



癫痫手术后 居家自我护理

本手册提供自我护理说明，供您在癫痫手术后在家中遵循。

疼痛控制

我们会在您出院时为您开止痛药。以下是您的服用指示：

- 醋氨——Acetaminophen (泰诺——Tylenol)：需要时每 6 个小时服用 500-1000 毫克。每天服用不要超过 4000 毫克。
- 麻醉药或鸦片制剂药物 (羟考酮——oxycodone, 二氢吗啡酮——hydromorphone)：只在爆发性疼痛需要时服用。我们不补充这些药物。
- 类固醇 Steroids (地塞米松——dexamethasone, decadron)：有些患者在出院时会有类固醇药的处方以帮助减轻肿胀和疼痛。如果您需要服用类固醇药，您需要同时服用缓解胃酸的药物(法莫替丁——famotidine, 奥美拉唑——omeprazole)。如果您在服用完药物后疼痛加剧，请联系我们。
- 如果您在手术后 7 天仍有疼痛，您可以服用非甾体类抗炎药 (NSAID)，例如布洛芬 (Motrin、Advil)。根据需要每 6 小时服用 400 毫克至 600 毫克。每天不要服用超过 2400 毫克。
- 如果您正在服用类固醇和非甾体抗炎药，请务必询问是否需要服用药物来减少胃酸。
- 您可以使用冰袋来缓解疼痛。为保护头皮，请在头皮和冰袋之间放一条干净的毛巾。



癫痫手术可能帮助您更进一步接近无癫痫发作。

沐浴

- 术后 3 天，请保持头部干燥。

- 3 天后，可以洗头。您可以：
 - 您可以轻轻按摩头皮和伤口处。不要抓挠。
 - 使用不添加香味或活性成分的温和洗发水（如婴儿洗发水）。

伤口护理

- 您的伤口会被缝合钉或缝合线缝合。
 - 如果您有缝合钉，缝合钉需在手术后 14 天内取出。
 - 如果您有缝合线，我们会决定是否需在您伤口复查时拆除（大部分缝合线会自动脱落或融化）。如果我们没有帮您拆线，您的家庭医生也可以拆除他们。
- 您的伤口处可能会有结痂。不要挑破结痂。按指示洗头能帮助结痂自行脱落。
- 为了预防感染，在您的伤口完全愈合前：
 - 不要游泳或把头浸泡在水里。
 - 不要带帽子或假发。
 - 不要用吹风机或染发（您可以在手术前染发）。
- 每天检查伤口。如果出现以下情况请联系门诊：
 - 感染迹象如：发热，流脓，发红或高烧 101.5° F (38.6° C) 以上。
 - 分泌物或红肿加剧（少量出血和红肿是正常和预期的。）

活动

术后 2 周：

- 不要弯腰。不要给头部增加任何压力是非常重要的。
- 不要搬任何超过 10 磅的物品（1 加仑牛奶大概 9 磅）。在接下来的 2 周，不要搬任何超过 25 磅的物品。
- 排便时不要用力。如果您便秘或排便缓慢：
 - 多吃纤维。多吃新鲜水果和绿叶蔬菜。
 - 多喝水，每天 6-8 杯水。
 - 需要服用软便剂是正常现象，如果需要这些药物请联系诊所。
- 每天多走动以便提高康复速度。

预期

术后出现以下情况是正常的：

- **伤口处有麻木感。**您可能要好几个月才会恢复全部知觉。伤口恢复时您可能还会有刺痛感。
- **长时间平躺后出现浮肿。**您的身体需要时间来吸收伤口处和脸部的液体。有些患者浮肿可能会持续 3-6 个月。
- **分泌物。**您可能会发现有少量的带血的分泌物。这些在几天后应该会慢慢减少并停止。
- **伤口处敏感。**这种情况会持续几周。
- **头闷痛。**这种情况会持续 1-3 周。止痛药减少后，您可能会出现“反弹性”头痛，这是正常现象。

联系

如果您出现以下情况，请联系诊所：

- 严重的或不正常的头痛
- 伤口处出现任何透明分泌物
- 平躺时头痛好转
- *疲倦（感到不正常的疲劳）*
- 颈部僵硬
- 无法控制的恶心和呕吐
- 头晕或平衡问题
- 行走困难或协调差
- 视力问题（视力模糊或其他视力变化）
- 大小便失禁
- 性格变化，混乱感或记忆问题
- 癫痫：
 - 癫痫长达 5 分钟以上或 1 个小时内超过 3 次癫痫发作。
 - 如果您进行了诊断性手术（监测或仪器植入），如果您出现与平时不一样的癫痫发作，请联系您的诊所。

- 如果您进行了治疗性手术（激光或肺叶切除术），如果出现任何癫痫，请联系您的诊所。

立即拨打 911 如果您出现中风现象，如突然失去平衡，一只或两只眼睛突然失明，一侧面部下垂、一只手臂无力或麻木，或者说话含糊不清。

你会感到不适和痛苦。这是脑部手术后可以预料到的！要记住的重要一点是，如果我们认为它对您更接近无癫痫发作没有帮助的话，我们就不会推荐这种手术。

疑虑？

你的问题很重要。如果您有任何问题或疑虑，请联系您的医生或向他们发送 MyChart 信息。

工作日上午 8 点至下午 4 点，致电 206. 744. 3576 联系海景医院癫痫中心，听到录音后按 2。

下班后以及周末和节假日，请致电 206. 744. 9300，您可以选择与护士联系。

After Your Epilepsy Surgery

Self-care at home

This handout gives self-care instructions for you to follow at home after your epilepsy surgery.

