

Questions Frequently Asked by Patients Undergoing Brain Tumor Surgery at the University of North Carolina

Pre-operative Procedures

1. What does the pre-operative visit involve?

A pre-operative visit will be scheduled within 30 days of the patient's surgery. Occasionally, this visit occurs the morning of the surgery. During this visit, the patient is seen first in the neurosurgery clinic for a history overview and physical and the informed consent for surgery is obtained. The patient is next seen in PreCare for a pre-anesthesia visit where blood tests and routine X-rays (such as chest X-rays and EKG's) are performed as indicated. Frequently, the patient meets with a member of the anesthesia team who can answer specific questions.

2. On the night before surgery, can I eat and drink? What about on the day of surgery? What about my routine medications?

Detailed instructions are usually given on the pre-anesthesia visit, but typically, a patient should have nothing to eat or drink after midnight. Patients are encouraged to have a light snack in the late evening before they go to bed so that they will be less hungry on the morning of surgery. Some patients may be asked to take their routine medications on the morning of surgery with a small sip of water. The anesthesia team will give you more detailed instructions about this.

3. When should I arrive for my surgery?

Patients are called by PreCare personnel the day before surgery between 2 and 5 pm and are given the exact time to arrive. If your surgery is on Monday, you will be called on the Friday before surgery. Patients who are scheduled as the first case of the morning are usually instructed to arrive between 6 and 6:15 am. More detailed instructions are given in the pre-anesthesia unit.

On the day of surgery:

1. Where do I go on the day of surgery?

You will check-in at the PreCare area, the same location where your pre-anesthesia workup was completed. Enter through the Main Hospital entrance, ride the escalator up one floor, and look to your left. Once you check in, the pre-surgical process will occur.

2. What happens the morning of surgery?

After you arrive at the PreCare area and check in, you will be asked to remove your jewelry, dentures, hearing aids, and contact lenses. Please do not wear valuable jewelry or bring any valuables. If you do, these items will be given to either relatives or hospital security for safekeeping. You will then be taken to the holding area outside the operating room and an IV will be started. Family members are allowed to stay with you until it is time to go to the operating room.

3. What happens when it is time for me to go into surgery?

The patient will be escorted by the anesthesia and operating team into the surgical room. Once you are in the operating room, the nursing team will introduce themselves to you. You will already have met the anesthesiologist who is involved in your care. Frequently, a number of monitors and a finger probe to measure your blood oxygen are attached. Medication is usually administered through your IV and you will fall asleep. The majority of the more invasive monitors, such as additional IVs and blood pressure measuring IVs (called arterial lines), are placed once you are asleep.

4. What should my family do during surgery?

The period during surgery is often most difficult for the families. It is very important for families not to speculate as to how the surgery is going based upon how long it is taking. As a rule, surgical procedures take much longer than families anticipate. From the time that the family leaves the patient's side to sit in the waiting area until the time that the surgery actually starts can be as long as two hours. Brain surgeries require careful positioning and registration of the intra-operative computer navigation system. Whenever possible, nurses will notify the family as to how the surgery is proceeding. However, at times, the surgical team will be busy with the procedure and may not be available to give updates. Do not worry if the surgery is taking longer than you had expected.

Families usually wait in the surgical waiting rooms just outside the operating room or down the hall in the surgical ICU waiting area. Families should check in with one of the volunteers at the waiting areas. This will allow the surgical team to know where your family is and will make it easier for the neurosurgeon to come and speak with them as soon as your surgery is over.

5. How long after surgery will it be before I am awake?

The number one monitor for patients undergoing brain surgery is their neurologic function, this includes talking with the patient and asking the patient to answer questions and follow simple commands, such as holding up two fingers and wiggling toes. For this reason, it is our goal that you be awake as quickly as possible after surgery. We anticipate that by the time you are in the recovery room you will be awake, talking, and able to follow commands.

6. Can my family see me in the recovery room?

The recovery room cares for a large number of patients who are coming out of anesthesia and moving on to their hospital beds. For this reason, family visits in the recovery room are rare. The usual time between when the surgeon speaks with the family about the surgery and when the family can visit with the patient can be as long as two hours. The first family visit usually occurs in the ICU or in the patient's hospital room.

Questions in the immediate postoperative period:

1. What is the usual length of stay in the hospital?

The usual length of stay for patients undergoing craniotomy for a brain tumor is three to four hospital days. Patients who have postoperative difficulties may be required to stay longer.

