

# **Common Questions about Epilepsy Surgery**

## **What happens the day before surgery?**

### **Anaesthetic Assessment:**

Children will be seen by the anaesthetist for an assessment. The anaesthetist will discuss the anaesthetic history of the child with their parents. The anaesthetist will also answer any questions and in particular will go through the post operative pain management plan for the child.

### **Fasting Prior to Surgery:**

The anaesthetist will instruct the parents about the fasting times for the child. Usually children have nothing to eat or drink from midnight on the day of surgery.

### **Medication:**

Children should take their anti-epileptic medication at approximately 06:00am. This will be confirmed by the anaesthetist. The child may take their tablets with a very small amount of clear fluid (i.e. water).

### **MRI Scan:**

Children who do not require an anaesthetic for an MRI scan, will usually have their neurosurgical pre-operative MRI scan on the evening before surgery. Children who require an anaesthetic will have the pre-operative MRI scan on the morning just prior to surgery, as part of their anaesthetic.

### **The Night Before Surgery:**

If families live a significant distance from the hospital, it is recommended that they stay close to the hospital the night prior to surgery. Admission time is usually 07:00am.

## **What happens on the day of surgery?**

The child and parents are required to present to the Surgery Reception J, Level 3, East Building (via the Yellow Lifts), at 07:00am for admission.

Epilepsy surgery usually takes most of the day. The anaesthetist or neurologist will phone parents with updates during the operation.

Families are encouraged to go out of hospital or to the Family Resource Centre, as it can be a very long day. The doctors will notify you when the surgery is almost finished and usually request to meet you in the theatre waiting room after surgery. When the child is awake, parents will be shown into the recovery unit to be with them.

## **What is the usual care after the operation on the Neurosurgical ward?**

### **Transfer to the ward:**

Children are transferred from the recovery unit to the Cockatoo Ward, 4<sup>th</sup> floor, North Building- Mountain Tops, when they are fully awake. Only rarely do children need to go to the Intensive Care Unit following surgery.

### **Wound and Head Bandages:**

The surgical wound is covered by a small white dressing that stays in place for 10 days after the surgery. The white dressing is then covered by a large crepe bandage around the child's head. This is called a pressure bandage. The pressure bandage stays on for 24-48 hours after surgery. The child is not allowed to get their hair or dressing wet for 10 days after the surgery.

Dissolvable stitches are used in surgery, and once wet, will dissolve over a few days.

### **Pain Relief:**

Children will receive Panadol 4-6 hourly for the first few days after surgery.

Children usually have a morphine infusion (runs through the IV) for the first 24-48 hours. When the morphine is no longer required, children are then given codeine in addition to the Panadol. Children usually are discharged only requiring Panadol for any discomfort.

### **Nausea and Vomiting:**

It is common for children to experience some nausea and vomiting in the first few days after surgery. The nurse can administer medication into the IV, to help stop this. It is recommended that children avoid fluids and food that can increase the chance of vomiting, eg: orange juice (too acidic), McDonald's (too fatty.)

### **Intravenous Drips (IV'S):**

Children will have one or two IV's after the operation. These are usually located in the back of the child's hands. Sometimes children may come back from theatre with a central IV line insitu. This is usually on the side of the child's neck. The IV is used to give fluids, antibiotics (for 24 hours) and pain relief (ie: the morphine). When children are eating and drinking adequate amounts the IV is usually not required anymore, (approximately day 3 post surgery). The nurses will remove the IV line on the ward.

### **Antiepileptic Medication:**

All usual antiepileptic medication will be given to the child by the nurses on the ward. There will be no change to the medication unless instructed by the treating Neurologist. Some oral medications can be given through the IV if necessary.

### **Eating and Drinking:**

Children will usually be given some water to drink while they are in the recovery room. Unless indicated by the neurosurgeons, there are no restrictions on the children eating and drinking after surgery. However, it is recommended that the children start with a light diet (ie: dry biscuits, toast etc.) If vomiting is an issue, then discuss diet with the child's nurse.

