Occupational Therapy After a Craniotomy

Craniotomy

A craniotomy is a surgery in which the skull is opened to gain access to the brain. Craniotomies are performed to remove brain tumors.

Depending on the location of the tumor, a patient could experience the following after a craniotomy:

- **Hemiparesis** is a condition in which one side of the body is weak.
- **Hemiplegia** is a paralysis of one side of the body.
- **Aphasia** is a condition in which a person has trouble speaking or understanding language. Receptive aphasia occurs when the person has trouble understanding what others say to him or her. Expressive aphasia occurs when the person has trouble speaking.
- A variety of **cognitive functioning** (thinking) skills may be affected. These include memory, math, money management, problem solving and safety judgment.
- **Vision changes** such as blurry vision, may occur. Common symptoms include eye pain and headaches, sensitivity to light, blurry vision and visual field loss.

Brain Functions by Location

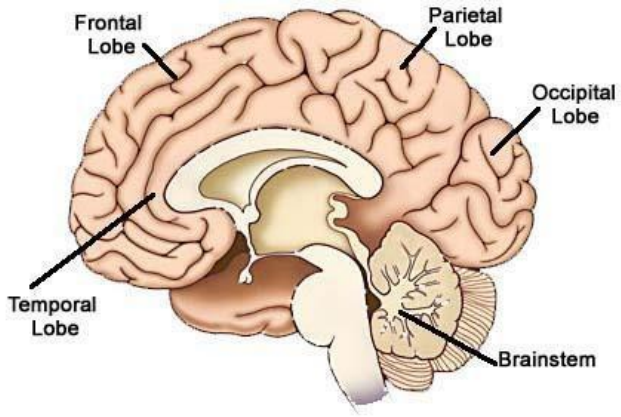
Temporal Lobe - memory, language and time

Frontal Lobe - motivation, thinking and personality

Parietal Lobe - emotions, hearing, speech and sensory and motor coordination

Occipital Lobe - vision

Brainstem - balance, breathing and sleep-wake cycles



Right Hemisphere of the Brain

Occupational Therapy

Occupational Therapists (OTs) teach patients the skills needed for personal independence. OTs help patients achieve greater independence and safety through performing functional activities. The primary focus of OTs is on self-care tasks and safety.

Occupational Therapists can help patients with the following:

- **Activities of daily living (ADLs):** ADLs include grooming, eating, bathing, toileting and dressing. OTs can help patients increase their self-care skills through functional activities and teach them new ways to complete tasks.

- **Instrumental activities of daily living (IADLs):** IADLs include home management skills, such as cooking, cleaning and laundry. IADLs also include preparing for community living, such as shopping and recreational activities.

- **Equipment:** OTs can recommend adaptive equipment for the home, such as wheelchairs, adaptive commodes and tub or shower benches. OTs can also provide personal equipment such as sock aides, long-handled shoehorns, reachers and built-up handles for eating or writing utensils.

- **Physical abilities:** OTs can help patients increase physical abilities that will help foster greater independence in daily living. These physical abilities include upper body strength, joint range-of-motion, activity tolerance, balance and fine motor coordination. OTs prescribe individualized home exercises to meet individual patient needs.

- **Home safety:** Patients and caregivers receive education on equipment use, safety awareness, and transfer training. OTs can make recommendations to improve home safety, such as removing throw rugs and improving lighting throughout the home. Home safety can also be increased by using adaptive equipment.

- **Cognitive processes:** OTs can assist patients in dealing with cognitive processes including abstract reasoning, memory, safety awareness and judgment for greater personal independence.

Most patients begin therapy one day after surgery. Therapy involves a cooperative team effort including staff from Occupational Therapy, Physical Therapy and Speech Therapy.

Baptist MD Anderson Resources

Rehabilitation Services
904.202.4200

More Resources

The following organizations provide information and support to those affected by brain cancer.

American Cancer Society

800-ACS-2345 (1-800-227-2345)
www.cancer.org
The American Cancer Society (ACS) is a voluntary national health organization with local offices around the country. The ACS supports research, provides information about cancer, and offers many programs and services to patients and their families.

National Cancer Institute
www.nci.nih.gov
800-4-CANCER (1-800-422-6237)

National Brain Tumor Foundation
www.braintumor.org

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Revised 12/2016, Patient Education Reviewed 10/2019,
Reviewed on 01/20/21