

# **Cranial Vault Remodeling**

## ***Post-Operative Patient Instructions***

**Dr. Albert Woo, Pediatric Craniofacial/Plastic Surgery**

**Dr. Petra Klinge and Dr. Konstantina Svokos, Pediatric Neurosurgery**

### **Feeding**

- For the first few days after surgery, your child will be given fluids intravenously, through an IV directly into his or her veins. Immediately after anesthesia, we do not encourage children to eat, but once a few hours have passed, children may begin to take liquids by mouth.
- Your child may require additional blood products in the first day or two after surgery.
- It may take several days for your child to return to the usual feeding regimen. In the first 2-3 days after surgery, it is typical for your child's eyes to swell closed. While feeding is encouraged during this time, it may be disorienting for your baby, and require extra effort to get him or her to feed.
- One of the requirements for going home is that your child is drinking well. Children do not have to be eating their usual full amounts, but they must be drinking adequately.
- At home, keep track of your child's oral intake and wet diapers. If you notice a significant decrease in either, your child may be dehydrated. If you are concerned about this, call your pediatrician or your surgeon. Occasionally, children need to be readmitted for hydration.

### **Swelling**

- Your child's head and face may become very swollen after surgery. This swelling can get worse for two to three days before it slowly starts to get better. The eyes should open at the end of this period.
- Once the eyes are open, children are more likely to return to their usual routines of eating, but their sleep cycle may still be off for several weeks.
- At least one of your child's eyes must be open before you can leave the hospital.

- You may notice that your child is more swollen in the morning after lying down than later in the day. Keeping your child's head elevated during the day will help with this.

### **Pain Control**

Your doctor will prescribe the necessary pain medicine for your child. We typically find that within a day or two after surgery, children do not seem to have much pain. You may then stop the prescription pain medication and convert to **Tylenol**.

- If your child is not drinking well or is irritable, he or she could be in discomfort.
- Keep track of your child's bowel habits. He or she should return to usual bowel habits within a few days after returning home. If your child does not have a bowel movement every day, he or she may be constipated.
- Prune juice or over the counter laxatives may be helpful. Call your child's doctor or nurse if you think your child is constipated.

### **Fevers and Infection**

- Almost all children have an elevated temperature or mild fever a few days after surgery. This is the natural result of a big operation, with the body trying to heal, and usually not a reflection of infection.
- Infections after this surgery are uncommon.
- When infections do develop, it is usually not seen immediately after surgery, but 10 to 14 days afterwards.
- Signs of infection include:
  - The eyes swelling shut a second time (the initial post-operative swelling is normal, but a second episode of swelling two weeks after surgery would be abnormal.)
  - Spreading swelling and redness around the incision
  - Milky or foul-smelling drainage from the incision
  - Fevers above 101.4 (early post-op fevers are very normal, but should resolve within about 7 days of surgery)

If you are concerned about infection, please call your surgeon's office.

## **Wound Care**

- At the time of surgery, your child will have a small silicone drain beneath their incision. This prevents fluid from collecting beneath the skin. This is typically removed a few days after surgery, before you are discharged. Your child's scalp incision has been repaired with absorbable/dissolving stitches. These do not need to be removed but do need to be kept clean.
- Clean your child's incision with a moist washcloth, soap, and water. Remove developing scabs with your fingernail or the washcloth. You will do more harm by letting these accumulate than by picking them off. A small amount of bleeding after scab removal is expected and not a cause for worry.
- After cleaning, dress the suture line with antibiotic ointment for the first week, then you may switch to plain Vaseline®. The goal is to keep the suture line clean and moist.

## **Activity & Sleep**

- Your child may take several weeks to return to his or her usual routine and sleep patterns.
- Ideally, your child should avoid rough play (with an older sibling, for example) for six weeks, but we recognize it is hard to control children of this age.
- Follow all your routine safety measures: car seats, seat belts in high chairs.
- Your surgeon will tell you when your child may return to daycare/school: typically in three to four weeks.
- We understand that an occasional bump to the head may be unavoidable. Your child's reconstruction is not threatened by these minor traumatic events.

## **Emotional Recovery**

- After cranial vault remodeling, your child may be tired or irritable, particularly while the eyes are swollen shut. Healing for each child is different.
- In time, your child will return to his or her usual activities.
- It is not uncommon for sleep patterns to be disturbed for up to several weeks after surgery.

**Follow-up**

- Your child will need to return for a follow-up visit 3 weeks after discharge. Call your child's surgeon at (401) 444-2299 to arrange this appointment.

**When to Call your Child's Doctor**

- Your child has a fever over 101.5°F degrees
- Your child's eyes swell closed a second time
- There is increasing swelling and redness
- If your child is unable to be awakened or aroused
- If you are very concerned and would like to discuss any irregularities in your child's activity or behavior