



Northwestern Medical Faculty Foundation

*The Faculty Practice Plan of Northwestern's Feinberg School of Medicine*

## **PARKINSON'S DBS SURGERY INFORMATION**

### **Dr. Joshua Rosenow**

#### ***Pre-Operative Checklist (See more detailed information below)***

***Please do not call the office to check on your surgical date. We will notify you as soon as we have found an appropriate date. Multiple phone calls will not speed this process and will only serve to slow the process down for everyone.***

- Surgery date: \_\_\_\_\_ *Admission Date* \_\_\_\_\_.
- Obtain blood tests/ x-rays/EKG and medical clearance from **Northwestern Preoperative Services** ***AT LEAST 1 WEEK BEFORE SURGERY***
- Obtain preoperative MRI or CT scan ***AT LEAST 1 WEEK BEFORE SURGERY***
- Stop medications which may cause bleeding 5-7 days before surgery, as directed (see attached sheet)
- Please make sure we have multiple correct phone numbers (home, cell) on file for you*

#### ***The week before surgery***

- You will need to begin using hibiclens shampoo daily (non-prescription) and mupirocin ointment in both nostrils twice a day. The prescription for the mupirocin should have come with your preoperative instruction packet. If you do not have this, please call us.**

#### ***The day before surgery***

- If you are ill, please call our clinic at Northwestern (312-695-8143) and let your physician or nurse know
- We will notify you what time to come to the hospital. When you do come in, please report to the admissions desk on the second floor of the Feinberg Pavilion
- You will take all your meds as scheduled (except those that you have been asked to hold)
- If the procedure will be done without the stereotactic frame, Dr. Rosenow will place the skull markers in the late afternoon in your hospital room. You will then have a CT scan and return to your room.
- Do not take any of your PD medications after midnight the night before surgery.

## *Day of surgery*

- If surgery is being performed with the stereotactic frame, Dr. Rosenow will meet you in your hospital room at 6:30AM to place the stereotactic frame. Once this is done, you will go to have a short CT scan around 7AM and then go to the OR holding area on the 5<sup>th</sup> floor of the Feinberg Pavilion. Your family may stay with you until you actually go to the operating room
- Surgery typically lasts until about 3PM. However, this is an average and your surgery may end earlier or later. The OR nurses will call the surgical waiting area to let your family know when we begin surgery, approximately every 2 hours after that, when we are between the wire implant and the battery implant (or between wires if we are placing 2 wires), and when we are closing.
- Dr. Rosenow will talk to your family in the waiting area once you are in recovery.
- You will restart your usual PD meds in the recovery room
- If all is well, you will spend the night back in your room on neurosurgical ward on the 10<sup>th</sup> floor of the Feinberg Pavilion

## *Postoperative Day 1*

- You will continue to take your usual PD medications
- It is normal to have some headache. You may ask for intravenous or oral pain medication for this. While the nurses will occasionally ask you about your pain level, please do not hesitate to request this medication if you need it.
- You may have a short postoperative MRI, and skull x-rays will be taken to check the electrode positions
- You may be seen by the physical and occupational therapists
- Patients often go home the day after surgery but some people need to stay one more night. Discharge time is 11AM
- You may gently wash your incisions 5 days after surgery (see the discharge instructions sheet)

## *Postoperative*

- Your final bandages can all be removed 2 days after surgery.
- You will continue to take your usual PD medications
- You may gently wash all your incisions 5 days after surgery
- Please make sure you schedule the following appointments, if you have not already done so:
  - Staple/suture removal with Dr. Rosenow's nurse – approximately 14 days after surgery
  - First programming session with Dr. Zadikoff – approximately 3-4 weeks after Stage 2



## Northwestern Medical Faculty Foundation

*The Faculty Practice Plan of Northwestern's Feinberg School of Medicine*

### ***Neurosurgery Clinic:***

#### **Northwestern Medical Faculty Foundation**

#### **Department of Neurosurgery**

Galter Pavilion

675 N. St. Clair St.

Suite 20-250

Chicago, IL 60611

(312) 695-8143

(312) 695-4075 FAX

#### **PARKING**

- 🍏 Northwestern Memorial's main parking structure is located at the Huron/St. Clair parking garage, 222 East Huron St.
- 🍏 Discount rates are available for patients and visitors going to Feinberg/Galter Pavilions.
- 🍏 Parking receipts may be validated at customer service desks located in Feinberg/Galter Pavilions

