
Caregiver Preparation Guide

For the family member, partner, or friend helping a loved one through neurosurgery and recovery.

Being a caregiver after neurosurgery is one of the most meaningful and one of the most demanding roles a family member can take on. You are the one watching for changes, helping with medications and daily needs, and serving as the bridge between the patient and the medical team when questions come up. This guide is a practical reference for how to prepare, what to expect in the first days and weeks after discharge, and when to call us.

The short version

Before surgery: prepare the home, gather supplies, confirm the medication list, and plan the first 72 hours. After surgery: be present (24 hours minimum for spine; 48–72 hours for cranial cases), help with medications, watch for warning signs, and call (442) 273-5056 with any concern. You are not expected to be a nurse — you are expected to be attentive, steady, and willing to pick up the phone.

Before surgery — preparing the home and yourself

The home

- Clear walking paths. Remove loose rugs, cords across walkways, and clutter that could trip the patient. A fall in the first weeks after surgery is a real concern.
- Set up a main resting area with everything within reach: phone, chargers, water, tissues, glasses, hearing aids, medication list, TV remote, a small trash bin.
- Place frequently used items (cups, plates, a basic cooking tool) at waist to chest level so the patient doesn't need to bend, twist, or reach overhead during early recovery.
- Put a nightlight in the path between the bed and bathroom. Add a shower stool or grab bars if the patient is older or has balance concerns.
- Buy and stock: Tylenol (acetaminophen), stool softeners (Colace/docusate is commonly recommended post-op), ice packs, a digital thermometer, Kleenex, and any prescribed medications before surgery day.
- Meal prep. Soft, easy-to-eat food for the first 3–5 days: soups, yogurt, oatmeal, scrambled eggs, smoothies without fruit on GLP-1 days. Stock clear liquids.
- Pets: arrange for someone to care for large, excitable, or jumping pets during the first 1–2 weeks.

The medication list

- Make a written list of every medication the patient takes, including over-the-counter and supplements, with dose and timing.
- Know which medications were held before surgery (aspirin? anticoagulants? NSAIDs? GLP-1?) and the plan for restarting.
- Keep the Post-Op Medication Reconciliation card handy — it lists what to resume and when.

- If a new medication is prescribed at discharge, read the label carefully before giving the first dose.

The schedule

- Arrange for at least 24 hours with the patient after discharge if the surgery is spine or peripheral nerve. For cranial surgery, plan for 48–72 hours of continuous presence with closer monitoring.
- Block out your own calendar and request time off work if needed.
- Identify a backup person (another family member or friend) who can relieve you if you need sleep, a meal, or a shower.
- Have a list of phone numbers in one place: our office, the patient's pharmacy, the patient's primary care physician, any specialists (cardiology, endocrinology), and 911.

The day of surgery

- Drop off and check-in: you can typically stay with the patient in the pre-op area until they are taken back to the OR.
- During surgery: stay in the waiting area or have the surgical team's phone number so they can update you. Surgery times vary; a 2-hour operation can turn into 3–4 when anesthesia, prep, and recovery are included.
- After the OR: the surgical team will update you once the patient is safely in recovery. You may be able to visit briefly in the PACU.
- For outpatient surgery: the patient will be discharged when stable. Plan for 1–3 hours in recovery before leaving.
- For inpatient surgery: the patient will move to the floor or neurosurgery unit. You can visit during hospital visiting hours.

Discharge day — what to review before leaving

Ask before you leave

Before you leave the hospital, make sure you have in writing: the patient's discharge instructions, every prescription (with pharmacy called in), the follow-up appointment date or phone number, wound-care instructions, activity restrictions, and the phone number for after-hours concerns.

- Confirm you understand each discharge instruction. If something isn't clear, ask the nurse to go through it again.
- Collect the patient's glasses, hearing aids, dentures, and personal items before leaving.
- Drive carefully on the way home. Keep the car ride short, stop if the patient is nauseated, and let them recline or shift position as needed.

The first 24-72 hours at home

Where the patient should be

- A comfortable, safe resting location — usually a bed or recliner with easy bathroom access.
- Never alone for the first 24 hours (spine) or 48–72 hours (cranial). The patient needs immediate help available if they become dizzy, confused, vomit, or fall.
- Encourage short, gentle walks every 1–2 hours during waking time. Early mobility prevents blood clots and helps the bowel wake up after anesthesia. Start with a few steps around the room.

