WASHINGTON BRAIN & SPINE INSTITUTE

Craniotomy for Brain Tumor

Postoperative Patient Instructions & Recovery Guide

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Congratulations on Completing Your Surgery

You have undergone a craniotomy for tumor resection. This document outlines what to expect during your recovery, how to care for your incision, when to resume activities, medication guidance, and warning signs that require urgent attention. Please keep this packet accessible throughout your recovery and share it with family members or caregivers.

Expected Recovery Timeline

Timeframe	What to Expect
Days 1-3 (hospital)	ICU monitoring, postoperative MRI, mobilization with PT/OT, IV antibiotics, and pain control.
Days 4–7	Discharge home or to rehab. Fatigue is profound. Short walks, light household activity. Steroid taper begins.
Weeks 2–4	Energy gradually improves. Return to most light activities. Drive only when off narcotics and cleared by your surgeon. Scalp swelling and numbness common.
Weeks 4–6	Most patients return to office work or light duties. Begin walking longer distances. Continue to avoid heavy lifting (>10 lbs).
Weeks 6–12	Energy and cognitive endurance continue to recover. Cleared to resume most activities including light exercise. Adjuvant therapy (radiation/chemo) often begins during this window if indicated.
3–6 months	Most neurologic deficits stabilize or improve. Cognitive endurance fully returns for most patients. Final recovery milestone.

Activity Instructions

What You CAN Do

- **Walk** daily — start with short distances on flat ground and gradually increase. Walking promotes circulation and reduces DVT risk. **Climb stairs** slowly, using a handrail.
- **Read, watch television, use a computer or phone** in moderation. Fatigue is normal — rest and nap when needed.
- **Light household tasks** such as cooking, folding laundry, and dishes.
- **Sit upright** for meals and elevate the head of the bed 30 degrees while sleeping for the first weeks.
- **Resume sexual activity** when comfortable and medically stable, generally after 2–4 weeks.

What You Should AVOID

- **No lifting greater than 15 pounds** for 6 weeks (a gallon of milk is approximately 8 lbs).
- **No driving** for at least 2 weeks, and not until you are off all narcotic medications AND cleared by your surgeon. Patients with seizures must remain seizure-free per state regulations (typically 3–6 months).
- **No alcohol** for at least 4 weeks and never while on antiseizure medications or narcotics.
- **No swimming, bathtubs, hot tubs, or submerging the incision** for 4 weeks. Showers are permitted **after 48 hours** unless otherwise instructed. Wash the Incision with **Baby Shampoo** for the first 4 weeks.
- **No contact sports, vigorous exercise, or running** for 6 weeks.
- **No air travel** for at least 2 weeks; longer for international travel.
- **Avoid crowded environments** and sick contacts during the first 2 weeks, particularly if on steroids.

Return-to-Activity Milestones

Milestone	Timing	Details
Walking	Day 1+	Short walks daily; build endurance gradually.
Showering	POD #2	Remove dressing; pat dry. No submersion for 3 weeks.
Driving	~2-3 weeks	Cleared at follow-up. Seizure history extends restrictions per state law.
Desk work	4–6 weeks	If cognitively cleared and seizure-free.
Light physical activity	6–8 weeks	Light household activity, walking.
Air travel	2–4 weeks	Discuss with surgeon.
Physical work	8–12 weeks	With surgeon clearance.
Sports (low-impact)	8–12 weeks	Swimming, cycling, walking — once wound fully healed.

Going Home — Your Discharge Instructions

What to Expect in the First 2 Weeks

Most patients experience moderate soreness around the incision, some fatigue, and a gradual return of energy. **Pain is normal and expected** — most patients describe a 5–7/10 the first few days, improving steadily. Your job is to follow the medication schedule below, walk regularly, eat enough protein, and protect the surgical site. Call us with any concerns — even minor ones. We would rather hear from you than have you worry.

Your Discharge Medications

You will be sent home with the following medications. **Specific doses on your prescription bottle take precedence over this general guide.** Take medications as prescribed.

Medication	Dose & Schedule	Important Notes
Oxycodone (5 mg)	1 tablet every 4–6 hours as needed for severe pain (pain ≥ 7/10)	Take only when acetaminophen and an NSAID together are not controlling pain. Stop as soon as you are able — typically within 5–10 days. Do not drive or drink alcohol while taking. Causes constipation — use the bowel regimen on the next page.
Dexamethasone (Decadron) taper	Individualized — typically starts at 4 mg every 6 hours and tapers over 1–3 weeks	Reduces brain swelling around the surgical site. **The specific taper is written for your case** — follow your printed schedule exactly. Take with food. Do not stop abruptly. Monitor blood glucose if diabetic. Long-term use requires bone protection and ulcer prophylaxis.
Levetiracetam (Keppra) 500 mg	1 tablet by mouth twice daily for 7 days	Seizure prophylaxis. Continue for the full course unless you have had a seizure, in which case longer therapy is required. If you have a seizure, call us immediately.

