



## **Discharge Instructions after Stereotactic Radiosurgery**

### **Care of Pin Sites**

- The day after the procedure, remove the bandaids. If the pin sites are closed, no further care is required. If they are still open, apply antibiotic ointment and cover with bandaids. Repeat this daily until pin sites are closed.
- A small amount of clear drainage from pin sites can be expected. Notify the doctor if any signs or symptoms of infection occur, such as fever or colored drainage.

**Bruising and/or Puffiness of Face and Eyelids** (Swelling may be quite significant, so much so that the eyelids may barely open. Do not be alarmed at this. It will go away but may take as much as a 7-10 days to resolve.)

- Apply ice packs or cold compresses to eyes and/or forehead periodically for the first 12-24 hours to prevent swelling
- Sleep with head of bed elevated.

### **Side Effects**

- A possible side effect is swelling of the brain. Symptoms of this may be persistent headache, nausea, vomiting, worsening of neurologic symptoms, or seizure. Dexamethasone (decadron) may be prescribed to control the swelling. Take exactly as directed. Anti-nausea medicines may also be prescribed.
- Pain from the pin sites may occur. Prescription pain medications may be prescribed, but often the pain can be controlled with Tylenol (acetaminophen).

### **Follow-up Schedule**

A magnetic resonance imaging (MRI) scan of the brain is performed usually six to eight weeks after stereotactic radiosurgery to evaluate the response. An appointment with the Neurosurgeon and Radiation Oncologist should be made after the MRI is done to review the results.