPOO IS BEST AT FIRST. YOU MAY HAVE AN INCISION WITH SUTURES IN YOUR LOWER ABDOMINAL REGION. YOU MAY GET THE AREA WET IN THE SHOWER TWO DAYS AFTER THE OPERATION. PAT THE AREA DRY WITH A TOWEL. DO NOT TAKE ANY MEDICATION CONTAINING ASPIRIN OR IBUPROFEN (OR OTHER NSAIDS) FOR 10 DAYS AFTER SURGERY UNLESS INSTRUCTED BY THE PHYSICIAN.

FLYING IS USUALLY PERMITTED ONE MONTH AFTER SURGERY. CHECK WITH YOUR DOCTOR FIRST BEFORE RESUMING SWIMMING OR OTHER WATER SPORTS. IF YOUR WORK IS NOT STRENUOUS AND DEPENDING UPON THE TYPE OF SURGERY YOU HAD, YOU MAY RETURN TO WORK 4 WEEKS FROM THE DATE OF SURGERY. RETURN TO WORK VARIES FROM PATIENT TO PATIENT AND MAY TAKE UP TO 12 WEEKS. CHECK WITH YOUR DOCTOR IF YOUR WORK REQUIRES HEAVY LIFTING. YOU MAY DRIVE IF NO DIZZINESS IS PRESENT AND YOU ARE NOT TAKING NARCOTIC PAIN RELIEVERS.

YOU MAY HEAR A VARIETY OF STRANGE NOISES IN YOUR EAR, SUCH AS CRACKING, POPPING, RINGING, ETC., AND YOU MAY SENSE A FEELING OF FULLNESS OR PRESSURE IN YOUR EAR. YOU MAY ALSO HAVE PAIN WHEN CHEWING. ***THIS IS NORMAL.*** DO NOT BLOW YOUR NOSE VIGOROUSLY FOR 10 DAYS AFTER SURGERY. AFTER 10 DAYS, YOU MAY BLOW YOUR NOSE GENTLY, ONE SIDE AT A TIME, WITH YOUR MOUTH OPEN.

YOUR EAR MAY PROTRUDE OR STICK OUT FOR A WEEK OR SO AFTER SURGERY, THIS IS NORMAL AND IS DUE TO EDEMA OR SWELLING OF THE TISSUES AFTER SURGERY. THIS SWELLING MAY EVEN MIGRATE TO THE TISSUES IN FRONT OF THE EAR OR AROUND THE EYE.

CALL YOUR DOCTOR OR THE CLINIC IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

1. FEVER (ORAL TEMPERATURE ABOVE PERSISTENTLY ABOVE 101.5 DEGREES FAHRENHEIT)
2. NEW WEAKNESS OR NUMBNESS OF THE FACE
3. PAIN THAT IS NOT HELPED BY TAKING PAIN MEDICATION AND IS GETTING WORSE RATHER THAN BETTER
4. NEW SEVERE HEADACHES
5. REDNESS AND/OR SWELLING AROUND THE INCISION
6. CLEAR FLUID DRIPPING FROM THE NOSE OR WOUND

FOLLOWING ANY SURGERY YOUR RESISTANCE IS DOWN, SO DON'T EXPECT TO BE IN FULL SWING. FULL RECOVERY FROM DIZZINESS MAY TAKE UP TO 12 WEEKS. EVERYONE IS AN INDIVIDUAL WITH DIFFERENT RESPONSES TO SURGERY. DO NOT HESITATE TO CALL US IF YOU HAVE ANY PROBLEMS OR QUESTIONS.

PLEASE KEEP ALL FOLLOW UP APPOINTMENTS.

OFFICE NUMBERS: **STONY POINT OFFICE (804) 323-0830**
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