Layered (Multimodal) Pain Control with Over-the-Counter Medications

Use these in combination with the prescription medications above. **The goal is to control pain with the least amount of opioid possible** — these medicines work through different mechanisms, so combining them is more effective than any single one alone.

Medication	Dose & Timing	Notes
Acetaminophen (Tylenol) 500–1000 mg	1–2 tablets (500 mg each) every 6 hours **around the clock for the first week**, then as needed. Do not exceed 3,000 mg in 24 hours.	Safe for most patients. Use the regular Tylenol (not extra-strength) and add it up carefully. Do not combine with other products that contain acetaminophen (Norco, Percocet, NyQuil, etc.) without counting the dose.
Ibuprofen (Advil, Motrin) 400–600 mg	1 tablet every 6–8 hours with food, as needed.	**Avoid NSAIDs for the first week** after intracranial surgery due to bleeding risk. After that, they may

		be resumed unless contraindicated. Confirm with your surgeon. Take with food. Avoid if you have kidney disease, ulcers, or bleeding disorders.
Naproxen (Aleve) 220–440 mg	1–2 tablets every 12 hours with food, as needed (alternative to ibuprofen — do not combine the two).	Longer-acting NSAID — convenient for steadier coverage. Same restrictions as ibuprofen.

Recommended pattern for the first week

Acetaminophen 1000 mg every 6 hours, around the clock (set a timer; do not skip doses). **Use the opioid only when these together are not controlling pain** — typically for severe pain at night or before walking.

Bowel Regimen

Opioids and anesthesia almost always cause constipation. Start a softener on day 1; if no bowel movement by day 3, escalate as below. Do not wait for severe symptoms.

- **Days 0–2 (baseline):** Take **docusate sodium (Colace) 100 mg twice daily** while taking opioids. Drink 2–3 liters of water daily, eat fiber (fruit, vegetables, whole grains, prunes), and walk frequently.
- **If no bowel movement by POD #3:** Add **senna (Senokot) 2 tablets at bedtime** AND **MiraLAX (polyethylene glycol) 17 g** (one capful) in 8 oz of water once daily.
- **If no bowel movement by POD #5:** Add **bisacodyl (Dulcolax) 10 mg** — either suppository or oral tablet.
- **If no bowel movement by POD #7: call our office.** We may add additional measures (magnesium citrate, enema, or evaluation for obstruction).

Stop the bowel regimen once you are off opioids and having regular bowel movements again.

Showering & Wound Dressing

You may shower starting on postoperative day 2. Remove any surgical dressing before showering — the incision can get wet. Let warm water run gently over the incision and the rest of your scalp and lightly wash with baby shampoo; **do not scrub the incision**, do not use a washcloth or loofah directly on the wound, and do not submerge the incision in a bathtub. Pat the area dry with a clean towel. **Do not apply ointments, peroxide, alcohol, or lotion to the incision** unless specifically directed. After showering, the incision can be left open to air — no dressing is required.

Call about the wound if you see...

Redness spreading beyond the incision, drainage of pus or cloudy fluid, opening of the wound edges, increasing pain or swelling, fever over 101.5°F, or any clear fluid leak (possible CSF leak).

Driving

Do not drive until cleared at your first postoperative follow-up appointment (2–3 weeks). You may not drive while taking opioid pain medication, cyclobenzaprine, or other sedating medications. Riding as a passenger is fine immediately.

Once cleared to drive, start with short trips in familiar areas. **Do not drive while taking opioid pain medication, cyclobenzaprine, or other sedating medications.** Riding as a passenger is fine immediately.

Seizure-Related Driving Restrictions

State laws regulate driving after brain surgery and seizures. Most states require a seizure-free period (often 3–6 months) before resuming driving. We are required to report seizures in some jurisdictions.

Return to Work

Desk work: 4–6 weeks if cognitively cleared. Physical work: 8–12 weeks with clearance. Driving restrictions may apply if seizure risk. These are typical ranges — your individual return-to-work clearance depends on your job demands, recovery, and surgeon assessment at follow-up. **Bring any disability forms or return-to-work letters to your follow-up appointment**.

Follow-Up Appointments

- **First postoperative visit at 2–3 weeks.** Wound check, suture or staple removal if needed, medication review, and review of recovery progress.
- **Second postoperative visit at 6–8 weeks.** Activity advancement, return-to-work clearance, and (for fusion cases) X-rays to assess early fusion.
- **Postop MRI at 24–48 hours** (in hospital) and additional surveillance imaging per oncology protocol.
- **Subsequent visits coordinated with neuro-oncology, radiation oncology, and medical oncology** as appropriate for your tumor type.

Call **301.718.9611** during business hours to schedule or reschedule. Our after-hours answering service will reach the on-call provider for urgent issues.

