

What do I need to know before I go home?

On the day of discharge you will be given three days supply of the required medications, see your local doctor for further medication prescriptions. An appointment will be made for you to attend the Outpatients Clinic or to see your Consultant Neurosurgeon.

It is very important that you see your local doctor or the nearest Emergency Department if you have any of the following symptoms:

- Any ooze, redness or swelling around your operation site
- Drowsiness or confusion
- Numbness or tingling in your arms or legs
- Seizures
- Difficulty in talking or walking
- Unrelieved headaches
- Fever
- Sensitivity to light
- Nausea and vomiting

You **must not** drive any vehicle or operate machinery until the Neurosurgeon has told you that you may. This period of time varies depending on your particular condition.

Further Information

If you have any questions during your stay please do not hesitate to talk to a member of the nursing staff, who will be only too pleased to try and assist you.

The information in this pamphlet was compiled by:

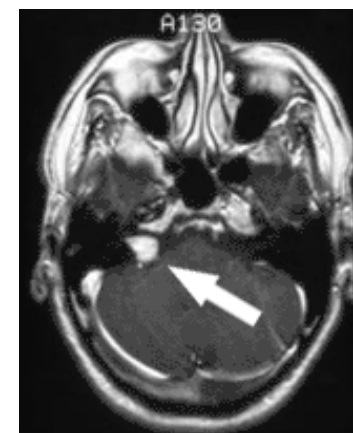
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Understanding the Causes and Treatment of

ACOUSTIC NEUROMA



A guide for patients and their families

The following pamphlet is designed to provide patients, families and carers with an overview and general information about the treatment and management of an acoustic neuroma. This pamphlet is not intended to replace discussion with your doctor, nurse or other members of the health care team.

What is an Acoustic Neuroma?

An acoustic neuroma is an abnormal growth on the auditory (hearing) nerve in the brain. The auditory nerve controls hearing and balance. Therefore symptoms of an acoustic neuroma are closely related to the function of this nerve, such as hearing loss, ringing in the ears, headache, loss of balance, nausea and vomiting.

What is acoustic neuroma surgery?

Acoustic neuroma surgery is usually performed together by a Consultant Neurosurgeon and a specialist ear, nose and throat (ENT) surgeon. The surgery involves cutting a hole into the skull behind the affected ear to gain access to the brain and either partial or complete removal of the growth. Sometimes a small piece of fat tissue is removed from the abdomen and placed at the operation site to help the wound heal and prevent leakage of brain fluid.

What will happen immediately after my operation?

Acoustic neuroma surgery is very delicate and can take between four to eight hours, after the operation you will

be taken to the recovery room. When you wake up you will have:

- various computer leads attaching you to a monitor, which monitors your heart rate, pulse and breathing.
- an oxygen mask on your face
- a tube in the artery of your wrist to monitor blood pressure
- a drip in your arm to provide intravenous fluids
- a tube into your bladder to measure urine output
- a dressing and bandage on your head

You will be asked frequent, simple memory questions to monitor for brain swelling or bleeding. You will also be asked if you have any pain, and if so you will be given an injection to help relieve the pain. When your condition is stable you will be transferred to the Neuro/Trauma High Dependency Unit for specialist medical and nursing care.

Care after your operation.

In the High Dependency Unit, the nurses will regularly monitor and assess your condition, and your doctors will review you each morning. You will possibly feel very tired and may have headaches and nausea. For these reasons we ask that your visitors are

restricted to immediate family only, two at a time and only for short periods.

The physiotherapist will visit you the first morning after your operation to assist you with deep breathing and coughing to prevent any problems with your lungs.

A major complication with acoustic neuroma surgery is nausea, however we will give you injections to decrease the nausea and you will be allowed to drink and progress to a normal diet when you feel well enough. You will be encouraged to get out of bed and assisted in the shower by the nurses in the first couple of days after your surgery. You will be transferred to the neurosurgical ward when your condition has stabilised. If you have any need to see our speech therapist, dietician, social worker or pharmacist, the nursing staff will notify them of your requirements. Your wound staples are generally removed prior to discharge, 7 days after your operation, if not, your local doctor will be able to do this for you. Depending on your progress you may require some rehabilitation at a suitable rehabilitation hospital or you may require further treatment as an outpatient. These options will be discussed with you if required.