

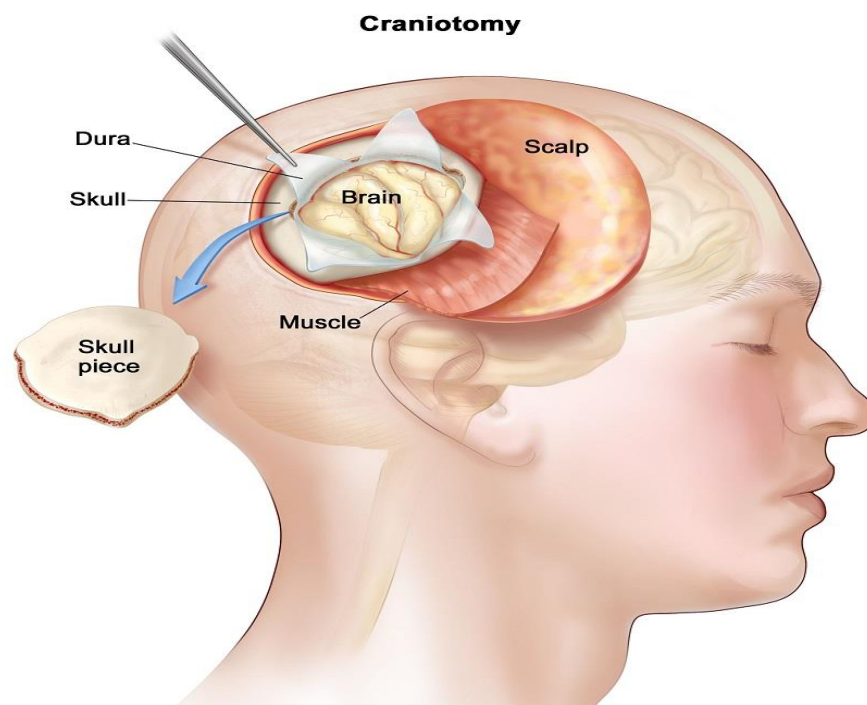


ISFAHAN MILAD HOSPITAL

Craniotomy Surgery: Overview and Care Instructions

What is Craniotomy?

Craniotomy is a type of brain surgery in which a surgeon temporarily removes a portion of the skull to access the brain. This procedure is commonly performed to remove brain tumors, relieve bleeding or swelling, drain abscesses, treat drug-resistant epilepsy, or manage increased intracranial pressure. After the operation, the removed bone is returned to its place and secured using plates or screws.



Preoperative Instructions

Inform your doctor about all medications and supplements you are taking (including herbal products).

Do not eat or drink anything (including water) for at least 6–8 hours before the operation.

If medications are prescribed to take on the day of surgery, take them with just a small sip of water.

Your doctor may advise stopping certain medications that increase bleeding risk.

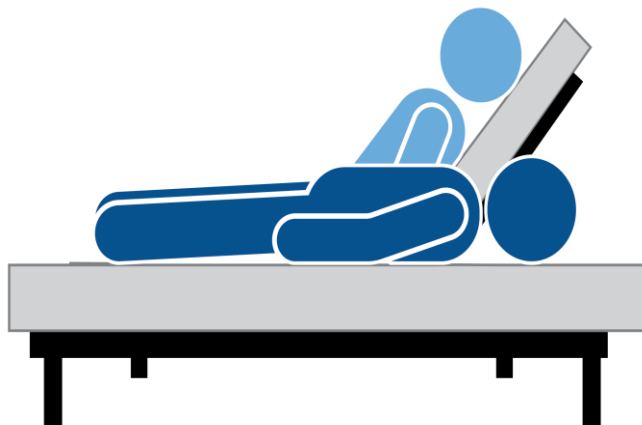
Postoperative Care Instructions

Rest and Head Position

Expect fatigue during the first few weeks — this is normal. Rest when you feel tired.

Keep your head elevated about 30 degrees while resting or sleeping (use extra pillows).

Avoid sudden head movements or turning your head too quickly.



Medications

Take all prescribed medications, including anti-seizure drugs, antibiotics, and painkillers, on time and as instructed.

Never stop antibiotics or anti-seizure medications without your doctor's approval.

Pain and Swelling

Swelling and discomfort at the incision site are normal for up to 5 days after surgery.

Use an ice pack wrapped in a cloth on the area for 10–20 minutes, several times a day.

