



CENTER FOR BRAIN & SPINE

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After Your Transphenoidal Surgery

Keep in mind after your surgery:

Most patients will be able to a fairly normal level of activity following surgery. We do ask that you adhere to the activity restrictions described, as well as note some of the other care instructions. We value your health, well being and comfort. If you do have any questions or issues related to your recent surgery, please feel free to call our office at **301.585.7900**. Please leave a message and one of our practitioners will return your call.

Activity Restrictions

Activity is the most important measure you can take to prevent complications and to begin to feel like yourself again.

- Increase your activity slowly; do not do too much because you are feeling good. ■ If you feel light headed or fatigued after increasing activity, rest, decrease the amount of activity that you do, and begin building your tolerance to activity more slowly.
- You may resume sexual activity as your tolerance allows.
- DO NOT DRIVE until you speak with your physician.
- Do not lift objects over 10 pounds until approved by your physician.
- Avoid any activity that causes you to hold your breath and push, ex. weight lifting, moving heavy objects, straining during bowel movements.

Nasal Care

- Expected nasal drainage after endonasal surgery is usually yellow or blood-tinged and of a thicker mucous consistency compared to cerebrospinal fluid (CSF) which is watery. This normal drainage should decrease or stop completely within 1-2 weeks.
- Do not forcefully blow your nose and try to avoid sneezing for the first week after surgery.
- Follow any instructions given to you by the Ear Nose & Throat surgeon.

Dressing Removal & Wound Care

- If it was necessary to obtain a fat graft from your leg to pack your intranasal incision, you may have a leg incision.
- We ask that you monitor your incisions for any significant swelling, redness or drainage and notify us promptly if you notice any of the above.
- You may be discharged from the hospital with a dressing over the incision. We ask you remove the dressing within 1-2 days following your surgery.
- Keep your incision clean and dry.
- The sutures are buried deep and do not require removal. You may have tiny strips of tape over the incision, called steri-strips. These usually fall off after 5-7 days; usually with showering. We ask that you remove any remaining steri-strips 7 days after your surgery.
- Do not apply any lotions, ointments or other products to your incision unless directed by your physician.

Showering & Bathing

- You may shower after you are discharged from the hospital. If you have a leg incision from a fat graft,

avoid getting it wet for the first 4 days after surgery by covering it with a plastic wrap.

Smoking

- Smoking delays the healing process thus we ask that you refrain from smoking.

Eating & Drinking

- You may resume a normal diet following your procedure. We ask that you refrain from alcoholic beverages especially while taking pain medication.
- Constipation is a common issue after any surgery. A well balanced diet and normal activity will help avoid this. If you do become constipated you may take over the counter medications. If you are unsure about what to take, please contact your physician.

Medications

- You may be given prescriptions for new medications that you are to take at home. Before discharge, your nurse will review your medication dosages, schedules and side effects. It is important to take your medications as prescribed.
- Possible discharge medications include:
 - Dexamethasone, prednisone, or hydrocortisone (steroids): These steroids are normally produced by the adrenal glands and are necessary for dealing with stress, controlling blood pressure and reducing brain swelling.
 - 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. Pay careful attention to how much you are supposed to take. Taking too much can cause lethargy, 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 include upset stomach and nausea.
 - Anti-seizure medications (Dilantin, Keppra, Phenobarbital, Tegretol): You may be required to take these for one month after surgery. If you have had seizures in the past or are at risk for ongoing seizures, you may need to remain on these medications longer or indefinitely.
- You may resume your usual medications immediately after surgery, with the exception of any blood thinning agents, anti-inflammatory agents and aspirin based products. Blood thinning agents such as Coumadin, Plavix, Heparin and Aggrenox may usually be restarted within 10 days of surgery, so long as there has been no recent incisional swelling or drainage. We will specify when it is okay to resume these medications. If you are not sure if your medication is a blood thinner, please ask.

Return to work

- Dr. Amini will inform you when you are ready to return to work. Most patients are able to return between 2-4 weeks after surgery with increasing work hours.

Office Follow Up

We recommend regular office follow-ups following your transsphenoidal surgery. We recommend follow-up visits 4 weeks, 3 months and 6 months after surgery. If you develop any new signs or symptoms before a scheduled follow up and need to be seen, please contact our office.

Please call us as soon as you are discharged to make your appointment.

Follow-Up Visit: Date Time _____

If you are unable to keep this appointment, please call our office to reschedule.

Please call our office at 301.585.7900 if you notice any of the following signs or symptoms: ■ Excessive bleeding from the nose that does not stop.

- Clear, thin, watery nasal drip.

- Double, or blurred vision. Loss of vision, either partial or total
- Stiff neck and/or fever with a temperature greater than 101.5 degrees F
- Persistent headache not relieved by medication and/or rest.
- Onset of excessive urination or thirst.
- Confusion, fainting, blacking out, extreme fatigue, memory loss or difficulty speaking. ■ New neurologic symptoms including numbness, tingling, or weakness in your extremities or face. ■ Swollen, painful calf with or without fever.
- Significant redness, swelling or drainage from the incision site
- Significant clear fluid drainage from the incision site

NOTE: If you are unable to reach our office and have noticed any of the above conditions, please report to the nearest Emergency Room for prompt medical attention.