



Jefferson | Hospital for
Neuroscience

Department of Neurosurgery

Brain Tumor



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 Jefferson Health System®



What Is A Brain Tumor?

A brain tumor is a group or mass of abnormal cells. When a tumor starts growing within the brain itself, it's called a *primary* tumor. If a tumor starts growing in another part of the body (like the lung) and then travels (metastasizes) to the brain, it's called a *secondary* tumor. Tumors can grow within the brain tissue, on the surface of the brain, or between the brain and the surrounding skull bone. Some tumors are enclosed in a membrane-like covering (encapsulated) while others spread in a finger-like diffuse fashion throughout the brain tissue.

There are different types of brain tumors. Some tumors are considered more malignant or dangerous than others either because they grow at a faster rate, or they get entangled around blood vessels or nerves, or they are located in a very sensitive area of the brain (like the speech center).

Benign tumors, as a rule, tend to grow slowly and are usually encapsulated, which makes their removal a little easier. Benign tumors cause problems when they grow in size and press against surrounding brain tissue, nerves and/or blood vessels. An example of a benign tumor is a meningioma. Malignant tumors tend to grow more rapidly, spread more widely, and destroy the brain tissue they invade. An example of a malignant tumor is a glioma.

Symptoms associated with brain tumors can vary. Some people might have a vague complaint of tiredness. Other people may experience headache, weakness of the arms or legs, seizures, nausea, vomiting, or vision problems.



Brain Tumor Treatment

In general, most brain tumors that are likely to, or have already caused symptoms are treated by surgical removal. Some brain tumors may require additional treatment such as chemotherapy and/or radiation therapy.

Surgical removal of a brain tumor is generally done with a procedure called a craniotomy. A *craniotomy* involves a surgical opening of the skull.

Evening Before Surgery

- Have nothing to eat or drink after midnight.
- You may brush your teeth or take medicine with a small sip of water.
- You may take your regular medicine unless you were told not to do so.

Day of Surgery

- Report to JHN (Jefferson Hospital for Neuroscience), 900 Walnut Street at 6:30 AM.
- Convenient parking is located in the parking garage attached to JHN at 900 Walnut Street. You enter this garage on 9th Street (left-hand side) between Locust & Walnut Streets. Parking is not discounted at this site.
- After parking, take the garage elevator to the 1st floor (this will be the 1st floor of the hospital). Go directly to Admissions (same floor). This is where you sign in.
- After signing in you will be brought to the 5th floor for your surgery. If your surgery is scheduled for a little later that day you will be brought to a holding or waiting area until it is time for your operation.
- While you are in surgery, your family may go to the Waiting Room which is located on the 6th floor of JHN, across from the elevators. This room has a phone that your doctor will use to notify your family when your operation is over. Your family can also obtain a beeper at the Nurses' Station if they need to temporarily leave the waiting area.

Immediately Before Surgery

- Before your surgery, you will change into a hospital gown.
- You will be seen by the Anesthesiologist. You will be connected to monitoring devices so your heart rate, blood pressure and breathing can be checked during the procedure.
- An intravenous (IV) line will be inserted into your arm vein so medication can be given to help you fall asleep.
- Your operation will not be performed until you are asleep.

Surgery

- For the operation, you will be placed on a table in a position that will allow the Neurosurgeon to best reach your particular tumor.
- You will put to sleep with a general anesthetic.
- The hair over the incision site will be shaved.
- An incision will be made in the scalp generally over the area where the tumor is located and then a small piece of the skull bone will be removed. The bone piece will be saved so it can be replaced at the end of the operation.
- The neurosurgeon will identify the tumor and take as much as can safely be removed. A small piece of the tumor tissue will be sent to the pathology laboratory to identify the tumor type.
- After the tumor is removed, the piece of saved skull bone is replaced.
- The overlying scalp incision is closed with regular stitches, dissolving stitches or staples. Regular stitches and staples must be removed after the incision heals. Dissolving stitches disappear within a week or so.



After Surgery

- You will be taken to the Recovery Room and then to the Neurosurgical Intensive Care Unit (NICU). Your doctor will talk with you when you are awake.
- Your family can visit you in the NICU.
- There are no phones in the NICU patient rooms because we want you to rest as much as possible after surgery.
- Most patients are able to eat within a few hours after surgery.
- Your stay in the NICU will generally be a day or two. Most patients are discharged from the hospital within a few days after surgery.

When You Go Home/Discharge Instructions

- Call the office (215-955-7000) to schedule the following appointments:
 - If you leave the hospital with stitches or staples, schedule an office appointment to have them removed at 2 weeks after surgery.

Exception: Patients who have *dissolvable* stitches do not need to schedule an appointment for stitch removal since dissolvable stitches disappear on their own in about a week. You will be told the type of stitches you have before you are discharged from the hospital.

- Schedule your routine follow-up appointment for 4–6 weeks after your surgery. Keep in mind that the physician who performed your surgery may not necessarily be the physician you see at your follow-up visit.
- Until you are seen in the office for your follow-up visit:
 - Do NOT drive (you may be a passenger).
 - Do NOT go back to work or resume your usual activities.
- Do NOT lift anything heavier than a newspaper.
- Wound/incision pain and mild headache are normal after your operation. You may take Tylenol or Tylenol Extra-Strength for your pain. Please call the Neurosurgery Office if these medications fail to relieve your pain.

Incision Instructions

- Sometimes you may see what looks like a “thread” on your incision or wound. This is a stitch so don’t pull on it.
- Do NOT allow your stitches or staples to get wet.
- You may take a shower and get the incision wet *after* your stitches or staples are removed. You can also shampoo your hair at this time but do NOT put hair coloring or gel on the incision area. Call the office if you not sure what type of stitches you have.
- You may clean the incision area with a solution of half hydrogen peroxide and half water.
- Do NOT put cream or ointment on your stitches/staples.
- It is normal for your scalp and incision area to feel numb. Scalp wounds can also get flaky and itch. This is normal. Avoid scratching the area since this can cause infection.
- Scalp wounds or incisions that are near your face may cause your face to swell or bruise. This is normal. It’s also normal to experience trouble chewing or to feel discomfort when you yawn. These will get better over time as you heal.

Call OUR OFFICE (215-955-7000)

If You Experience Any Of The Following Problems:

- Weakness or trouble moving your arms or legs
- Trouble seeing
- Difficulty talking.
- Fever higher than 101.5°F (Check your temperature *before* taking Tylenol since Tylenol will lower a fever)
- Increased redness or discomfort or new or excessive drainage from your incision or wound area.



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Rev. 9/04
JG 04.2497