Wound and Stitches Care

Change the dressing daily using sterile technique.

Keep the head and incision dry.

You may take a gentle shower 2–3 days after surgery, but avoid getting the incision wet.

Most stitches are absorbable. If non-absorbable stitches are used, they should be removed by your doctor within 7–10 days.

Activity Restrictions

Avoid lifting heavy objects for at least 4 weeks.

Do not drive for 2–3 weeks or until your doctor gives you permission.

Avoid high-risk or intense activities such as cycling, swimming, weightlifting, or contact sports for 2–3 months.

Try to avoid forceful coughing or sneezing, as this may increase pressure in the brain.

Physical Activity

Begin walking gently within a few days after surgery, based on how you feel.

Gradually increase walking time as your strength improves.



Nutrition and Digestion

No special diet is required unless advised by your doctor.

To avoid constipation, eat fiber-rich foods (fruits, vegetables, whole grains) and drink plenty of fluids.

If constipation continues, consult your doctor about using a mild laxative.

If you feel nauseated, avoid fatty or heavy meals.

When to Contact Your Doctor

Call your healthcare provider immediately if you experience any of the following:

Fever or chills

Persistent pain or swelling at the incision site

Pus or discharge from the wound

Severe headaches, especially in the mornings

Nausea or vomiting

Blurred or double vision

Changes in taste or smell

Seizures or numbness in limbs

Clear fluid leaking from your nose or ears (could indicate a cerebrospinal fluid leak)



Loss of sense of smell.



Blurred or double vision.



Changes in hearing or hearing loss.



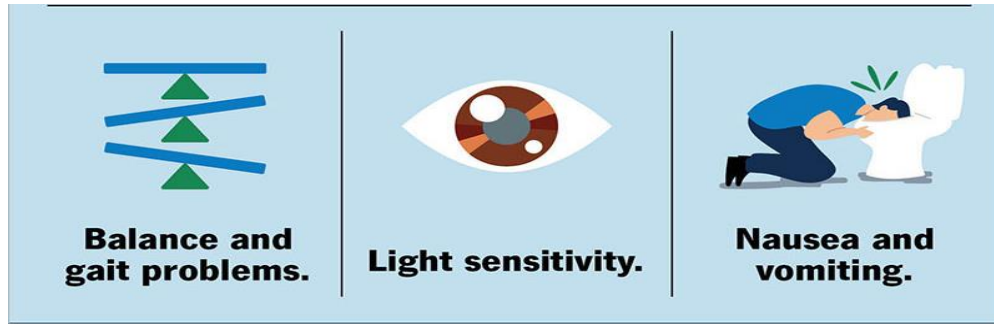
Loss of appetite.



Headaches, sometimes severe or unbearable.



Dizziness or vertigo.



Final Advice

Recovery typically takes between 4 to 8 weeks.

Following all medical instructions helps prevent complications and supports faster healing.

Attend all scheduled follow-up appointments with your doctor.

Do not hesitate to ask questions or report symptoms.

Contact Information:

Address: Simin Junction, Janbazaan Street, end of Shahid Bakhshi Blvd.

Phone: +983135130000, Extension 772 (Patient Education Unit)

