



Postoperative Care Instructions for Skull Base, Acoustic Neuroma, and Other Tumor Surgery

After skull base surgery for various disorders, you will typically be discharged from the hospital setting under the dual care of a neurosurgery team and a surgeon of The Arizona Ear Institute. Specialized discharge instructions will be provided to you at that time of discharge and should be your principle source of information for postoperative restrictions, wound care, and other considerations. Each patient is handled in a unique and individual manner. The following are general considerations when recovering from skull base surgery:

- Conditions treated via skull base surgical approaches include:
 - Removal of an acoustic neuroma, meningioma, or other tumors of the skull base region;
 - Repair of brain fluid (CSF) leaks;
 - Treatment of inflammatory disease (Cholesterol granuloma, mastoiditis, cholesteatoma)
 - Treatment of vertigo disorders (superior Canal Dehiscence Syndrome, Meniere's)
- At the time of discharge, all wound dressing will typically have been removed.
- There will typically be an incision behind and/or above your ear. This may also extend downward into a skin fold in your neck on occasion. This incision will typically be closed with either non-absorbable sutures (stitches) or specialized surgical clips. These will be removed by one of your surgery teams in clinic 2-3 weeks after you are discharged.
- You may remove crusts, if they should form, from the incision area daily with either a clean, damp cloth or a cotton ball with some peroxide. Avoid excessive rubbing or scrubbing of the incision. It is ok to get this area wet 72 hours (3 days) after your surgery date.
- Your ear canal typically will not be part of the procedure and thus requires no wound care.
- Avoid nose blowing until cleared by your surgeon. Sneeze through an open mouth if possible. The pressure associated with nose blowing may disrupt your healing process.
- Avoid lifting >30lbs, bending over, twisting, or strenuous activities for at least 2 weeks after surgery or until cleared by your surgeon. Further instructions and restrictions may be provided.
- It is ok to drive following surgery when you feel ready, are not vertiginous, and when you are no longer taking narcotic pain medications. It may be wise to drive with another person at first.
- After surgery, your surgeon will discuss the long term outcome anticipated for your hearing based on the procedure performed.

If you experience these symptoms after surgery, you should call your doctor's office:

- Excessive bloody drainage from the incision or swelling behind / above your ear.
- Any sign of infection such as increasing pain, yellow drainage, or swelling.
- Severe Dizziness and/or Vertigo
- Fevers in excess of 102 degrees.
- New weakness or asymmetry of the face.

Never hesitate to call the surgeon's office if you have questions about your postoperative progress.