



PATIENT GUIDE

Microvascular decompression (MVD): my guide for patients

What to expect before, during, and after MVD, from preparation through recovery.

AT A GLANCE

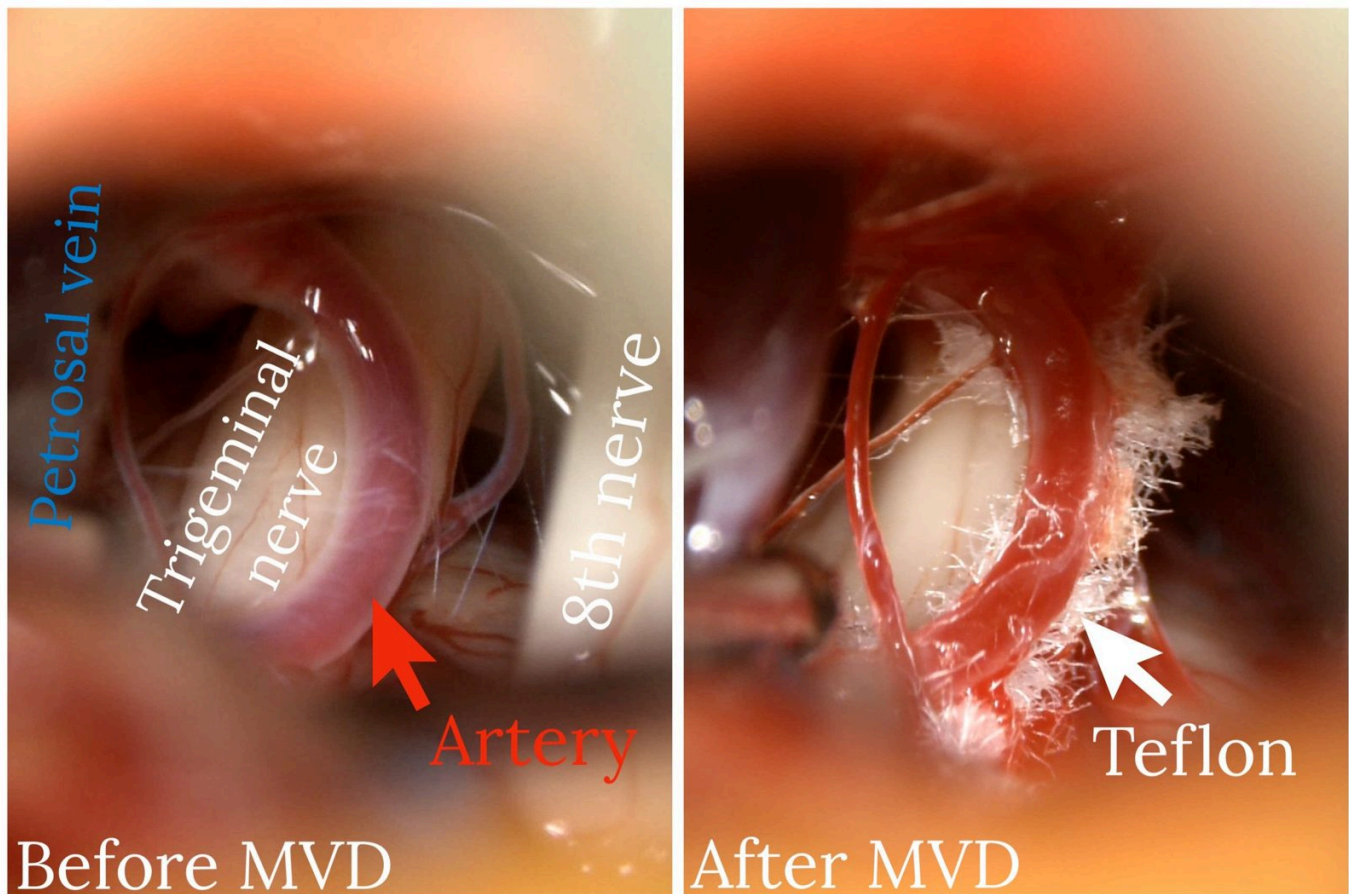
Anesthesia	Asleep (general anesthesia)
Hospital stay	1-2 nights
Surgery time	About 75-90 minutes, plus about 45 minutes of setup
Wound check	In my office about 2 weeks after surgery
Hemifacial spasm	Avoid Botox for 3 months before surgery
Heavy lifting and exercise	Wait 3-4 weeks, then begin gradually

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

Introduction

Microvascular decompression (MVD) is a procedure used for treating a variety of neurologic disorders, most commonly trigeminal neuralgia, hemifacial spasm, and glossopharyngeal neuralgia. MVD involves accessing one or more nerves at the base of the skull from a small incision behind the ear. I dissect down to the irritated nerve(s) and relieve any compression from nearby blood vessels. I usually insert one or more millimeter-sized pieces of shredded teflon to help keep the nerve and blood vessels separated permanently. Below is an example photograph of what this looks like under the surgical microscope.





