



Discharge Information and Instructions after Posterior Fossa Surgery for Trigeminal Neuralgia

The following guidelines are intended to answer common questions that you may have after surgery. Please ask your nurse or doctor if you have other questions.

What to expect:

- Swelling and/or bruising on your scalp or neck area are common after a posterior fossa surgery. This usually disappears within 2-4 weeks after surgery.
- Some neck pain and headache can be expected after surgery. In most cases, these discomforts will gradually go away within a few weeks.
- Try not to keep your neck rigid to avoid the pain because this will only prolong the stiffness and aching. Gentle range of motion exercises of your head and neck daily is encouraged.
- Some patients may feel dizzy and have some imbalance after this operation. Remember to get up slowly. Walking and other non-strenuous physical activity will help your body adjust and will speed recovery of your balance.
- Experiencing an occasional twinge of your trigeminal neuralgia type pain within the first few weeks following surgery is not uncommon. Don't panic. Continue to take your medications as instructed.

Activity:

- Walking is encouraged as much as possible. When you are tired or have a headache, stop and rest.
- Increase your activity so that you are back to your normal routine 4-6 weeks after surgery. Guide your activity by your own progress. Avoid heavy lifting or straining in the first six weeks post op. Sexual activity may be re-started as you feel able.
- Ask your doctor or nurse practitioner when you can resume driving after surgery.

Care of Incision with Absorbable Sutures:

- Wounds heal best in a clean environment and primarily left alone.
- You may remove your surgical dressing 3-5 days following your surgery if it is still on when you leave the hospital.

- It is safe to get the incision wet 5-7 days post-operatively. You may gently shampoo hair and get incision(s) wet daily then if you wish. Any type of soap or shampoo is all right to use.
- Pat incision and area around incision dry. Small amounts of bleeding may occur as the wound is healing, blot dry with a clean tissue and apply gentle pressure.
- Do not directly rub the incision for 2-3 weeks following surgery.

Medications:

Before you are discharged, be sure you understand how to take the medications you are prescribed. Your pharmacist, nurse or doctor will review the medications with you. If you were taking medications specifically for your trigeminal neuralgia prior to your surgery, you may be given instructions on how and when to start tapering these medications. If you do not receive taper instructions prior to discharge or are unsure how to taper your trigeminal neuralgia medications prior to leaving the hospital, continue taking your pre-hospitalization dosages and call Dr. Chang's office for further instructions when you are home.

DO NOT stop your TN medications abruptly post operatively or taper on your own.

When to call for help:

- Severe or increasing headaches, not responding to pain medication.
- Severe or increasing stiffness in your neck.
- Persistent nausea or vomiting.
- Clear watery drainage from incision area, nose or down the back of your throat. This may mean you have a leak of cerebrospinal fluid.
- Drainage, pain, tenderness, redness or swelling of the incision; or failure of the incision to close and heal.
- Fever > 101° F (38.5° C)

Whom and where to call:

Neurosurgery Clinic at (415) 353-2241 and ask to speak to Mariann Ward, MS, NP. If she is not available, our office staff will help redirect your call appropriately.

For further assistance or after hours, please contact the Department of Neurological Surgery at (415) 353-7500.

Follow up appointment:

A post-operative appointment may have already have been scheduled for you. Please contact our clinic directly if you do not know the date, or need to change it.

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