



## FREIBURG CSF Center Handout

### Dear patient

With this information sheet, we would like to explain some of our procedures during and after your stay with us.

You can find this document and many more informations on our [website](https://www.uniklinik-freiburg.de/neurochirurgie/schwerpunkte/csf-center/csf-center-en.html):



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### ON WARD

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#### Day of Arrival:

We get fully involved in diagnostics from the very first day. The procedures are based on our capacities as a maximum care provider and therefore vary greatly from case to case.

You are already receiving various MRIs, some within one session, some divided into several sessions. These MRIs are intended for this purpose:

- To assess the current status in comparison to the previous images
- To be able to plan the further diagnostic or therapeutic procedure

You will already be informed and asked on written consent about the planned further steps, i.e.

- myelography, or
- blood patch, or
- Further diagnostics, if applicable to your case, e.g. infusion test or similar

Admission includes structured interviews and examinations by nurses and medical staff.

In the medical standard this includes

- Taking your medical history
- Collection of clinical examination findings including standardized queries and tests

*Your findings will be discussed within our interdisciplinary team.*

*This step has proven to be very important. A large part of our work is invisible to you.*

*We do not always manage to coordinate the team on the same day. In this case, you will only receive a detailed explanation the following day after the diagnosis with the best possible proposal for further action tailored to your individual case.*

#### Second Day: Invasive Diagnostics / Bloodpatch

Depending on the MRI and the disease you have, further leak detection by means of myelography or a blood patch is usually carried out today.

You should **always fast** on this day, i.e.

- do not eat anything after midnight
- do not drink anything after 6:00 am.
- Your long-term medication should be taken.

**After myelography:**

- You should bedrest for 2 hours
- If you experience pain, nausea or dizziness, please inform the nursing staff. You can receive appropriate therapies from the medication list.

**After bloodpatch:**

- You should bedrest for 4 hours
- You should take it easy for a further 2 weeks
- If you have pain or other complaints, please inform the nursing staff. You can receive appropriate therapies from the medication list.

**Third day:**

**After bloodpatch:** You will be discharged today. As you were informed before admission, you should have already made your own arrangements for transportation.

**After diagnostics:** the further procedure will be discussed with you individually depending on the previous findings.

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## AFTER DISCHARGE

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**General behavioural measures after bloodpatch, fibrin patch or embolization:**

- Stay mostly rested for 2 weeks
- Avoid weight bearing >10 kg for 2 weeks
- After 2 weeks, slowly resume physical activity, strength training from 6 weeks onwards
- Please note any recommendations that deviate from this during the inpatient stay

**General behavioral measures after minimally invasive surgery:**

- Wound control after discharge close to home
- Respect your pain thresholds
- Light physical exertion for 6 weeks, during which time moderate endurance training can be started
- After 6 weeks, gradual resumption of further physical exertion including strength training. Please note any recommendations that deviate from this during your inpatient stay
- Physiotherapy exercises and manual therapy can be carried out away from the actual wound if required (this is an exercise and load-stable post-surgical situation)
- As a rule, there is no need to remove sutures or staples as absorbable suture material is used. In any other case, staples or sutures should be removed after the 10th post-surgical day.
- Bathing without a cover after 10 days at the earliest, provided the wound has healed adequately
- Please note the recommendations for follow-up MRI 3 months after surgery:
  - MRI head: 1mm MPrage post KM, axial (ventral/lateral leak) 1mm CISS or 2mm T2 fs over orbit.
  - MRI-WS: at least 1mm T2 Space fs centered over the surgical site

You are welcome to send the images for follow-up and co-assessment (ideally electronically)

**Information Rebound Hypertension:**

- After treatment of a CSF leak, compensatory rebound hypertension may develop.  
Typical symptoms: bifrontal or holocephal headache, pressing character, worse when lying down, nausea, WITHOUT neurological deficits. In the event of a new neurological deficit, emergency presentation to the nearest hospital/emergency room for clarification.
- Symptomatic therapy with acetazolamide
  - Start with 250 mg 0.5 -0- 0.5, in case of insufficient response increase to 250 mg 1-0-1
  - Maintain the effective dose for 10-14 days or until orthostatic symptoms occur, then discontinue slowly
  - Dosage can be adapted individually and on a daily level in a range of 0,5 to 1,5 pills
  - Further dose increase only under medical supervision (max: 4g/die, caution: need of differential diagnoses, further diagnostics)
  - Laboratory checks: Electrolytes and kidney function, after 1 week, further checks depending on values and duration of therapy
  - Typical side-effects (discomfort in the hands/feet/face, diarrhea, muscle twitching/cramps) can be improved, for example, by eating potassium-rich foods (e.g. spinach, bananas, dried apricots).
  - In case of visual impairment or need for therapy >4 weeks, ophthalmologic check-up with
    - Funduscopy, perimetry, visual acuity test, if necessary OCT IF NECESSARY
    - Check-up intervals should be determined by an ophthalmologist every 3 to 6 months, depending on the findings
- NO probatory or diagnostic lumbar punctures to measure the opening pressure unless an acute visual impairment is detected by an ophthalmologist

#### **General:**

For our quality management and the individual's assessment, you will also receive regular follow-up questionnaires by email after discharge (sender: noreply@uniklinik-freiburg.de) We kindly ask you to complete these. This is a very important step to maintain our quality in patient care and to eventually improve.

There are no contraindications with regard to symptomatic therapies, e.g. existing pain or new problems - this is explicitly supported as a parallel measure

All normal preventive examinations / treatment of other illnesses should be carried out in accordance with the recommendation of the treating physicians close to home.

In the event of acute complaints, please present yourself close to home for further clarification.

#### **Would you like to contact us?**

We are happy to answer any questions you may have.

Brief feedback or inquiries can be sent to nez.sih@uniklinik-freiburg.de. We will usually reply within 5-7 working days.

If you need more detailed advice, you can make an appointment for a consultation via Internation Medical Service (IMS). This can also be held by telephone or video consultation.

Your CSF Team Freiburg



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