

# After Your Endoscopic Endonasal Skull Base Surgery

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This handout gives you information about what to expect after you go home from the hospital. If you have more questions after reading this information, talk to your nurse or doctor.

## Follow Up After Surgery

- Your first visit with the ENT doctor will be 1 week after your surgery. At this appointment, your packing will be removed and your nose will be checked to see how it is healing. You will have a second visit with the ENT doctor 1 to 2 weeks after this appointment.
- You will have an appointment scheduled with your neurosurgeon 1 month after your surgery.

## Recovery from Surgery

Below is information about what to expect during your recovery after you leave the hospital. If you have any questions, refer to your discharge summary or call your health care team.

## Activity

- It will take 6 to 8 weeks for your nose to heal completely.
- You may feel tired for 7 to 10 days after surgery. The amount of activity you can do will depend on your healing.
- You should limit activities such as walking and climbing stairs for the first 2 days after you leave the hospital.
- Do not do any strenuous exercise for 4 to 6 weeks. You may increase your activity a little each week.
- Do not bend at the waist for 4 to 6 weeks.

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**This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.**

- Slowly return to your normal activities. Walking is a good activity to help you recover. Start with short walks and slowly increase the distance.
- Do not lift, push or pull more than 5 pounds (about a 1/2 gallon of milk) for 6 weeks after your surgery. Slowly increase the weight as you are able.
- Use the hand railing for support when you go up and down stairs.
- Bend your knees when you pick something up, this helps to lower the pressure to your head.
- Do not hold your breath. Holding your breath may cause pressure build up in your head.
- It is normal for your energy level and sleep patterns to change after your surgery. When you start doing your usual activities, your energy levels and sleep patterns will slowly return to normal. Make sure you get plenty of rest. Your complete recovery may take several weeks.
- Do not drive or operate power tools or heavy machinery if you are taking prescription pain medicine.
- Your doctor may ask you to see a physical therapist, occupational therapist, and/or speech therapist. They can work with you to help improve any problems you may have with balance, strength, mobility, daily living skills, speech, and swallowing.
- Do not drive or return to work until your doctor says it is okay. Most people can return to work and drive about 6 weeks after surgery. Check with your doctor to see when it is safe for you to do these activities.

## Eating and Drinking

- You may eat your regular diet.
- It is important to drink plenty of fluids to prevent dehydration.
- If you are diabetic, it is important to control your blood sugar to help your wounds heal.
- Use healthy fats and oils such as canola or olive oil when preparing food.
- Choose foods that are low in saturated fat, sodium and sugar.
- Limit salt and caffeine in your diet.
- **Do not** drink any alcoholic beverages until your surgeon says it is okay. Alcohol may thin your blood and increase your risk of bleeding.

## Fat Graft Incision

If a fat graft was taken from your abdomen (belly) for skull base reconstruction, you will have an incision on your abdomen. This incision is most often closed with stitches that dissolve or surgical glue. If your incision is closed with stitches that do not dissolve, they will need to be removed in 7 to 10 days by your primary care doctor or at your appointment with your ENT team.

- You can shower. Wash your incision gently with soap and water, then pat the skin dry.
- Do not take a tub bath or soak in water (such as swimming pools or hot tubs) until your incision is well healed. This will take about 4 weeks.
- Check your incision daily. Call your doctor if you notice any of the following:
  - ▶ You have bleeding or drainage from your incision
  - ▶ If your incision starts to open up
  - ▶ If there is redness, unusual swelling, or you have a fever greater than 101 degrees (38.3 degrees Celsius)

## Medicines

- You will be given instructions on how to take your medicines before you leave the hospital. If you have any questions, talk to your doctor, nurse or ask to speak to a pharmacist.
- You will be given a prescription for antibiotics to help prevent infection. It is important for you to take all of this medicine to lower your chance of infection.
- **Do not take aspirin or ibuprofen (such as Motrin, Advil, Aleve) until your doctor says it is okay.**
- Mild headaches are common after this surgery. You may take over-the-counter pain medicine such as Extra-Strength Tylenol (Acetaminophen) to help manage your pain. Take 2 tablets every 4 to 6 hours. **Do not** take more than 4000 milligrams per day.
- Depending on your type of surgery, you may be given a prescription for a stronger pain medicine. This prescription medicine should be used, as needed, if you have breakthrough pain in between your Tylenol doses.

- Prescription pain medicine can make you sleepy. **Do not drive if you are taking prescription pain medicine.**
- Prescription pain medicine may cause constipation. Be sure to take stool softeners or laxatives while you are taking pain medicine. Ask for the patient education handout, [Constipation and Opioid \(Pain Medicine\) Use](#).
- Take your pain medicine with food to prevent nausea.
- Stop taking prescription pain medicine as soon as you are able. Extended use can cause rebound headaches and may even make your headaches worse.
- Extreme headache pain is rare. Call your doctor if you have this problem.
- Prescription pain medicine refills are not provided by your neurosurgeon. If your pain continues for more than 1 to 2 weeks after surgery, see your primary care doctor for continued pain management.
- Do not take high doses of vitamin E (over 400 IU) or herbal products containing Ginseng, Garlic or Ginkgo bilboa. These medicines can thin your blood and increase your risk of bleeding. Ask your doctor when it is okay to take these medicines again.

## Prevent Constipation

**It is very important to prevent constipation after endonasal surgery.** Straining to have a bowel movement puts you at risk for developing a cerebrospinal fluid (CSF) leak.