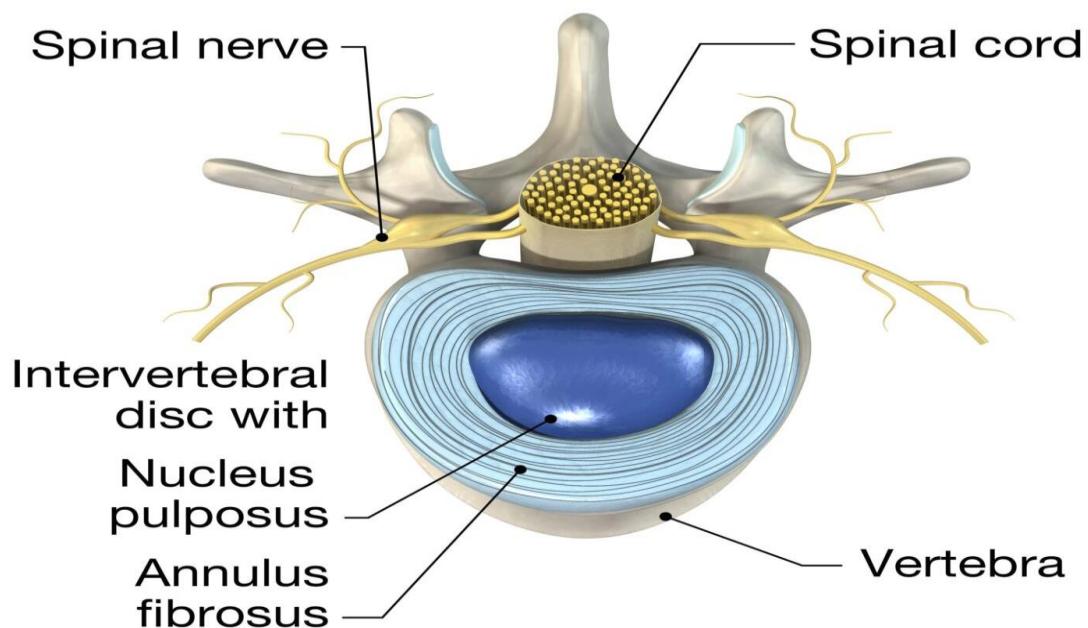


ISFAHAN MILAD HOSPITAL

Lumbar fusion Surgery: Overview and care instruction

What is an Intervertebral Disc?

The intervertebral disc is a cartilaginous and gel-like structure located between the vertebrae of the spine. These discs act like shock absorbers and prevent direct pressure on the bones and nerves. With aging or excessive pressure, the disc may get damaged and protrude, which is known as herniated or slipped disc.



Symptoms of Lumbar Disc Herniation

Pain in the lower back, buttocks, and back or front of the thighs

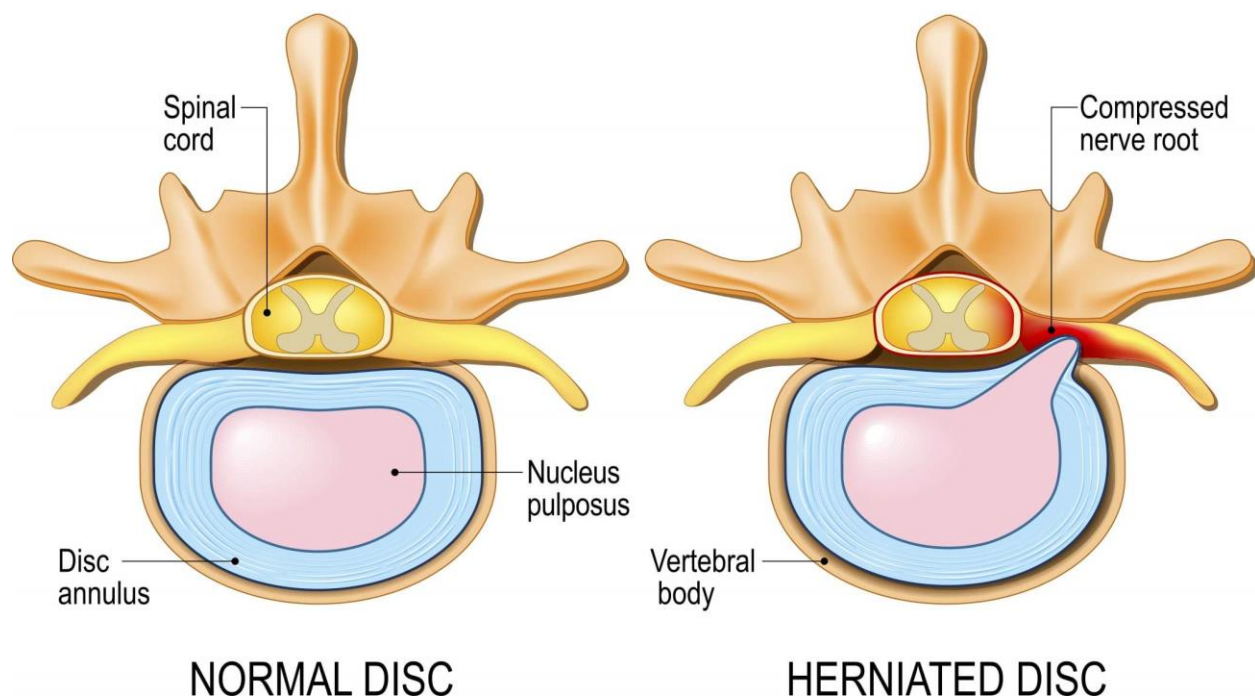
Numbness, tingling, burning, or cold/warm sensations in the legs

Pain worsening with movement, sneezing, coughing, or straining

Muscle spasms

Weakness or incontinence in severe cases

Spinal disc herniation



Risk Factors

Aging

Excess body weight

Poor posture during sitting, standing, or sleeping

Lifting heavy objects

Sudden twisting or jumping from heights

Pre-Surgery Instructions

To prepare properly and minimize risks, follow these steps:

Inform your doctor or nurse if you have any medical conditions or are taking medications.

