

WHAT TO EXPECT WITH ENDOSCOPIC SKULL BASE SURGERY

The *skull base* is a platform of bone that separates the brain (cranial) cavity from the rest of the face and head. Lesions of the skull base can be treated by different approaches. The trans-nasal (through-the-nose) approach is sometimes possible. This is done by passing a telescope and small instruments through the nostrils – **no facial incisions** are necessary. The inside of the nose (nasal cavity) is opened and the lesion is removed; the goals of surgery are the same as traditional techniques. However, this technique eliminates facial incisions, removal of facial/skull bones, and brain handling. Recovery is more comfortable and quicker. The following will guide you through the process.

PREOPERATIVE

Skull base lesions by their very nature are complex and require a specialized team of dedicated doctors. There are several components to the planning phase:

- Obtaining and reviewing imaging (CAT scans, MRI scan) to locate and qualify the lesion
- Discussion of the case at our Skull Base Case Conference at BUMC where the opinions of a specialized group of multi-disciplinary physicians are given and treatment plan formulated
- **Additional procedures** (angiography or vision/hearing/nerve testing) may be required
- **Repeat scanning** (MRI or CAT) may be needed for additional information or so the scans may be loaded onto the computer used during the surgery itself
- Antibiotics or sinus surgery may be needed if sinus infection is present

If your lesion is amenable to endoscopic removal, you will be scheduled for surgery which will be performed by both Dr. Bhatki and a neurosurgeon. If you are taking any aspirin, ibuprofen (Advil, Motrin, Aleve), or blood thinners (Plavix, Coumadin), please tell your surgeon.

SURGERY

The day before surgery, please do not have anything to eat or drink after 11pm (not even water unless you instructed to take a sip with medication). The morning of surgery, you will be visited by your surgeon, and you and your present family will have another opportunity to ensure that all of your questions have been answered. The anesthesiologist will review your chart and examine you before proceeding to the operating room.

After surgery, you will likely be taken to the ICU where your family may visit once everything has been taken care of and you are stable. Your nose will feel congested/stuffy and you may have a dull, achy headache with sinus pressure. You may have a tube coming out of your nose that is taped to your cheek and possible a small bandage over your nostrils.

During your hospitalization you will be monitored for your overall recovery. A small amount of bleeding from the nose is normal as are dark red or brown clots. Pressure and mild headache is normal as well. **DO NOT BLOW YOUR NOSE!!** You may have a lumbar drain in your lower back. This is typically removed during the first few days after surgery.

Tell the nurse or doctor if you are experiencing severe headache, neck pain/stiffness, new symptoms of double vision, or severe nausea.

POST-OPERATIVE

After you leave the hospital, you may experience some of the following issues. Here is a guide to inform you what to expect.

1. Nasal Drainage

You will have drainage from your nose. Most will be Kool-Aid colored; some may be dark red or brown clots. This is normal. A gauze dressing may be placed on your upper lip to absorb this drainage if necessary. Any **bright red bleeding** that lasts **more than thirty minutes**, or is **heavy**, should be reported to your doctor immediately. You may temporarily lose your sense of smell and food may taste different. This will improve as you continue to heal.

2. Nasal Congestion

For the first week after surgery, your head will feel stuffy because of swelling. This is normal and expected. If you have a **balloon** in your nose, this will be **removed in the office within a week** of surgery. This does not hurt and, in fact, will dramatically reduce the pressure sensation in your nose. **Plastic splints** are placed inside the nose and are typically left in place for **3 weeks**. Please do not manipulate them with your finger. When they are removed and your nose is cleaned out, there will be further increase in your breathing comfort.

After the balloon or packing is removed, begin nasal saline sprays/irrigation 4 -6 times daily. Be gentle. Brown particles and debris may come out of your nose – this is normal. **DO NOT BLOW YOUR NOSE!** Do not smoke as smoking irritates the mucous membranes and delays healing.

3. Discomfort After Surgery

There is some discomfort after surgery. Rather than actual pain, it is more of an ache or pressure. If pain medication is prescribed, take as directed. If none was ordered, take acetaminophen (Tylenol) according to package directions. Do not take prescription pain medication and acetaminophen simultaneously or concurrently as prescription medication often contains some Tylenol; combining it with Tylenol would result in an accidental overdose. **Do not take aspirin or ibuprofen** (Motrin, Advil, naprosyn) as they may increase bleeding. For additional pain relief, place ice packs over your nose and cheeks every three or four hours for 15 to 20 minutes if needed.

4. Medications

Take all medications as prescribed by your doctor. Usually, an antibiotic will be ordered to prevent an infection. Saline nasal sprays are ordered to aid with healing and comfort. To help your nose and sinuses heal faster, it is very **important to clean your nose** as instructed and take all medications as prescribed.

5. Post-operative Visits

It is very important to keep all appointments after surgery. At these visits, the doctor will clean and examine the operative area, and remove plastic splints if present. This cleaning prevents scarring. These appointments start four to seven days after surgery; the frequency of visits varies depending on your rate of healing. As a general rule, you can expect four to six visits during the 2-3 months after surgery.

6. DO NOT SMOKE. Smoking irritates the nasal and sinus lining and delays healing.

7. CALL Dr. Bhatki if you have clear nasal drainage (nor related to irrigation) or persistent salty taste in the back of your mouth.

PRECAUTIONS DURING THE FIRST MONTH

1. **Activity:** Your body needs additional rest for healing after surgery. Call your doctor immediately if you have any **bright red bleeding** which lasts **longer than 30 minutes** or **bleeding is heavy**. Do not do any strenuous activity, exercise, sports, lifting (more than 5 lbs), or bending over for at least 4 weeks. Check with your doctor before resuming these activities to ensure that healing has taken place.
2. **Do Not Blow Your Nose.** It is important that you do not blow your nose. Blowing the nose places too much pressure on the operative site, may push air into the head, and damage the reconstruction. Limit nose cleansing to rinsing with saline irrigation.
3. **Sneezing.** If you must sneeze, do so through your mouth with your mouth open. Sneezing through your mouth reduces pressure and discomfort of the operative site.
4. **Do Not Lift Heavy Objects.** Avoid bending over and lifting heavy objects (over 5 pounds) during the first 4 weeks after surgery. These activities place pressure on the operative site and may cause bleeding.
5. **Do Not Drink From a Straw.** Drinking from the straw causes pressure changes in you nose that can translate to the brain. Refrain from this until okay by your doctor.

SUGGESTIONS FOR COMFORT

1. Keep your head elevated on three pillows. This position will help decrease swelling and allows for better drainage of nasal discharge.
2. Ice packs may be placed over your cheeks every three to four hours for 15-20 minutes. This will help decrease swelling and discomfort.
3. Use a cool vapor humidifier at your bedside for the first week after surgery. This will help loosen secretions and prevent crusting of the nose.
4. Take all medications as prescribed.
5. Use nasal saline sprays/irrigation several times daily.

CALL YOUR DOCTOR IMMEDIATELY IF YOU HAVE ANY OF THE FOLLOWING:

1. Any vision problems, such as:

Loss of vision	Severe headache
Double vision	Recurrent nausea/vomiting
Black eyes	Nose bleeding
Bulging of one or both eyes	Intermittent clear nasal drainage not related to irrigation
2. Neck stiffness (you are not able to touch your chin to your chest) in additions to fever, extreme fatigue, and marked headache.
3. Fever over 101.5° (38.5°C).

If you have any questions or concerns, please call your doctor at (972) 414-0408. After hours or on weekends call the Physician's Answering Service (24 hours) at (214) 360-5534.

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