

Anterior Temporal Lobectomy

This handout will tell you how to prepare for an anterior temporal lobectomy and how to care for yourself at home after surgery.

Why do I need an anterior temporal lobectomy?

Your doctor may suggest this surgery if you have not been able to control your seizures with medicine.

How do I know if this surgery will help?

You will need tests to see if this treatment is right for you. Some of these tests include:

- Video/EEG monitoring (see Health Facts for You #5480)
- Neuropsychological exam
- MRI – Magnetic resonance imaging. (see Health Facts for You #4419)
- PET – Positron emission tomography (see Health Facts for You #5599)
- Wada test (testing each half of the brain for speech and memory, see Health Facts for You #4490)

After your tests, your doctor will present your case to a team of seizure experts. They will review your tests and suggest the best treatment for you.

What if I need surgery?

If we think surgery is the best way to treat your problem, you will be sent to a neurosurgeon to talk about the plan. At this visit, the surgeon will go over your test results. They will explain the surgery, the reasons for doing it, and the risks in doing it. Bring a list of all your medicines with you. Include any over-the-counter medicines you take. Ask any questions you may have.

What if I want to have the surgery?

You will need a physical exam and blood tests. We will ask you to sign a consent form and answer any questions you have.

One Week Before Surgery

Stop taking aspirin, any products that contain aspirin, and Vitamin E. Stop taking any non-steroidal medicines (ibuprofen, Advil®, Motrin®, etc).

The Night Before Surgery

- Wash your hair with antibacterial soap.
- Do not eat or drink after midnight.

The Morning of Surgery

- Wash your hair again with antibacterial soap.
- Take your seizure medicine with tiny sips of water.

When and where do I go?

A nurse from the First Day Surgery Unit (FDS) will call you the day before surgery to tell you what time to arrive. Enter at the main hospital entrance. At the information desk, turn left and follow the stone pathway on the floor to the D elevators. Go to 3rd floor, turn left down the hallway to the FDS entrance. Once you have checked in, we will tell your family where to wait.

Your surgery will take about 4 hours. You will then go to the recovery room for about one hour. Your family will not be able to see you until you move to an inpatient room. You will likely spend the first night in the Intensive Care Unit (ICU) so we can closely watch you. You will go home in 2-3 days.

After Surgery

Many people have jaw pain and trouble chewing. It will get better over time as the swelling goes down. Eat soft foods for a couple of weeks.

You may have swelling on the side of your face and eye where you had surgery. This swelling will start to go away after about 48 hours. An ice pack may help with swelling.

You may have a headache. It may last for a couple of weeks, but it will get better with time. We will give you medicine to help manage your pain.

Home Care

You will have a dressing wrapped around your head. We will change your dressing before you go home. Once you are home you may wash your hair with a mild shampoo. Avoid shampoos with heavy dyes or perfumes. Do not use conditioner until your stitches are removed.

Your stitches will be removed after 10-14 days. Your local doctor can take them out or you may come to our clinic.

Keep taking all of your seizure medicine until your doctor tells you not to do so.

Avoid any heavy lifting (no more than a gallon of milk). Walk a couple of times a day, but let your body tell you when you have done enough.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 3/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5881

When to Call

Check your incision daily for any signs of infection such as:

- Increased drainage from the site.
- Pain that gets worse.
- Fever over 101.5° F taken by mouth.

Who to Call

Neurosurgery Department
(608) 263-1410

Surgery Clinic
(608) 263-7502

After hours, weekends, and holidays, you will reach the paging operator. Ask for the neurosurgery resident on-call. Give the your name and phone number with the area code. The doctor will call you back.