



PATIENT GUIDE

Craniotomy for brain tumor/lesion: my guide for patients

What to expect before, during, and after a craniotomy for a brain tumor or lesion, from preparation through recovery.

AT A GLANCE

Anesthesia	Usually asleep
Hospital stay	Most patients stay 1-2 nights, starting in the ICU.
Stitches	Dissolvable sutures; a few staples may attach the bandage and are removed the day after surgery
Showering	The day after surgery; wait 2-3 weeks for swimming or baths
Wound check	In my office about 2 weeks after surgery
Activity	No vigorous activity or heavy lifting for 2-4 weeks
Work	Desk work after 1-2 weeks; physical work closer to 4 weeks

This information is intended as a general guide for my patients, and if you are seeing a different surgeon, it should not substitute for advice, guidance, or instructions from that surgeon.

Introduction

A craniotomy is a common way of removing or treating lesions in the brain, such as tumors and vascular malformations. This is a guide for my patients about what to expect from surgery. For background on the procedure itself, please see my [craniotomy for brain lesion page](#).



What to expect from surgery

- Most craniotomies are performed with you asleep, under general anesthesia. If I plan to do your procedure awake, we will review what this entails and what to expect. You can also read about [awake craniotomy and speech mapping](#).
- Most lesions can be removed in 1-2 hours.
- I shave only the minimum amount of hair needed, usually a short strip along the incision that is just wider than a Band-Aid. I do not shave the entire head.
- I close the incision with dissolvable sutures. A few staples may be used to attach the bandage, but they are removed the day after surgery.

Instructions before surgery

- If you take a blood thinner such as aspirin, Plavix, warfarin (Coumadin), Eliquis, Xarelto, Lovenox, or fish oil supplements, please hold it before surgery as we discussed in our office visit.
- The anesthesia service will provide you with instructions about eating and drinking before surgery.
- The pre-op department will usually give you a special soap to use before surgery.
- If you take anti-seizure medications, take them as normal on the morning of surgery.
- Plan to have whatever you need to stay in the hospital for 1-3 nights, and expect that a family member will need to drive you home when you leave.
- Please call my office with any questions.

In the hospital

- When surgery is finished, you will wake up in the operating room and then be transferred to the recovery area. Most patients recover in the ICU the first night. The ICU allows visitors, but not overnight visitors.
- Some patients with small lesions may spend the night in the neuro step-down unit, and this unit allows for overnight visitors. Please ask me which unit I expect to use for your case.
- Most patients have a bandage on the incision. Drains are rarely used. The bandage comes off the day after surgery.
- You will usually have an MRI during your hospital stay.
- We use over-the-counter medications as well as opioids for pain control after surgery, but most patients do not need opioids for more than a few days to a week.
- Most patients stay in the hospital 1-2 nights.



After surgery

Wound care

- You can shower the day after surgery, and you can use your normal shampoo. Please wait 2-3 weeks before swimming or taking a bath.
- You will have a wound check in my office about 2 weeks after surgery.

Medications

- In most cases, I do not prescribe anti-seizure medications after surgery.
- If steroids are recommended, I will prescribe a gradual taper, often over a few days to a week.
- You will be provided instructions about resuming your blood thinners.

Activity

- When you return home, sleeping with your head elevated for 1-2 nights can help reduce swelling.
- To the extent that it is possible, please avoid strenuous activity, heavy lifting, bending, and alcohol for 2-4 weeks.
- Walking is an excellent way to begin recovery from surgery. I would avoid exercise that causes you to sweat for at least 2 weeks.
- Incisional soreness is common for several weeks after surgery and gradually gets better.
- If your incision is near the front of the head, you may notice swelling around your eye a few days after surgery, as fluid from the surgical site tracks down beneath the scalp and under the skin of the face. Elevating your head can help, and the swelling usually goes away after a few days.
- Most patients can fly after 1 week.
- You can return to driving when you and your family feel that you are safe behind the wheel.
- Most patients can resume desk work within 1-2 weeks. You may need to wait closer to 4 weeks if your job is particularly physical.

Follow-up

- Pathology results often take about 2 weeks, so we often review them in the office at your wound check appointment.
- You will usually have an MRI in the hospital after surgery. We will then schedule surveillance MRIs depending on the nature of your lesion and whether additional treatment such as radiation or chemotherapy is needed.

- If you do not have an oncologist or a radiation oncologist and you need one, I will help coordinate referrals.

When to call my office

Please be vigilant in the first few weeks after surgery. Notify my office if you develop any of the following:

- Fever higher than 101.5°F.
- Drainage from your incision or any other concerning incision issues. A little redness and tenderness is normal immediately after surgery, but it should get gradually better, not worse.
- New neurologic problems that were not present before or immediately after surgery: weakness, numbness, difficulty speaking, visual changes, and so on.
- A seizure.
- Severe or worsening headache.
- Confusion that gets gradually worse rather than better.

If you are experiencing a medical emergency, please call 911.

For questions or concerns that are not a medical emergency, you can reach my medical assistant directly at [\(720\) 599-3075](tel:7205993075) or MDMian@carepointhc.com. You can also call the CarePoint Neurosurgery main line at [\(303\) 515-2320](tel:3035152320).

If you or a family member is considering craniotomy and has not yet met with me, please consider [meeting me in consultation](#) to learn more about your treatment options.