To prevent constipation, you should:

- Stay active.
- Eat plenty of fruits and vegetables.
- Drink plenty of clear fluids (water, juices) each day.
- Keep taking stool softeners. If you need an additional laxative, there are many over-the-counter options. Follow the package directions or talk with your local pharmacist if you have questions.

## Nasal Discharge and Bleeding

- It is common to have mild bleeding and drainage from your nose after endonasal surgery.
- After surgery, a “drip pad” may have been placed under your nose. You may remove and replace this pad, as needed.
- You will have drainage from the back and front of your nose. Nasal breathing will help dry up the drainage, so only use the drip pads if needed.
- You may have blood tinged mucous drainage that lasts 4 to 5 days. Drainage, even light bleeding is common after this surgery and should decrease each week.
- If you have nasal bleeding, you may use over-the-counter nasal spray (Afrin) and hold pressure (squeeze your nose) for 15 minutes. Do not use Afrin nasal spray for more than 3 days.
- It is important to follow your doctor’s instructions for nasal care.

## Nasal Congestion and Crusts

- It is common to have nasal congestion after surgery. This is caused by the swelling and scabs that form in the nose.
- **Do not blow your nose** until your ENT doctor says it is okay. How soon you can blow your nose will depend on your surgery and your healing. This can take between 3 days to 3 weeks. You may sniff through your nose to help clear the drainage.
- You may dab at a runny nose.
- Use nasal saline spray as needed for nasal crusting.
- Do not use an incentive spirometer, also called a breathing exerciser.
- Scabs (also called crusts) and mucus build up in the nasal passages after surgery. Crusts are often removed during your appointment with your neurosurgeon.

## Pain and Pressure in Face and Eyes

- It is common to have mild to moderate pain and pressure in your face and around your eyes.
- The pain tends to be worse in the first 1 to 2 days after surgery.
- If you have severe pain, call your surgeon or go to the emergency room.

## **Other Information**

- Keep your head raised up (30 to 45 degrees) for 2 to 3 days.
- Sneeze with an open mouth. Do not try to stop your sneeze.
- Do not stick Q-tips, fingers or other items in your nose.
- You may be able to breathe through your nose right after surgery, but your nose will feel blocked 12 to 24 hours after surgery. You may not be able to breathe well through your nose for 7 to 14 days. This will slowly improve over 6 to 8 weeks.

## **Call your doctor if you have any of the following problems:**

- Increased drainage from your nose
- Clear water like drainage from your nose or down the back of your throat
- Sudden loss of vision
- Blurred or double vision
- Worsening vision
- Change in alertness
- Feel more sleepy than usual
- Nausea and vomiting that keeps you from eating or drinking
- New numbness or weakness in your arms or legs
- New problems with your bowels or bladder
- New or more problems with balance or walking
- New or increased number of seizures
- New or increased pain not helped with pain medicine
- Headache pain with nausea and vomiting
- Headache pain with any other symptoms
- Fever of 101 degrees Fahrenheit (38.3 degrees Celsius) or higher

## When to go to the Emergency Room

Go to the nearest emergency room or call 911 **right away** if you have any of the following problems:

- Any change in alertness, feel more sleepy than usual or feel restless or confused
- Breathing problems
- Chest pain
- Vision problems or a change in vision

**A surgery that involves the pituitary gland, may cause other conditions. If you have any of the following problems, call your doctor:**

- **Adrenal Insufficiency (AI)**

This condition happens when your body does not have enough cortisol. Your cortisol level can be changed by mild cold or flu, emotional stress, physical injury or infection. If you are vomiting or have diarrhea for more than 12 hours, call your doctor. Signs of adrenal insufficiency may take months to show up. You may have some, or many of the following signs:

- ▶ feeling tired or weak
- ▶ dizziness when you stand up
- ▶ nausea and vomiting
- ▶ diarrhea or constipation
- ▶ loss of appetite
- ▶ stomach ache
- ▶ loss of weight
- ▶ feeling cold
- ▶ craving salt or salty food
- ▶ darkening of your skin
- ▶ hair loss

- **Diabetes Insipidus (DI)**

This condition is caused by a lack of antidiurectic hormone (ADH) in your body. Symptoms include increased urination, increased thirst and dry mouth. If the symptoms go on for a long time, dehydration may occur.

Other symptoms may include low blood pressure, increased pulse and feeling faint when standing. If these symptoms do not go away, medicine is often needed to control the symptoms of DI. It is important to pay attention to any symptoms you have and to drink enough fluids to satisfy your thirst.

- **Syndrome of Inappropriate Secretion of Antidiuretic Hormone (SIADH)**

This condition happens when your fluid balance is off. SIADH causes your body to hold on to water and causes your sodium level to drop. Symptoms include decreased urination, nausea, vomiting, dizziness and confusion. When you are home, it is important to drink only when you are thirsty and not push fluids.

## **Important Phone Numbers**

- Call the ENT office at (614) 293-8074 during normal business hours with any questions or concerns related to your nose.
- If you have medical issues or questions about your surgery, call the neurosurgery office at (614) 685-1965 or (614) 293-4448 between 8:30 a.m. and 4:30 p.m., Monday through Friday.

## **After Hours Contact**

- After business hours or on the weekend, when you call the office number it will ring to the answering service. This should be used for urgent calls **only**.
- You may also call the hospital operator at (614) 293-8000 and ask to have the doctor on-call for ENT or neurosurgery paged.