2. How long will I be in intensive care?

Traditionally, patients stay one night in intensive care and, if doing well, will be transferred out to a regular hospital room the next day. A majority of the IVs and monitors, such as the bladder catheter, are usually removed on the morning following surgery. You will be allowed to eat a regular breakfast. It is also anticipated that a majority of patients will be up and walking on the first postoperative day. A number of the complications that can occur after surgery such as blood clots and pneumonia can be minimized if patients are up and moving in the immediate postoperative period.

3. Will I have physical therapy after surgery?

This determination is made following the surgery and is based primarily on how quickly the patient is up and walking and how steady the patient is on their feet as well as any other sorts of neurologic problems which may be related to the underlying disease process.

4. Will I have an MRI scan after surgery?

Almost all patients who undergo a craniotomy will have an MRI scan in the 24 to 48 hours after surgery. There is a small window of time immediately following surgery when this scan can give us an idea of the success of the tumor resection. Following this window, the MRI is “blurred” by the postsurgical change and an accurate assessment of tumor resection is difficult for several months. For this reason, we attempt to get an immediate post-operative baseline scan on all patients, usually on the first post-operative day.

5. Will I be allowed to shower?

Exact instructions about wound care will be given to you prior to your discharge. In general, patients are allowed to shower on the third day after surgery.

6. When will my sutures be removed?

The staples or sutures are usually removed somewhere between ten to fourteen postoperative days.

7. When is my first postoperative visit?

Patients are usually seen to have their sutures removed somewhere between one to two weeks after surgery. If there are no sutures or staples, you will be seen about four to six weeks postoperatively.

8. When will I find out the exact results of the pathology report?

A permanent section diagnosis (the final answer) comes between seven to ten days following the surgery. Since conveying the final diagnosis requires a fair bit of discussion, we will not typically call you with pathology results, but will review them with you in person usually during your first post-operative visit.

9. How will I feel after surgery?

A majority of patients feel surprisingly good after their brain surgery. Pain is usually not a large part of the post-operative recovery as there are only a small number of moving muscles on the head and muscle movement is the main cause of post-surgical pain.

However, patients usually do have mild headaches and other tenderness in the surgical area that is treated with a mixture of non-narcotic (Tylenol, Motrin, etc.) and narcotic (Percocet, Morphine, etc.) medications when necessary.

When patients go home, they usually report that they are more tired than normal for a period of two to four weeks. Patients may find that they take naps in the afternoon when they did not do so before surgery and, at first, relatively routine activities of daily living may be quite tiring. Most patients have a relatively rapid return of their stamina, but this is usually the last thing to get better following surgery.

10. What restrictions will be placed on my activities?

Patients are encouraged to resume their normal activities of daily living including walking and managing their own personal care. More strenuous activities such as working out, heavy lifting, and strong exertion are discouraged for four to six weeks after surgery until all wounds have had a good chance to heal. Exact instructions about when to return to more strenuous activities are given on a case-by-case basis.

11. When can I return to work?

This depends a great deal on the exact nature of your work. People who perform more strenuous work may be kept from work longer until their physical stamina has returned and their wounds are well healed. Patients who perform less strenuous jobs may be allowed to make their own determination about when to return to work. In general, patients usually return to work somewhere between four to six weeks after surgery.

12. Following the suture-removal visit, when will my next follow-up appointment be?

This question depends greatly on the type of pathology that patients have. Patients who have tumors for which no further treatment is needed (i.e. chemotherapy, radiosurgery, radiation therapy, or other types of surgery) are usually seen somewhere between three and six months after surgery for their next imaging study and visit. Patients for whom further treatment is recommended are frequently seen in the multidisciplinary clinic and arrangements are made to have them evaluated by the medical oncology, radiation oncology, or other appropriate teams.

13. Who should I call if I have questions in the postoperative period?

We encourage all patients to use the UNC MyChart patient portal for non-urgent questions. You may also call the Neurosurgery Office at (919) 966-1374 and speak to the nurse coordinator who works closely with physicians involved in your care and seeks their input as needed. In the evenings or on weekends, patients with pressing questions should call the hospital operator at (919) 966-4131 and ask for the on-call neurosurgery resident. The resident will answer questions when appropriate or make contact with the attending neurosurgeon to get answers to your questions.