

Temporal Lobectomies/ Lesionectomy for epilepsy

Overview

- Day surgery admit – OR phase 3
- ICU x 1 day
- EMU – 3-5 days

OR

- Dexamethasone – 10 mg i.v.
- Mannitol – 0.5 gm/kilo
- Antibiotics – Ancef 2 gms i.v.
- Prep – Betadine scrub, betadine paint, duraprep
- Stealth guidance
- Possible intra-op ECoG – 0.5 MAC + remifentanyl
- Extra dose of anti-convulsant prior to closure

Post – Op Orders

- Ancef 2 gms iv q 8 hrs x 3 doses then d/c
- Dexamethasone 4 mg iv q 6 hrs x 48 hrs then d/c
- Pepcid 20 mg iv bid
- Regular insulin sliding scale
- Morphine 2 mg i.v. q 1 hr prn
- Vicodin 1-2 tabs po q 4-6 hrs prn
- NS + 20 mEq KCl/L @ 80 cc/hr HLIV when po > 500 cc
- SCDs, TEDS
- Incentive spirometry q 1 hr w.a.
- Continue pre-op anticonvulsants
- MRI brain post-op lobectomy protocol

- D/c hemovac in 24 hrs post-op (after seeing post-op MRI)
- Tx to EMU after MRI
- D/c Foley on POD # 2
- OOB to chair on POD #1
- Ambulate w assistance starting POD # 2
- D/c home when ambulating, tolerating p.o. and after b.m.
- Keep incision dry till S/R; RTC for S/R & at 6 wks post-op
- For 6 weeks: No lifting > 10 lbs, no strenuous physical activity

Subdural electrodes for epilepsy

Overview

- Day surgery admit - OR – Phase 2
- ICU x 1 day
- EMU – 5-10 days then OR – Phase 3
- EMU – 3-5 days

OR- Phase 2

- Whole head hair clip
- Dexamethasone – 10 mg i.v.
- Mannitol – 0.5 gm/kilo
- Antibiotics – Ancef 2 gms i.v.
- Prep – Betadine scrub, betadine pain, duraprep
- Stealth guidance
- Possible intra-op ECoG – 0.5 MAC + remifentanyl
- Extra dose of anti-convulsants prior to closure

Post – op orders after phase 2

- Ancef 2 gms iv q 8 hrs - continue
- Dexamethasone 4 mg iv q 6 hrs x 24 hrs
- Mannitol 25 gms iv q 6 hrs x 48 hrs
- Pepcid 20 mg iv bid
- Regular insulin sliding scale
- Morphine 2 – 4 mg i.v. q 1 hr prn
- Vicodin 1-2 tabs po q 4-6 hrs prn
- NS + 20 mEq KCl/L @ 80 cc/hr HLIV when po > 500 cc
- SCDs, TEDS
- Incentive spirometry q 1 hr w.a.
- Continue pre-op anticonvulsants –tapered by epileptologists
- Imaging
 - Skull X rays – AP and latl. in PACU
 - MRI brain post-op grids protocol
 - CT head Stealth protocol w/o contrast, w/o fiducials
- Continue hemovac for 48 hrs post-op then d/c
- Tx to EMU after MRI
- D/c Foley on POD # 3 – after mannitol d/cd
- OOB to chair on POD #1
- Ambulate w assistance starting POD # 2
- Do NOT administer Benzos. For post op sz. D/w attending
 - unless seizure > 3 min OR 3 sz in 24 hrs

OR- Phase 3

- Dexamethasone – 10 mg i.v.

- Mannitol – 0.5 gm/kilo
- Antibiotics – Vancomycin 1gm i.v.; Rocephin 2 gms i.v.
- Intra-op cultures from subdural grids sent
- Prep – Betadine scrub, betadine pain, duraprep
- Stealth guidance
- Possible intra-op ECoG – 0.5 MAC + remifentanyl
- Extra dose of anti-convulsants prior to closure
- Subgaleal hemovac drain

Post – op Orders after phase 3

- Antibiotics (check intra-op c/s prior to d/cing)
 - Vancomycin 1gm i.v. x 2 days – Do not check levels
 - Rocephin 2 gms i.v. x 2 days
- Dexamethasone 4 mg iv q 6 hrs x 24 hrs then d/c
- Pepcid 20 mg iv bid
- Regular insulin sliding scale
- Morphine 2 – 4 mg i.v. q 1 hr prn
- Vicodin 1-2 tabs po q 4-6 hrs prn
- NS + 20 mEq KCl/L @ 80 cc/hr HLIV when po > 500 cc
- SCDs, TEDS
- Incentive spirometry q 1 hr w.a.
- Continue pre-op anticonvulsants
- MRI brain post-lobectomy protocol
- Continue hemovac for 24 hrs post-op then d/c
- Tx to EMU after MRI
- D/c Foley on POD # 2
- OOB to chair on POD #1
- Ambulate w assistance starting POD # 2

- D/c home when ambulating, tolerating p.o. and after b.m.
- Keep incision dry till S/R done
- RTC for S/R (2 weeks) and at 6 weeks post-op
- For 6 weeks: No lifting > 10 lbs, no strenuous physical activity