Benefits of MVD

MVD is the most effective and long-lasting surgery available for trigeminal neuralgia, hemifacial spasm, and glossopharyngeal neuralgia. Roughly 90% of patients have immediate symptom relief.

What to expect from surgery

- MVD is performed under general anesthesia (i.e. asleep).
- An overnight hospital stay is required. Patients generally stay in the hospital 1-2 nights, depending on how they feel (see below).
- The surgery itself usually lasts about 75-90 minutes, but there is 45 minutes or so of setup in the operating room before the surgery begins.
- Symptom relief is generally immediate, but patients may notice an occasional jolt of pain or facial spasm in the days after surgery as the nerve calms down. This is especially true if the nerve has been irritated for many years.
- Nausea is very common immediately after the procedure and may take up to a day to resolve.



- Before discharge from the hospital, you need to be eating and drinking without too much nausea and walking safely and steadily.
- For patients with trigeminal or glossopharyngeal neuralgia, please continue taking your neuralgia medications after surgery. We usually begin to wean these medications at your wound check appointment, which happens 2 weeks after surgery.
- For patients with hemifacial spasm, please avoid Botox injections for 3 months leading up to the date of your surgery. Botox interferes with monitoring of the facial nerve that is needed during the surgery.
- Common temporary symptoms that can occur after MVD include headache, neck stiffness, dizziness or imbalance, numbness or tingling on a patch of the scalp, and, rarely, double vision. These improve over time.
- Many patients describe a temporary sensation that their ear is “under water” or that their hearing is muffled on the side of the surgery. This is due to fluid that enters the bone during drilling, and it typically resolves after a few days.

Instructions before surgery

- If you take a blood thinner such as aspirin, Plavix, warfarin (Coumadin), Eliquis, Xarelto, Lovenox, or fish oil supplements, make sure you have confirmed with me when to stop the medication before surgery.
- In many cases, I will order an updated MRI or CT scan of your brain to help with surgical planning. My office will help you coordinate this.
- Do not have anything to eat or drink after midnight on the night before your surgery. Do not have breakfast on the day of surgery. Small sips of water with your pills are OK.
- Be prepared to stay in the hospital for 1-2 nights.
- Please call my office with any questions.

Post-op care

Wound care

- I use dissolvable sutures, so your stitches do not need to be removed.
- You may shower the day after your surgery. Normal shampoo is fine to use. Do not scrub or rub the incision too hard. Instead, let the soapy water run over it, and then pat it dry. You can wash the rest of your hair normally. While showers are OK, please do not take baths or go swimming until after your wound check appointment.
- Please do not apply any ointments or creams to your incision. The best way for the incision to heal is to leave it clean, dry, and open to the air.
- You will have a wound check in my office roughly 2 weeks after surgery. If you live far away and the incision is healing well, a video visit is an option.

Medications

- Continue taking any neuralgia medications at least until your wound check appointment, at which time we can discuss a gradual taper.
- If you take blood thinners such as aspirin, Plavix, warfarin (Coumadin), Eliquis, and so on, please remember to discuss with my team how soon you should restart them after surgery. Most of these drugs are safe to start 1 week after surgery.
- You will be discharged with a short course of prescription medication for pain control. You do not have to take this medication unless you need it. Over-the-counter alternatives like Tylenol and Motrin are fine to use, too (though please avoid aspirin, initially). Most patients do not need prescription medication for more than a few days.

Activity

- You can resume most of your day-to-day activities immediately after surgery. The exception is activities that involve straining - things like lifting heavy objects (anything much heavier than a gallon of milk) and exercise. You should wait 3-4 weeks before these activities, and begin them gradually.
- You can return to work whenever you feel ready. For desk jobs, I recommend waiting 5-7 days and then resuming work at your own pace. For physical jobs that require heavy lifting, you may need to take off 3-4 weeks.
- You can drive when you and your family agree you are ready. At a minimum, you will need to be off any prescription opioid medications. I recommend driving with a family member in the neighborhood at first before venturing out by yourself.

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: weakness, numbness, hearing loss, etc.

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 MVD and has not yet met with me, please consider meeting me in consultation to learn more about your treatment options.

