

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)

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.

- 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.