Do not eat or drink after midnight before the surgery.

Take a shower before surgery to reduce infection risk.

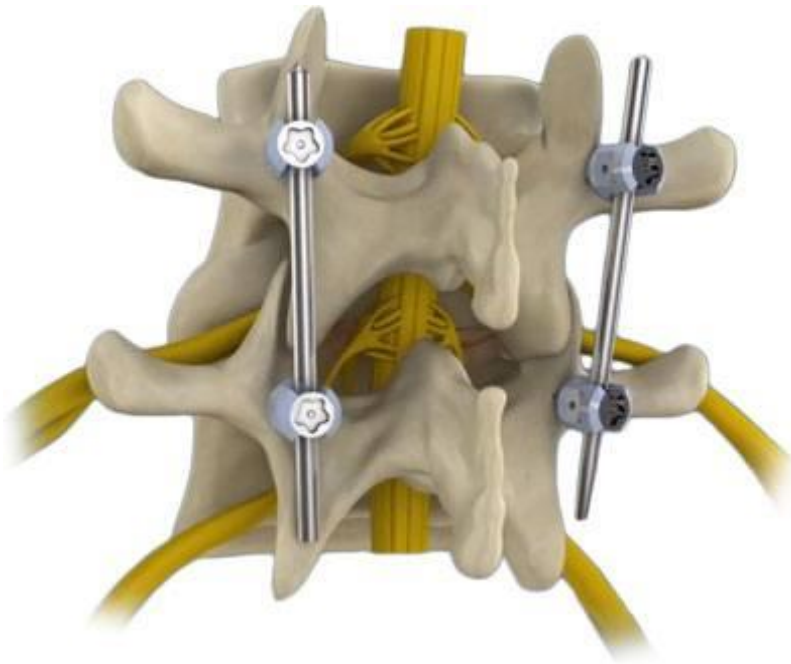
Remove all metal objects, jewelry, dentures, etc., before going to the OR.

Wear anti-embolism stockings the night before surgery.

Treatment Options

Mild cases: rest, painkillers, physiotherapy

Severe cases: surgery (if there is severe pain, muscle weakness, or incontinence)



Post-Surgery Care

Rest and Movement

Relative rest is necessary, but light walking is encouraged from day one.

Change positions carefully; lie on your side, sit, and stand up with support and brace.

Place a pillow under the knees when lying down.

Brace Use

Back Braces Depending on Coverage



Wear the lumbar brace at all times except while lying down.

Monitor the skin under the brace for irritation.

Sitting and Activities

Avoid sitting for more than 10–15 minutes.

Gradually increase activity level based on tolerance.

Avoid driving for at least 4 weeks.

Do not lift objects heavier than 1.2 kg for 2–3 months.

Nutrition and Constipation Prevention

Eat fruits, vegetables, low-fat dairy, and lean meat.

Stay hydrated.

Use stool softeners if prescribed.

Wound Care

Showering is allowed after day 5. Keep the wound dry and clean.

Replace dressing daily using sterile techniques.

Blood Clot Prevention

Wear compression stockings.

Do simple leg exercises while lying down.

Massage legs if needed.

Other Tips

Use a Western-style toilet for at least 6 months, ideally for life.

Use a chair with straight back and foot support.

Avoid sleeping on overly soft mattresses.

Resume sexual activity cautiously after 6 weeks.

Take all medications as prescribed, even if pain is gone.

Contact your doctor if you notice redness, swelling, fever, or discharge from the wound.

Returning to Daily Life

Start light activities from the second month.

Avoid prolonged sitting or driving for the first 3 months.

Walk regularly.

Practice proper posture for sitting, walking, sleeping, and lifting.

Teach these healthy habits to your family and children.

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