

Treatment Timetable

Pre-operative Day	Day of surgery	Post-op Day 1-2	Post-op Day 3-6	Post-Discharge Assessments
Introductions to team	Arrive in admitting for completion of paperwork	MRI completed at some point throughout the day. The neurosurgeon and/or neurologist will discuss the findings while on rounds. Young children will require medication before this procedure and thus making them sleepy the rest of the day.	EEG will be completed at this point. Frequently they are inconclusive for several weeks.	Keep an eye on your child's condition as it relates to the following::
Consultations with the appropriate team physicians	Proceed to Sav-a-Day department for pre-operative lab tests and brief assessment. Small plastic round disks will be placed on his/her head for the MRI stealth image guidance system. They will be removed after the surgery is completed.	Your child's eyes and/or face may be swollen and/or bruised. This is normal and will subside over the next several days.	Transfer to regular pediatric floor	Hormonal concerns: <ul style="list-style-type: none"> • Temperature control • Emotional disturbances • Weight gain due to endocrine involvement (appetite suppressants)
Obtain instructions from neuro-anesthesiologist	If patient is old enough to undergo MRI without medication, he/she will proceed to radiology at this time. If patient requires medication he/she will be anesthetized first and then taken to radiology.	He/she will be able to eat and drink fluids as tolerated and will be encouraged to do so. The nursing staff will be need to know what fluids were taken for an accurate intake assessment. Extreme hunger and/or thirst should be reported to the nurse due to hormonal components.	Ambulating (walking) on regular basis with supervision. This may be completed with the nursing staff or physical therapist.	Transient fluid and electrolyte issues such as dehydration from lack of thirst and DI.
Description of hospital stay	You will arrive in the surgical holding room to prepare for surgery. IV lines are frequently placed at this time unless child is very young. Meet surgical nurse, anesthesiologist and resident surgeon.	Activity will be encouraged when he/she is alert, oriented and eyes can be fully opened. Your child may be walking with assistance by the end of this day unless medication prevents this.	The child should be eating frequent meals with protein & drinking plenty of fluids.	Optical field of vision
Communicate housing location to team	Parents go to the waiting room and child proceeds to the surgical suite. The OR team will communicate your child's condition each hour.	Notify the nurse when your child has his/her first bowel movement. The Foley catheter may be removed on this day. The physician will make this determination.		Seizures
If your child has a VNS it will be turned off today or on the day of surgery. If will be turned back on at the discretion of the neurologist and/or neurosurgeon.	He/she will have multiple IV lines including one in the neck or chest. The A-line is an invasive line that monitors blood pressure. A Foley catheter to drain the urine & accurately monitor urine output, pneumatic stockings to assist with circulation. He may have an EVD. This is a catheter, which drains fluid from the brain in order to relieve pressure. Several monitors will be present including EKG, blood oxygen saturation, blood pressure & heart rate.	Your child's vital signs will be monitored closely for the first couple of days. Temperature will also be closely watched. Some children have an elevated temperature after surgery, which will subside over a couple of days. A substantial elevation could indicate a post-operative infection or hormonal interference.	Thyroid levels will be tested before discharge from the hospital or around the seventh post-operative day.	You will be given an appointment for a follow-up visit with Dr. Rekate in his clinic after discharge. Labs may or may not be drawn at this time depending on the child's condition.

Pre-operative Day	Day of surgery	Post-op Day 1-2	Post-op Day 3-6	Post-Discharge Assessments
	Member of surgical team discusses surgical outcome with family. Your child will recover in the PACU for one hour and then transferred to the PICU. The parents will be notified at this time of the transfer.	Sodium and potassium is checked every six hours for the first two days and then once a day until discharge.	Less edema to face and surrounding structures.	You will be given a discharge packet in clinic which will include the following: <ul style="list-style-type: none"> • MRI hard copies completed at SJH as well as ones sent to us for consultation • Copies of physician consultations completed in clinic pre-operatively • Operative report • Pathology & radiology reports • Copy of all labs results while in hospital • Patient satisfaction questionnaire • Copy of discharge plan sent to local area physicians
	Expect your child to sleep most of the day. Some patients remain intubated in PICU for a short time. They will have the tube removed when they are completely breathing on their own.	Anti-convulsant levels are only drawn if the child is having seizures, which will also be monitored closely.		
	PICU will require about an hour to obtain report of the child's condition and properly assess him/her before any visitors will be able to visit. One parent will be permitted to stay with your child overnight. Two individuals are permitted to visit at one time.	Your child will have three to six miniature titanium plates with screws in his/her head placed to secure the bone that had been removed during surgery. This will not interfere with future MRI tests or metal detectors. MRI facilities should be informed of their presence as they may cause distortion (unusual).		
	A small sample of tissue from the lesion will be sent to the pathology & research departments for pathologic & genetic testing.	Short-term memory loss can be assessed at this point forward. You can test your child yourself if desired.		
	Team rounds are completed daily at different times of the day. Each pertinent physician will see the children as needed.	You child may feel some discomfort from the pin site where the surgical fixation device was applied to their head in surgery. This should subside quickly.		