

Going home after surgery for an acoustic neuroma

Going home

You will be able to go home as soon as the doctors, nurses, physiotherapists and occupational therapists are happy with your progress. The nurses will want to be sure that you will be able to manage at home, with only minimal assistance. The medical staff will want to be sure that your surgical wound site shows no signs of leakage or infection.

The physiotherapists and occupational therapists will have been involved in your care after the operation and will need to ensure that you can safely manage in your home environment, this usually takes place immediately after surgery.

We will involve you in your discharge plan, so that you can ask a friend or relative to collect you at a convenient time. If this is really not possible then we may be able to arrange hospital transport home for you.

There are certain questions that people regularly ask after their surgery and these are covered below. Remember not all these may apply to you. If you have any further questions then please ask.

Facial weakness

Following the surgery you **may** have one or more of the following:

- a degree of facial weakness
- incomplete eye closure
- inappropriate facial movement
- dryness or excess fluid in the eye
- alteration of taste

These are because the facial nerve is close to the acoustic neuroma. As you recover from the surgery these should slowly begin to improve.

The physiotherapist may give you some simple exercises to perform to prevent the muscles in the face from becoming too tight or too weak.

This weakness can occur up to 15 days after surgery so it may develop after you go home. If it does and you want advice then please contact the clinical nurse specialist.

It can take a long time for the facial nerve to begin to make any recovery so please be patient. Improvement can continue for up to eighteen months.

Eye care

If you have facial weakness after your surgery you may have difficulty closing your eye.

Depending on the amount of difficulty you have, it may be necessary for you to see the eye specialist before being discharged home. Even if you don't see the eye specialist after your

surgery, it is vitally important that you take great care of your affected eye.

If your eye does not close properly it is open to foreign objects and infection. It might also become dry as tears may not be produced. If necessary, we will prescribe eye drops and eye ointment for you to take home and you should use these to keep the eye moist:

EYE DROPS should be used to keep the eye moist during the day and before bed. They can be used every 15 minutes if the eye is particularly dry. If the eye stings when the eye drops are inserted then it is possible that the preservative in the eye drops is an irritant. You should obtain some "preservative free" drops via your GP or chemist.

EYE OINTMENT should be used at night. It can be used during the day, but it can blur vision. Put the ointment in after the drops otherwise the drops wash the ointment out!

EYE BUBBLE This is a clear plastic bubble that can be placed over the eye to protect it if it is at particular risk. It should only be worn at night when you are unaware of foreign bodies coming into contact with the eye. Wearing it during the day can lead to infection due to the warm moist environment that is produced.

THINK BLINK To help the muscles around the eye recover and to protect the eye, at least once an hour 'think blink' and actively try to close the affected eye.

If your eye becomes red, sore or irritable then seek **early** advice from your GP or an ophthalmologist as this could be the start of an eye infection, and it may need to be treated.

Headaches

Headaches immediately after surgery are common but by now these should have started to reduce if they have not disappeared completely. Some people do suffer with nagging headaches after surgery and these can be relieved with simple painkillers.

If headaches do persist and are not relieved by painkillers, the light hurts your eyes, you have a stiff neck or they are accompanied by vomiting then please contact your GP.

CSF leak

Whilst you were in hospital the doctors will have been keeping a close eye on you for leaks of cerebro-spinal fluid (CSF) from your nose, ear and wound. By the time of your discharge it is unlikely that a CSF leak will develop but should you develop a leak of clear fluid from your nose, ear or wound then please contact your GP or

your clinical nurse specialist whose number is on the back of this booklet.

There are some simple precautions we ask you to take to prevent a leak happening:

- avoid any activity that may raise the pressure in your head for approximately 4 weeks
- prevent constipation by taking a laxative to remain loose
- no heavy lifting
- no strenuous exercise or weight training.

Tiredness

Feeling particularly tired following your surgery is quite usual. Please remember that you have had major surgery to your head. Towards the end of your stay here at the Royal Free your tiredness will have started to improve. Once you return home, you may find that you become tired again. This is usually as there is more to occupy you at home. You may find it useful to take naps in the afternoon until your energy returns. It is very important that you don't do too much when you get home. A slow, gradual increase in your activity level will help you to recover and will avoid the side effects of immobility.

If there is a particular event or activity that you want to participate in, and you feel able to, then try. If you become tired then stop, and if you are exhausted the next day then rest and recuperate.

Improving your balance

The physiotherapist will have been working with you on a daily basis to improve your balance. You will need to continue to work on your balance at home by working through the exercises that the physiotherapist has given you. If you have not been given a sheet of exercises please ask your physiotherapist or the clinical nurse specialist.

Flying

Travelling by aeroplane is best avoided until at least 3 months after acoustic neuroma surgery. This is to prevent the patch that has been used after your surgery from leaking CSF. After 3 months the area should be well healed and flying should not cause any problems.

Driving

There is no need to inform the DVLA (Swansea) that you have had surgery, unless specifically instructed to do so by a member of the medical team. The DVLA's advice is that you do not return to driving until "fully recovered from the surgery". This varies enormously between patients and depends on your ability to perform an emergency stop, being able to glance in your mirrors and being able to look from right to left without feeling nauseous and dizzy. Once you feel able to do these, you start driving again. To begin with drive only short distances, and gradually increase the distance.

Informing your GP

We will give you a typed letter that summarises your stay in hospital. A copy will also be sent to your GP. This will inform them of any tablets, drops or ointments that we have prescribed for you and details of your surgery. You do not need to make an appointment to see your GP unless they have specifically asked you to do so or you have any problems.

Out-patient follow-up

The surgeons would like to review you in out-patients. All appointments will be sent out to you in the post. The first appointment is likely to be with the neurosurgeon in about two months and then about 6 months after that. Around that time you may be discharged from the neurosurgical clinic. The neuro-oncologist will see you in the clinic around 3 months after your surgery, then at one year, two years and five years. MRI scans will be performed at two years and five years to ensure that your acoustic neuroma has not re-grown. Once you have been given the all clear at five years you will be discharged.

Returning to work

It is usual for people who have had this surgery to remain off work for approximately 3 months. It can take a long time to build up your energy levels. Do not be tempted to go back to work early as this is likely to cause you to become very

tired very quickly. If you have a job that you can resume work on a part-time basis, then take this opportunity and gradually build up to your previous hours.

Only you will really know when you feel able to go back to work, but a good rule of thumb is around the time of your three-month appointment in the ENT clinic.

There is a lot of information here, but we do not expect it to answer all your queries - if you have any further questions, please do ask.

There are useful contact numbers on the back of this booklet.

Royal Free clinical teams

Ward 6 South 020 7830 2735

Clinical nurse specialist

020 7794 0500 ex 35035 bleep 1985

Support organisations

Cancerbackup 0808 800 1234

<http://www.cancerbackup.org.uk/Cancertype/Brain>

British Brain & Spine Foundation

0800 328 5758

http://www.brainandspine.org.uk/information/publications/brain_and_spine_booklets/brain_tumour/index.html

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