#### **VISITOR INFORMATION**

- 🍏 Visitors play an important role in helping patients recover. The following policy outlines guidelines for visiting inpatients and outpatients:
- 🍏 Your family will be allowed to stay with you in the ASU until you go into the operating room.
- 🍏 All visitors must have a visitor pass, available at all information desks.
- 🍏 You will not be allowed to have visitors in the recovery room
- 🍏 General visiting hours are from 9 a.m. to 8:30 p.m. The regular floor rooms have a fold out couch for someone to stay overnight, if desired
- 🍏 The Neurosurgical ICU is located on the 9<sup>th</sup> floor of the Feinberg Pavilion
- 🍏 The Neurosurgical patient floor is located on the 10<sup>th</sup> floor of the Feinberg Pavilion
- 🍏 A maximum of 2 visitors at a time may visit with a patient in the intensive care unit (ICU)
- 🍏 The regular floor rooms have a fold out couch for one person to stay overnight, if desired
- 🍏 Visitors under 12 years of age must be in the company of a responsible adult. Children under six years of age must be free from communicable disease and current with vaccinations
- 🍏 NMH has negotiated discounted room rates at hotels near the hospital. You may call 312-926-ROOM (6665) for a listing of participating hotels.



## DETAILED PRE-OPERATIVE INSTRUCTIONS

Once your physician has scheduled you for surgery, there are some very important steps for you to take prior to your surgery. It is important that you follow these instructions so as not to delay your surgery.

1. Either in the clinic or by phone after your visit, you will talk with your Dr. Rosenow's nurse to coordinate lab work, additional studies, and select a date for surgery.
2. A **pre-operative risk assessment is necessary**– this ***MUST*** be performed at:

*Northwestern Perioperative Services:*

**Northwestern Memorial Hospital**

**Olson Pavilion**

**233 E. Superior St**

**1<sup>st</sup> Floor (Use the Superior Street entrance to the building)**

**Chicago, IL 60611**

**(312) 926-4566**

**(312) 926-9081 FAX**

**Using this service will help ensure that all of your preoperative information is in one place and will save both you and us the hassle of chasing your records down, which could lead to delay your surgery.**

3. Depending on your health history, we may require a letter of clearance from another specialist (cardiologist, pulmonologist, etc.).
4. Please stop all medication which can affect your bleeding **1 week prior to surgery**. These medications include:
  - Coumadin (warfarin)
  - Plavix
  - Aspirin
  - Any non-steroidal anti-inflammatory (NSAID). Common ones include:
    - Ibuprofen / Motrin/ Advil
    - Mobic
    - Naprosyn/Aleve

There are many more – if you are unsure, please contact us.

5. Tylenol and Celebrex are ok to continue.
6. Please make sure you report to the hospital on time the day before stage 1 and the morning of stage 2 so that there is enough time for your care.
7. Do not eat or drink anything after midnight the night before surgery, except certain medications with a sip of water

**REMEMBER! IF YOU HAVE ANY QUESTIONS, CONTACT US AS SOON AS POSSIBLE TO AVOID ANY DELAY IN YOUR SURGERY.**

## **DETAILED POST-OPERATIVE INSTRUCTIONS – DBS Surgery**

After your discharge from the hospital, you can expect the following:

1. At the time of discharge, you may be given some prescriptions for pain medication. It is important to understand that this medication is for the operative pain only.
2. We will typically have you follow up with us approximately 14 days after surgery to see the nurse in clinic for a simple wound check and to have any sutures or staples removed.
3. You will return to the clinic 4-6 weeks after surgery to see Dr. Rosenow again.
4. Regarding your incision:
  - a. Dressings can typically be removed 2 days after surgery
  - b. Unless otherwise instructed, you may gently wash your incision with soap and water 5 days after surgery.
  - c. Do not scrub the incision. Use an open hand.
  - d. Let the water rinse over the incision, rather than beat onto it.
  - e. Gently pat the incision dry
  - f. Until otherwise instructed, do not immerse your incision (swimming, tub).
  - g. **If you notice any drainage, redness, or the wound coming apart please contact us ASAP.**
  - h. If your incision is closed with “skin glue” or steri-strips, they will fall off on their own. This may take 1-2 weeks.
  - i. Leave your incision uncovered - do not put any ointments, gels, or lotions on it.
  - j. In some cases, small pieces of stitches may be noticed coming from the wound – unless the wound is opening up or draining, do not be concerned.
5. Regarding physical activity:
  - a. We recommend that you not lift anything more than 5 pounds (e.g. milk jug or a phonebook) for the first 4 weeks after surgery.
  - b. You may continue normal activity such as walking, dressing, bathing, etc.
  - c. Refrain from housework or yard work until you see your physician after surgery.
  - d. In most instances, avoid driving until otherwise instructed
  - e. Your physician will discuss how to safely and gradually increase your activity level.
  - f. If needed, we may prescribe a physical therapy regimen.
6. Regarding returning to work
  - a. Your surgeon will discuss with you the anticipated time off work
7. Regarding travel:
  - a. There is usually nothing prohibiting you from traveling right after your surgery. However, you may be uncomfortable sitting in one place for a prolonged period
  - b. You should refrain from airplane travel until cleared by your surgeon

**IF YOU HAVE ANY QUESTIONS, PLEASE DON'T HESITATE TO CALL OR EMAIL US.**