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**Facial Swelling:**

Most children will have some degree of facial swelling after surgery. Some children develop “black eyes” and have one or both eyes swollen shut. Swelling is normally at its worst 24-72 hours after surgery. After then, the swelling will gradually subside.

**Parents staying at the bedside after surgery and visitors:**

One parent or carer is able to stay at the child’s bedside overnight. During the day, parents are free to visit at any time, however extended family and friends should visit as per the visiting hours set out on the 4<sup>th</sup> Floor- Cockatoo ward. We ask families to be aware that children will become tired very easily in the first few days post surgery, and will require day time sleeps. Families should also be conscious of other patients and their families when discussing visitors for their child.

**Discharge home after surgery:****How long will my child stay in hospital?**

Children usually stay in hospital for 5-7 days after surgery, as per the neurosurgical team. Melbourne families are discharged home. Interstate families are discharged to their local accommodation.

Interstate children are required to stay in Melbourne for approx 2-3 weeks after surgery. Children are reviewed by the neurosurgeon two weeks after surgery. Children who are to fly home after the surgery will require a head CT scan to check if there are able to fly.

**What wound care is required?**

Nursing staff will give the parents alcohol wipes prior to discharge from the ward, along with an instruction leaflet about how to care for the wound at home. The white head dressing stays in place, and dry for 10 days after surgery. On day 10, it can then be removed by parents, and children may wash their hair. The wound will be checked by the neurosurgeon at the two week post operation review appointment.

**What is the post operation appointment schedule?**

Parents will be given a schedule by the Epilepsy Nurse detailing follow up appointments prior to discharge. Children will be reviewed at 2 weeks, by the neurosurgical team for a wound check. 3-4 months after surgery, children will have a MRI scan, an EEG and see their neurologist and neurosurgeon.

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## **What activities are allowed after epilepsy surgery?**

### **Skull Bone Healing:**

Children who have had brain surgery need time for their skull bones to heal. This is similar to someone who has had a broken arm or leg, where it will take 6-8 weeks for bones to heal. The skin wound will heal in a few weeks.

A helmet is not usually required.

### **Adequate Rest Time:**

Children may continue to be tired and require day time rests for a couple of weeks after surgery. Parents should monitor their child and allow for adequate rest, limiting visitor numbers and duration of visits. Encouraging quieter activities initially like reading, board games, drawing, puzzles, DVD's etc., is recommended.

### **Returning to School/ Day care:**

Children usually return to school/ day care 2-3 weeks after surgery, initially for only half days (again due to tiredness), gradually increasing the time spent at school/ day care over the following 2 weeks. By week 4 after surgery, children should have returned to their normal routine.

## **Restrictions:**

**Children are NOT allowed to participate in any of the following Sports or activities for:  
2 MONTHS**

All contact sports: i.e.: football, rugby, soccer, netball, basketball, martial arts

Other Sports/activities: rock climbing, gymnastics, trampolining, tennis, horse riding, playing on monkey bars, go-carting, bike riding.

**Any sport or activity where there is a chance of being hit in the head**

### **Swimming:**

No swimming in a communal pool or spa for **4 Weeks**

No swimming in family swimming pool or spa's for **4 Weeks**

No ocean swimming for **8 Weeks** (due to the risk of being dumped and having a head injury)

**What should I do if my child becomes unwell after discharge?**

**Please contact the Neurosurgical Registrar on call, via the Hospital Switchboard on 03 9345 5522 for advice, if any of the following occurs:**

Redness or increased swelling around the wound  
Any fluid coming out of the wound, whether clear or coloured (i.e.: yellowish or bloody)  
High fever (above 38.5 deg)  
Persistent vomiting  
Ongoing headache not relieved with pain relief  
Increased sleepiness  
Persistent irritability  
Increased seizures more than usual pattern  
New type of Seizure not seen before

**Useful contact numbers after discharge:**

RCH Switchboard: 9345 5522- page the Neurosurgery registrar  
Neurosurgery secretary 9345 5437  
Neurology secretary 9345 5661  
Epilepsy Nurse Coordinator:  
Kathryn Santamaria-9345 7926  
Jill Bicknell-9345 5639