

Information for patients with brain tumors

Dear patient,

You have been diagnosed via CT or MRI scan with a brain tumor which needs surgical removal. In case of an emergency, you will be immediately admitted to the Department of General Neurosurgery at the University Medical Center Freiburg for inpatient treatment. In case of a planned surgical treatment, a consultation visit to our neurosurgical outpatient department or one of our speciality consultations will first be scheduled.

Outpatient consultation:

How to arrange an appointment

Your doctor can arrange an appointment for you to the neurosurgical outpatient department by phone (+49761/270-50270), by fax (+49761/270-5024), or by e-mail (patient management: kristin.neu@uniklinik-freiburg.de or juergen.loehle@uniklinik-freiburg.de). Please submit proof of your health insurance.

During your consultation visit you may describe your health problems to the doctor. The doctor will discuss your provided images with you as well as the necessity and form of surgical treatment. Furthermore, he will inform you on the organisational structure of inpatient treatment / surgery in our department and advise you on chances and risks of the surgery. Please do not hesitate to ask questions during this consultation visit!

The medical history/anamnesis

The doctor will ask you about previous and pre-existing illnesses and conditions, other tumors, allergies and intolerances as well as intake of medication, especially of blood thinning drugs und medicine for diabetes. These drugs have to be omitted or changed at least seven to ten days before the scheduled surgery. In case of severe medical conditions, a safe general anaesthesia is only possible if the anaesthesiologist knows as much as possible about your current health condition. Therefore, it is necessary to submit through your general practitioner all available information on diseases and examinations over the past years. Important are - among others - laboratory results of the past three months, x-ray images of the lungs or the thorax of the previous year, results of stress ECGs, cardiovascular ultrasound, intracardiac catheter, pulmonary function tests (PFTs), and doctor's reports from previous clinic stays.

Further preparations

In some cases it is necessary to evaluate the possibility for safe anaesthesia and surgery with the help of the submitted results during an additional consultation visit to the outpatient department of the department of anaesthesiology, maybe additional exams are necessary. Not until then the surgical admission and treatment can be scheduled.

Depending on type and location of the brain tumor and the hereby caused disorders, further pre-examinations are necessary, i.e. with ophthalmology, ENT, neurology or endocrinology. These examinations can either be scheduled for you by our patient management at the University Medical Center Freiburg, or you have those exams completed by your medical specialist near home and submit the results at your admission.

Normally, the blood loss during brain surgery is so low that blood transfusions are not necessary. In case of scheduled surgical interventions, there is an option for autologous blood donation via the blood bank of the University Medical Center Freiburg. Our doctor can advise you if this option is reasonable in your case during your ambulatory visit. An autologous blood donation of two blood preserves results in a postponement of the scheduled surgery by two months.

Scheduling inpatient admission

When all requirements for the surgery are fulfilled, a target date for admission can be scheduled by your doctor or yourself. In uncomplicated cases this can be done by phone (patient management: Mr. Löhle +49761/270-5138), by fax (+49761/270-5024) or by e-mail (juergen.loehle@uniklinik-freiburg.de).

Inpatient treatment:

Admission

On the day of admission, please bring along proof of health insurance, your images and all documents from your general practitioner, results from pre-examinations as well as a list of all taken medication. Please sign up at our registration desks in the entrance hall of the Neurocenter between 9.00 and 10.00 a.m. Here you will be told the ward you are admitted to. There can be changes, even if you have been scheduled for a designated ward before.

Inpatient department

On the ward you will be welcomed by our nursing team, you will be the premises, and the organisational schedule of the ward will be explained to you. In the course of the day, you will be welcomed and examined by the doctor, followed by blood withdrawal and – if necessary – an ECG exam. If necessary, further examinations will be arranged, i.e. at the Department of Nuclear Medicine or specific MRI scans. The doctor will explain in detail the course of the surgery and of the inpatient treatment as well as the risks and possible complications of the surgery. Afterwards you will sign an informed consent. If anything should remain unclear or if information is lacking, you now have the chance to ask all questions you might have – take advantage of this opportunity! The anaesthesiologist will also explain in detail the course and risks of anaesthesia to you.

In the course of the admission day you will be informed if the surgery will be done already the next day or later. Because of unforeseen emergency procedures, the OR schedule can change on short notice. The doctors' visits are in the afternoon.

Preparation for surgery

In the evening before the day of surgery you should take a shower und shampoo your hair. Until midnight (00:00 h) you may eat and drink, after that you have to stay sober. From that point in time, you should not smoke, either!

The day of surgery

On the day of surgery you will get an operative gown and compression stockings against thrombosis. Please take off your watch, jewellery, glasses, and, if applicable, dental prosthesis, and do not apply make-up or nail polish. You will receive a sedative and your usual medication. You will be taken to the OR in your bed and welcomed by the doctors and nurses in charge. After induction of general

anesthesia, the hair in the area of the planned incision will be removed. The surgery is accomplished by implementing the newest medical techniques under the surgical microscope. When indicated, CT- or MRT-aided neuronavigation, 3D ultrasound, intraoperative neurophysiological monitoring, fluorescence-aided resections, tissue-protective ultrasound scalpel (CUSA), or an intra-surgical chemo therapy (Carmustin implant) are employed.

The days after surgery

After surgery you will be taken to the intensive care unit. You will receive further infusions and your vital signs will be checked on doctor's directive. In uncomplicated cases, you will be returned to the ward on the first postoperative day and you may eat, drink, and get up (with help). The wound drainage will be removed. Since the scalp is well perfused, it is not unusual to develop a haematoma on the operation site. On request, you will receive ice cubes for cooling as well as decongestant and analgesic medication. The suture clips will be removed on the 10th postoperative day. This can be done by your general practitioner. Until then you should not wash your hair. Depending on the clinical picture and the course of postoperative healing process, the inpatient treatment in the Neurocenter normally lasts from 7 to 10 days. The characterisation and classification of the brain tumor will be provided within 4 to 5 days by our colleagues of the Department of Neuropathology. As soon as the histological results are available, your doctor will discuss your future treatment, intake of medication and further details you should keep in mind. In case of a brain tumor which needs a follow-up treatment with radiotherapy and / or chemotherapy, we will arrange the appointments with the corresponding departments at the University Medical Center.

The discharge

You will be discharged either to home for further treatment by your family doctor or transferred to another department or hospital for a follow-up treatment, i. e. to a hospital at your home or to a rehab hospital. On the day of your discharge, you should be picked up by your relatives between 10.00 and 11.00 a.m. You will be handed back your images and receive a preliminary doctor's report with information on intake of medication for your general practitioner.

The postoperative treatment

After three months the first follow-up is usually scheduled at our outpatient department or at one of our speciality consultations. A new MRI scan of the skull and brain with contrast agent should be provided then for this appointment. The postoperative treatment follows nationally and internationally established guidelines. Complicated cases will be discussed within our interdisciplinary brain tumor conference where specialists of all departments meet at the Neurocenter once a week.

The postoperative follow-up and treatment with regular intervals through our consultation hours for brain tumors is very important to us in order to be able to detect possible new tumor progress in time and to offer the very best treatment to you.

We wish you a pleasant stay at our Department of General Neurosurgery and get well soon!