

Microvascular Decompression (MVD)

This information pamphlet will give you general information about microvascular decompression, and your admission and stay at the hospital. If after reading this information you have any questions, please feel free to call your neurosurgeon's office.

What is a Microvascular Decompression?

Some patients with trigeminal neuralgia, glossopharyngeal neuralgia, hemifacial spasm, or HELPS have symptoms because a nerve is being compressed by a blood vessel.

The microvascular decompression (MVD) operation is designed to correct those symptoms by decompressing the nerve. The offending blood vessel is gently moved away from the nerve and kept away with a small pad of Teflon. The nerve then has a chance to heal.

Preparing for Surgery

Before Admission to Hospital

Anticoagulants and other medications that thin your blood such as Aspirin, Coumadin (Warfarin), Lovenox (Enoxaparin), Ticlid (Ticlopidine), Plavix (Clopidogrel) and Ginkgo must be discontinued 2 weeks before your surgery. Pradaxa (Dabigatran), Xarelto (Rivaroxaban) and Eliquis (Apixaban) must be discontinued 5 days before your surgery.

Admission to Hospital

Your surgeon's office will contact you the day before your scheduled surgery to confirm the time to report to the Admitting Department.

If you are being admitted on a Sunday or on a holiday Monday, please call the Admitting Department after 10:00 a.m. the day before your operation to find out when you are to come to hospital.

The Night Before Surgery

Before going to bed, shower and shampoo with soap, which will help prevent infection. You can eat or drink until midnight on the night before your operation. After midnight you can no longer take solid foods or drink alcohol. You may drink small amounts of clear fluids until 3 hours before your admission. You may take all your medications (except blood thinners) with small sips of water unless told not to by your doctor.

How to prepare for your hospital stay

- You will be discharged home typically after 2 nights in hospital. Discharge time is 9:00 a.m.
- Limit the money you bring into hospital to an amount that will cover personal comforts such as a newspaper or a taxi ride home.
- Do not bring valuables (jewelry, lap tops, etc.) into the hospital.

The Morning of Surgery

Shower and shampoo your scalp, if you did not do so the night before. Please arrive at the hospital's Admitting Department on the date and time given to you. From there you will be directed to the Perioperative Care Centre (PCC) where your nursing care will begin. Your nurse will start an intravenous (IV) line, through which you will be given fluids and medications as needed. A family member may wait with you in the PCC.

The Operating Room

From the PCC, a nurse will take you to the operating room. You will be introduced to the operating room team during a briefing when your name, allergies and what side (left or right) the operation will be performed will be announced to everyone. The anaesthesiologist will then put you to sleep for the entire procedure.

After your operation

You will be taken to the Recovery Room. You will stay here for an average of 1-2 hours, while you wake up from the anesthesia.

Your blood pressure (BP), pulse, level of consciousness, and motor strength will be monitored. Your nurses will be assessing your motor strength by asking you to do certain tasks such as wiggling your toes, pushing down and pulling back with your feet, and squeezing the nurse's fingers with your hands. Your nurses will check your level of consciousness by asking such questions as: your name, the date, the year, and where you are. They will also check your eyes with a small flashlight to see what size your pupils are and if they react to light.

Neuroscience Intensive Care Unit (NICU)

From the Recovery Room, you will be taken to the NICU. Your nurse will continue to assess you regularly just as in the Recovery Room. You will typically spend one night in the NICU and one night on the neurosurgery ward before going home. Most patients have nausea and headache for a day and can get medications from the unit to reduce these symptoms.

Discharge Instructions

- Keep your wound dry, covered with a dressing and wrapped in a bandage.
- After 10 days, your family doctor can remove the stitches and you can throw out the dressing and bandage. You can wash your hair (or dye it) the next day.
- Do not do any activities where you could fall and hit your head for 6 weeks.
- Do not do any unusually strenuous activities for 6 weeks.
- If you develop a severe headache, fever, infection, or a leak from the wound, call your neurosurgeon's office or the local emergency room.

Follow Up Appointment

Your office visit is usually six to eight weeks after surgery.
Please phone to arrange an appointment.

Commonly Asked Questions

1. Do I need to discontinue my medication before the operation?

- a. Anticoagulants and other medications that thin your blood such as Aspirin, Coumadin (Warfarin), Lovenox (Enoxaparin), Ticlid (Ticlopidine), Plavix (Clopidogrel) and Ginkgo must be discontinued 2 weeks before your surgery. Pradaxa (Dabigatran), Xarelto (Rivaroxaban) and Eliquis (Apixaban) must be discontinued 5 days before your surgery.
- b. Anticoagulants and blood thinners can be restarted two weeks after surgery.
- c. Keep taking your anti-neuralgia meds if you have TN.

2. Will I be awake during the procedure?

No

3. Is this operation a cure?

The operation can cure these conditions but not always and there can be recurrence.

4. Will surgery interfere with other treatments/cures that may be available in the future?

No

5. How does the small hole in my head heal?

The bone will reform over time but you may always feel a small depression.

6. When will I be able to dye my hair, swim and use a hot tub?

After the stitches are removed.

7. Are there possible complications?

Yes. This is a complex operation and there is a rare chance (1%) of death or disabling stroke, one-sided permanent facial weakness, deafness, or facial numbness; there can be a CSF leak, collection or infection; there will be temporary discomfort at the incision which is rarely permanent.



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with patients
and families

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