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**ENDOSCOPIC SKULL BASE SURGERY:  
POSTOPERATIVE INSTRUCTIONS**

Endoscopic Skull Base Surgery is a minimally invasive surgery to approach and resect skull base tumors. Dr. Anand carries out these procedures with Dr. Theodore Schwartz, a board certified Neuro Surgeon at New York Presbyterian Hospital Weill Cornell Medical Center. All patients are admitted in the hospital in the neurosurgical service.

**BEFORE SURGERY:** It is advisable to not consume Aspirin, Motrin, Ibuprofen, Advil, Nuprin or any other anti-inflammatory medicine for one week before and one week after surgery. Also avoid Vitamin E, herbal supplements, herbal teas, garlic pills and red wine for one week prior to surgery. Tylenol is permitted until the day before surgery. If you take Coumadin or other blood thinners please discuss this with your physician. **Please do not eat or drink anything after midnight the night before surgery.**

We usually carry out CT Scan or MRI based image guidance scans on the day of surgery early in the morning with fiducial markers on your face at the hospital. Please do not peel the fiducials until completion of the surgical procedure. We use these markers for registration prior to surgery. The MRI scans will be scheduled by neuro surgical team. We use this image guidance during surgery for localization of vital anatomy and also in volume rendition of the tumor

**PREOP TESTS:**

**It is necessary to obtain blood tests (CBC, METABOLIC PROFILE, PT, PTT), Urinalysis, EKG and Chest X ray prior to the procedure. If you have documented illness (Diabetes, Hypertension or Cardiac issues ) please speak to your internist and obtain a medical clearance. All these results should be sent by FAX or Email to the office a week before surgery so that we can review the results. Please coordinate this with Dr. Schwartz's office. You may reach them at 2127465620.**

**POST OPERATIVE PERIOD:**

Usually all patients spend the first 24 to 48 hours after completion of surgery in the intensive care unit. Once your vital signs stabilize you may be transferred to a regular room.

## **LUMBAR PUNCTURE AND DRAIN:**

Occasionally lumbar puncture or drain is carried out prior to surgery. This is useful in surgery and this decision will be carried out by Dr.Schwartz. Lumbar drain is usually removed in 48 hours postoperatively in the hospital prior to discharge.

**PAIN AND PRESSURE** are the most common postoperative symptoms. A feeling of severe congestion and frequent headaches are also to be expected. Ice packs across the bridge of the nose and the cheeks for 15 minutes up to every hour or two for the first three days after surgery will ease pain and keep swelling down. If the headaches continue, please contact the nurse caring for you in the hospital.

## **CSF LEAK:**

Some of the surgical procedures produce CSF leak at the time of surgery. This may be due to the pathology or tumor resection. Every effort will be made to ensure successful closure of the leak at the time of surgery with fat graft or a nasoseptal flap. One has to be cautious about not increasing intracranial pressure in the postoperative period. Please do not blow your nose or strain hard. If you suspect a CSF leak which will be clear nasal discharge please contact us immediately.

**DIET** may be resumed as soon as the neuro surgical team recommend this in the hospital.

**BLEEDING** from the nose is not uncommon in the form of mild oozing. If it continues please contact the nurse taking care of you.

**NASAL OBSTRUCTION OR CONGESTION** will be present for several days after the procedure. Dissolvable packing is usually placed in the nasal cavity and sinus opening. The remnants of this are cleaned out a week after you are discharged from the hospital. Sleeping with your head elevated about 30 degrees by a stack of pillows or sleeping in a reclining chair will help with the discomfort. If you are experiencing dry mouth while sleeping, use a cool mist humidifier to help alleviate the discomfort at home.

**FEVER** is not uncommon the day after the surgery. If a fever of more than 101.5 persists please call the nurse taking care of you in the hospital or our office.

**MEDICATIONS** will be given to you to help control pain and an antibiotic will often be given to help prevent infection. Please take these as directed and finish all your antibiotics. As discomfort decreases you may take Tylenol and other recommended pain medication. Do not take them at the same time. Do not take the pain medication on an empty stomach; doing so can induce nausea and vomiting. Do not use ibuprofen (Motrin, Advil, or other anti-inflammatory medication) for at least one week before and two weeks after surgery as this can cause bleeding.

## **RISKS OF THE SURGICAL PROCEDURE**

**Endoscopic Skull Base Surgery is a minimally invasive procedure.** Scarring after surgery may occur in the nasal cavity, narrowing the openings made at the time of surgery. This is usually attended to in the postoperative visits in the office.

Changes to the smell sensation is based on your diagnosis. Partial loss of smell may be seen initially but may recover depending on the wound healing.

## **GENERAL INFORMATION**

- DO NOT drive, make important decisions, use power tools, drink alcohol, tend children, or climb ladders for the three weeks after surgery. Your judgment or alertness is probably seriously impaired. Please use caution in ambulation.
- Avoid strenuous activities or lifting any object heavier than 20 pounds for the first 3 weeks after discharge. Avoid bending at the waist as much as possible. These may contribute to bleeding.
- Call our office at 212 452 3005 with any questions or concerns.
- In case of emergency go to the nearest Emergency room. In New York City we recommend going to New York Presbyterian Weill Cornell Medical Center located on 68 Street and York Avenue. Please let them know to contact me or Dr.Schwartz. Mention to them that you are postoperative skull bases surgery patient.

**FOLLOW UP APPOINTMENTS ARE IMPORTANT.**

Please call our office at 2124523005 the day after you are discharged from the hospital and speak my office. You may choose to set up the postoperative visit at the time of scheduling surgery and fill the necessary prescription prior to surgery. We are always available to answer any other questions.