Pain Control

We will prescribe pain medications for you upon discharge. This is how you should take them:

- Acetaminophen (Tylenol): Take 500 mg to 1000 mg every 6 hours as needed. Do **not** take more than 4000 mg per day.
- Narcotic or opiate medication (oxycodone, hydromorphone): Take only as needed for breakthrough pain. We do **not** refill these medications.
- Steroids (dexamethasone, decadron): Some patients will leave with a steroid prescription to help reduce swelling and pain. If you will be taking steroids, you will need a medication (famotidine, omeprazole) to relieve stomach acid. If your pain increases after finishing the steroid prescription, please call us.
- If you still have pain more than 7 days after your surgery, you may take a *non-steroidal anti-inflammatory* (NSAID) such as ibuprofen (Motrin, Advil). Take 400 mg to 600 mg every 6 hours as needed. Do **not** take more than 2400 mg per day.
- If you are taking both a steroid and an NSAID, please make sure to ask about getting a medication to reduce stomach acid.
- You may use an ice pack to help with pain. To protect your scalp, place a clean towel between your scalp and the ice pack.



Epilepsy surgery may help bring you one step closer to freedom from seizures.

Showering

- For 3 days after surgery, keep your head dry.

- After 3 days, it is OK to wash your hair. To do this:
 - Gently massage your scalp and incision area. Do NOT scrub.
 - Use a mild shampoo (such as baby shampoo) with no added scents or active ingredients.

Incision Care

- Your incision will be closed with staples or *sutures* (stitches).
 - If you have staples, they must be removed within 14 days after your surgery.
 - If you have sutures, we will determine if they need to be removed at your wound-check appointment (most sutures will dissolve or fall out on their own). If we do not remove your sutures, they can be removed by your primary care doctor.
- Scabs may form along your incision. Do **not** pick at the scabs. Washing your head as instructed will help these fall off on their own.
- To prevent infection, until your incision is well-healed:
 - Do **not** go swimming or put your head underwater.
 - Do **not** wear hats or wigs.
 - Do **not** use a hair dryer or hair dye (you may use hair dye before surgery).
- Check your incision every day. Call the clinic if you have:
 - Signs of infection such as warmth, bad-smelling drainage (pus), redness, or a fever higher than 101.5°F (38.6°C).
 - Increased drainage or swelling (a small amount of blood and swelling is normal and to be expected).

Activity

For 2 weeks after your surgery:

- Do **not** bend over at the waist. It is important not to put any pressure on your head.
- Do **not** lift anything that weighs more than 10 pounds (a gallon of milk weighs almost 9 pounds). For the following 2 weeks, do not lift anything that weighs more than 25 pounds.

- Do **not** strain when having a bowel movement. If you have slow bowels or constipation:
 - Eat more fiber. Eat plenty of fresh fruits and green leafy vegetables.
 - Drink lots of fluids, 6 to 8 full glasses of water a day.
 - It is normal to need stool softeners. Please call the office if you need these.
- Take short walks throughout the day to speed your recovery.

What to Expect

After this surgery, it is normal to have:

- **Numbness at your incision site.** You may not regain full feeling for many months. You may also have sharp pains as your incision heals.
- **Swelling after you lie flat for long periods.** It will take time for your body to absorb the fluids that cause the swelling around the incisions and your face. For some, swelling can last 3 to 6 months.
- **Drainage.** You may notice a small amount of bloody drainage. This should lessen and then stop after a couple days.
- **Tenderness around your incision.** This will last for several weeks.
- **A dull headache.** This will last for 1 to 3 weeks. There may be a “rebound” headache after you taper off pain meds. This is normal.

When to Call

Call the clinic if you have:

- Severe or unusual headache
- Any clear drainage coming from your wound
- Headache that is better when you lie down
- *Fatigue* (feeling unusually tired)
- A stiff neck
- Uncontrollable nausea and vomiting
- Dizziness or problems with balance
- A hard time walking or poor coordination
- Problems with your vision (blurred vision or other changes in vision)

- Loss of bowel or bladder control
- Personality changes, confusion, or memory problems
- Seizures:
 - Seizures lasting more than 5 minutes or more than 3 seizures in one hour.
 - If you had *diagnostic surgery* (monitoring or device placement), call the office if you have any seizures different from your normal.
 - If you had *treatment surgery* (laser or lobectomy), call the office if you have any seizures at all.

Call 911 right away if you have symptoms of a stroke such as sudden loss of balance, sudden loss of vision in one or both eyes, facial drooping on one side, weakness or numbness in one arm, or slurring in your speech.

You are going to experience discomfort and pain. This is to be expected after brain surgery! The important thing to remember is that we would not have recommended this surgery if we did not think it would help you grow closer to freedom from seizures. One step closer.

Questions?

Your questions are important. Call your provider or send them a MyChart message if you have questions or concerns.

Weekdays 8 a.m. to 4 p.m., call Harborview Regional Epilepsy Center: 206.744.3576 and press 2 when you hear the recording.

After hours and on weekends and holidays, call 206.744.9300 and you will be given options to connect with a nurse.