Cotton O'Neil Neurosurgery and Spine Center — Stormont Vail Health

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Recovering After Brain Surgery (Craniotomy)

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Recovering After Brain Surgery (Craniotomy)

A general guide for the first weeks after a craniotomy — for patients and the people caring for them.

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How to use this guide

Every brain operation is different, and recovery depends on why the surgery was done and what was found. This document gives you a general framework only. The specific instructions from your surgical team — about your medications, your activity, and your follow-up — always come first.

If anything here conflicts with what your team told you, **follow their instructions.** When you are unsure, call us. If you notice any of the emergency signs listed at the end, **call 911.**

The recovery arc — expect fatigue

Many people feel tired after brain surgery — a deep tiredness that comes in waves. For most patients this eases gradually over weeks, not days. Plan for it:

- **Rest when your body asks.** Short, frequent rest is better than pushing through.
- **Add activity gradually,** guided by how you feel and by your team's instructions.

Being tired is common. But tiredness is different from **becoming harder to wake, increasingly drowsy or confused, or feeling steadily worse rather than slowly better** — those are warning signs, not ordinary fatigue. If you are not sure which you are seeing, treat it as urgent and use the "When to call 911" list below.

Thinking and speech

Some people notice they tire more easily with concentration in the early weeks. Mention anything like that at your follow-up.

A **sudden** change is different and is an emergency: **sudden trouble speaking, finding words, or understanding others; sudden confusion; or a sudden change in vision** should be treated as a possible stroke — **call 911** (see the emergency list below).

Your medications

Your team may send you home on medications that must be taken **exactly as prescribed** — this is one of the most important parts of a safe recovery:

- **If you are given a steroid,** your team will give you a **specific schedule.** Follow it exactly, and **do not stop it on your own or stop it abruptly.**
- **If you are given an anti-seizure medication,** take it **exactly as prescribed, for as long as prescribed.** Do not stop it on your own, even if you feel well.
- Bring your medication list to every follow-up, and ask before restarting any home medication that was held.

(Your surgical team will give you the specific medications, doses, and schedules. This handout deliberately does not list them.)

Your incision and hair

- Care for the incision as your team instructed — see also our handout **Caring for Your Incision.**
- Keep it **clean and dry**; **no soaking, tub baths, pools, or swimming** until you are cleared.
- Your team can tell you what to expect for the incision and for any hair that was removed for surgery.
- Staples or sutures are removed at a follow-up visit — your team will tell you when.

Activity and driving

- **Do not drive until your surgeon has explicitly cleared you.** Driving after brain surgery depends on your surgeon's clearance — and if you have had a seizure, your fitness to drive may need to be reviewed before you return to it. Ask your team directly when it is safe for you to drive.
- Avoid **heavy lifting, straining, and strenuous activity** until cleared.
- Return to work, exercise, and travel on the timeline your team gives you — it varies widely by operation.

For caregivers — what to watch

You are an important set of eyes. **Some signs are emergencies — for those, call 911 immediately (do not call the office first).** Treat as a 911 emergency:

- Any **seizure**
- **Sudden weakness, numbness, face drooping, or slurred speech**
- **Sudden trouble speaking, understanding, or a sudden change in vision**
- Becoming **hard to wake, very drowsy, or confused**
- A **sudden, severe, or "worst-ever" headache**, or a headache rapidly getting worse
- **Repeated vomiting**, especially with a headache

- **Clear, watery fluid draining from the incision or nose**

For things that are **not** sudden or severe — a low fever, mild incision redness, ordinary tiredness, or general questions — call our office (below).

When to call our office

Call **(785) 368-0767** within business hours for:

- **Fever** above 101.5°F
- **Redness, swelling, or drainage** at the incision that is mild and not sudden
- Ordinary tiredness or a mild headache you simply want to ask about
- Questions about your **medications** or when to resume activity

If a symptom is sudden, severe, or on the emergency list, **do not wait for the office — call 911.**

When to call 911

Do not wait. Do not call our office first. Call 911 for:

- A **seizure**
- A **sudden, severe, or "worst-ever" headache**, or a headache rapidly getting worse
- **Sudden weakness or numbness**, especially on one side, or **face drooping** or **slurred speech**
- **Sudden trouble speaking or understanding**, or a **sudden change in vision**
- **Confusion, becoming hard to wake, or extreme drowsiness**
- **Repeated vomiting** (especially with a headache)
- **Clear, watery fluid** draining from the incision or nose
- **Chest pain or shortness of breath**

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This handout provides general guidance for patients of Dr. Chad Tuchek at Cotton O'Neil Neurosurgery and Spine Center, Stormont Vail Health. It is not individualized medical advice. Always follow the specific instructions you receive from your surgeon and at discharge. **For medical emergencies, call 911.**

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