Pain control

- Alternate Tylenol (acetaminophen) with the prescribed opioid when needed. Tylenol on a schedule (e.g., every 6 hours) works better than waiting for pain to become severe.
- Ice packs to the surgical area (with a thin towel between the ice and skin) for 15–20 minutes every 1–2 hours as tolerated during the first 48 hours help with swelling and pain.
- Track when doses were given. Patients on opioids may not remember their last dose accurately.
- Do not combine opioids with alcohol, sleep aids, or benzodiazepines. Stop driving for as long as they are on opioids.

Bowel function

- Opioids and anesthesia slow the bowel. Give stool softeners (Colace/docusate) routinely starting day 1. Add a gentle laxative (MiraLAX or Senna) if no bowel movement after 2–3 days.
- Encourage plenty of fluids and small frequent meals. Avoid constipating foods (processed meat, low-fiber snacks) during the first week.
- A bowel movement may not happen for 2–4 days after anesthesia — this is normal. Straining should be avoided, especially for spine surgery patients.

Showering, incision care, and bathing

- Showering is generally OK at 24 hours after surgery, as long as the incision is dry and closed. Let water run over the incision — do not scrub it. Pat dry. Do not apply lotion, ointment, or powder unless specifically directed.
- No bath, pool, hot tub, or ocean submersion for at least 2 weeks after surgery. Even after 2 weeks, wait until the incision is fully healed (no scabbing, no drainage) and specifically cleared at a post-op visit.
- Watch the incision daily. Some redness at the edges, mild tenderness, and a small amount of pink fluid on the dressing is normal in the first days. Worsening redness, warmth, drainage of pus, opening of the wound, or spreading redness is not — call the office.

Driving

- The patient cannot drive while on opioids or muscle relaxers.
- Driving may resume when the patient is completely off opioids, off muscle relaxers, and able to turn their head and react quickly without pain.
- This usually takes 3–14 days depending on the procedure. For cervical spine cases especially, neck rotation must be comfortable before driving resumes.

- The patient should drive a short, easy route first (daytime, familiar roads, no highway) before resuming regular driving.

Mental status — what to watch for after cranial surgery

For cranial surgery only

After brain surgery, changes in how the patient is thinking, speaking, or moving are the most important thing to notice. You, as the caregiver, are often the first to see a subtle change — slightly slower speech, difficulty finding a word, a droop on one side of the face, confusion about time or place. These matter. If something feels off, call.

- Check in on the patient every 1–2 hours during waking time for the first 48–72 hours.
- Watch for: new or worsening headache despite medication, vomiting, confusion, difficulty speaking or understanding, weakness or numbness in any limb, a new droop on one side of the face, seizure, sudden vision change.
- Report any seizure (arm/leg twitching, unresponsive staring, a fall with shaking) immediately — even if brief.
- Fever over 101.5°F in the first 72 hours after cranial surgery should prompt a same-day call to the office.

When to call our office vs. when to go to the ER

Call the office (442) 273-5056 — same day

- Fever over 100.4°F (spine) or 101.5°F (cranial).
- Increasing redness, warmth, drainage of pus, or opening of the incision.
- Pain that is not controlled by the prescribed regimen, or pain that is getting worse instead of better after the first week.
- Nausea or vomiting that won't stop.
- No bowel movement for more than 4 days despite stool softeners and fluids.
- A medication question you can't resolve from the discharge paperwork.
- Anything that feels concerning but isn't clearly an emergency.

Go to the Emergency Room or call 911 — immediately

Do not wait for the office to open

The following require immediate ER evaluation or a 911 call. Do not wait for business hours.

- Sudden severe headache unlike any you've had (cranial surgery patients especially).
- New seizure (shaking, staring, unresponsive).
- New weakness, numbness, or drooping on one side of the face or body.

- Difficulty speaking, slurred speech, confusion about who or where they are.
- Chest pain, shortness of breath, sudden severe leg pain or calf swelling.
- Heavy bleeding from the incision that does not stop with 10 minutes of pressure.
- Loss of consciousness or inability to wake the patient.
- New loss of bowel or bladder control, or new numbness in the groin area (for spine patients — this is a neurosurgical emergency).

Taking care of yourself

Caregiving is exhausting. Sleep when the patient sleeps. Eat. Step outside for ten minutes. Ask a friend or family member to take over for a few hours so you can recharge. A patient does better with a rested, clear-headed caregiver than with an exhausted one. You are not letting them down by taking a break.

Phone numbers to keep handy

North County Neurosurgery: (442) 273-5056 • Monday–Friday, 8 am – 5 pm.

For after-hours urgent questions, the office phone line will route you appropriately. For any life-threatening event — seizure, stroke-like symptoms, severe bleeding, loss of consciousness — call 911 or go to the nearest emergency room.



— Evan Winograd, MD

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(442) 273-5056 • northcountyneuro.com