



TREMOR DBS SURGERY INFORMATION

Dr. Joshua Rosenow

Pre-Operative Checklist (See more detailed info below)

General

- Confirm surgery 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 day before surgery

- If you are ill, please call our clinic at Northwestern (312-695-8143) and let your physician or nurse know
- You will take all your meds as scheduled (except those that you have been asked to hold)
- Do not eat or drink anything after midnight the day before surgery (except medications with a sip of water, as directed by preoperative services physicians and Dr. Rosenow)

Day of surgery

- Please plan to report to the Ambulatory Surgical Unit (ASU) on the 5th floor of the Galter Pavilion (675 N St. Clair St.) precisely at 6AM. This will allow the nurses to check you in and get you ready for surgery as soon as possible
- Dr. Rosenow will meet you in your space in the ASU 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 return to the ASU. Your family may stay with you until you actually go into the operating room
- Surgery typically lasts until about 3:30PM. However, this is an average and it may end earlier or later. The OR nurses will call the surgical waiting area to let your family know when we begin surgery, about every 2 hours after that, when we are between sides, and when we are closing.
- Dr. Rosenow will talk to your family in the waiting area once you are in recovery.
- You will spend the night in the neurosurgical ICU on the 9th floor of the Feinberg Pavilion

Postoperative – STAGE 1

- If all is well on the morning after surgery, your urine catheter and some IV lines will be removed. You will be transferred to a regular room on the 10th floor.
- You will continue to take your usual 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 will have a prescription for pain medication to use at home, if you need it after your discharge from the hospital.
- You will have a short postoperative MRI and skull x-rays will be taken to check the electrode positions
- We will get you out of bed and you may be seen by the physical and occupational therapists
- Dr. Zadikoff may come by to check on you as well
- You will go home 2-3 days after surgery. Discharge time is 11AM.

Postoperative

- Your bandages can all be removed 2 days after surgery.
- You will continue to take your usual medications
- You may gently wash all your incisions 5 days after postoperatively
- Please make sure you schedule the following appointments, if you have not already done so:
 - Staple/suture removal with Dr. Rosenow's nurse – 7-10 days postoperatively
 - First programming session with Dr. Zadikoff – approximately 3-4 weeks postoperatively



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 9th floor of the Feinberg Pavilion
- The Neurosurgical patient floor is located on the 10th 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 labwork, additional studies, and select a date for surgery.
2. A pre-operative risk assessment is necessary for most surgeries – this should be performed at:

Northwestern Perioperative Services:

Northwestern Memorial Hospital

Galter Pavilion

201 E. Huron

5th Floor – Suite 110

Chicago, IL 60611

(312) 926-3627

(312) 926-6511 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 7-14 days after DBS 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. Most dressings can 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.
 - 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 (if it not draining) - 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 yardwork 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.