Cognitive and Neurologic Recovery

- **Mental fatigue** is the most universal symptom — your brain has undergone a major operation. Plan for short bursts of activity and frequent rest.
- **Difficulty with attention, word-finding, and short-term memory** is common in the first 4–8 weeks.
- **Headaches** improve gradually over 2–4 weeks. Severe or worsening headache is a warning sign — see below.
- **New or worsening weakness, numbness, vision changes, or speech difficulty** require immediate evaluation.
- **Speech, occupational, and physical therapy** are continued as recommended. Engage with these therapies — they meaningfully improve outcomes.

Recovery Optimization Protocol

Targeted nutrition, sleep, and stress management substantially accelerate recovery and reduce complications. The following protocols are evidence-based and apply throughout your recovery period.

Postoperative Nutrition

- **Protein: 1.2–1.5 g/kg/day** to support tissue healing.
- **Vitamin D 2000 IU daily** — supports tissue healing.
- **Vitamin C (500–1000 mg/day)** — supports collagen synthesis and wound healing.
- **Zinc (15–30 mg/day)** — accelerates wound healing.
- **Hydration: 2–3 liters of water daily.** Aids wound healing, prevents constipation, and supports kidney clearance of pain medications.
- **Foods that support healing:** lean proteins (eggs, fish, poultry, Greek yogurt, legumes), leafy greens, berries, nuts, seeds, fatty fish (salmon, sardines), olive oil, whole grains.
- **Foods to limit or avoid:** alcohol (impairs healing, interacts with pain medications), ultra-processed foods, refined sugars, trans fats, excessive caffeine, sugary drinks.

Sleep Optimization

- **Target 7–9 hours nightly.** Sleep is when most tissue healing occurs. Sleep deprivation amplifies pain perception.
- **Sleep hygiene basics** — consistent bedtime and wake time, dark/cool/quiet bedroom, no screens 30 minutes before bed, no caffeine after noon.
- **Position recommendations: Sleep with the head of the bed elevated 30 degrees** for the first 1–2 weeks to reduce intracranial pressure and facial/scalp swelling. Avoid lying flat. Avoid pressure on the surgical side for 2 weeks.
- **Melatonin 1–3 mg** 30–60 minutes before bed is reasonable for short-term sleep difficulty. Avoid alcohol or benzodiazepines as sleep aids.
- **If you use CPAP, continue every night.** Untreated sleep apnea impairs healing and increases cardiovascular risk.

Stress and Pain Self-Management

"Hurt does not equal harm." Postoperative pain is your body's signal that healing is underway — not that damage is occurring. Patients who catastrophize ("this pain means something is wrong") report worse outcomes than those who reframe pain as part of recovery.

- **4-7-8 breathing** — inhale through the nose for 4 seconds, hold for 7 seconds, exhale through the mouth for 8 seconds. Repeat 4 cycles. Practice 2–3 times daily and whenever pain spikes.
- **Progressive muscle relaxation** — starting at your feet, tense each muscle group for 5 seconds, then release. Work your way up to your shoulders and face. Takes about 10 minutes and is excellent at bedtime.
- **Mindfulness apps** all offer free guided meditations specifically for pain, sleep, and surgical recovery.
- **Postoperative blues are normal** — many patients experience an emotional dip around days 3–7. If low mood persists beyond 2–3 weeks, or if you have thoughts of self-harm, contact us.

Warning Signs — When to Call Us or Go to the ER

CALL 911 OR PROCEED TO THE EMERGENCY DEPARTMENT IMMEDIATELY

• Seizure (convulsion, loss of consciousness, sudden uncontrolled movements) • Sudden severe headache ("worst headache of your life") • New weakness, numbness, facial droop, or inability to speak • Loss of consciousness or extreme confusion • Persistent vomiting unable to keep fluids down • Stiff neck with fever > 101.5°F (signs of meningitis) • Clear fluid leaking from the nose, ear, or incision (possible CSF leak) • Chest pain, shortness of breath, or leg swelling (possible PE/DVT)

Call Our Office Within 24 Hours

- Fever between 100.4°F and 101.5°F persisting for over 8 hours.
- Redness, warmth, increased swelling, drainage, or separation along the incision
- Increasing headache not responsive to medication
- Nausea/vomiting that is not improving
- Urinary retention, painful urination, or no bowel movement for 4+ days
- Mood changes, severe anxiety, or insomnia
- Questions about medications or the steroid taper

Contact Information

Provider: Lekhaj Daggubati, MD

Practice: Washington Brain & Spine Institute

Main Phone (All Locations): 301.718.9611 — business hours

After-Hours / Urgent Concerns: 301.718.9611 — answering service will contact the on-call provider

Clinical Office Locations

Rockville: 3202 Tower Oaks Boulevard, Suite 100, Rockville, MD 20852

Tysons: 8605 Westwood Center Drive, Suite 201, Vienna, VA

Frederick: 198 Thomas Johnson Drive, Suite 17, Frederick, MD 21704

White Oak: 11886 Healing Way, Suite 401, Silver Spring, MD 20904

Emergency: Call **911** or proceed to the nearest emergency department for life-threatening symptoms — severe difficulty breathing, sudden weakness or paralysis, loss of consciousness, seizure, severe sudden headache, chest pain, or stroke-like symptoms.