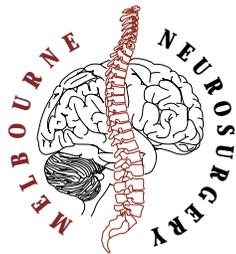


PROCEDURE INFORMATION

CRANIOTOMY for EXTRADURAL and SUBDURAL HAEMATOMA



WHAT IS A SUBDURAL HAEMATOMA ?

A Subdural Haematoma is a collection of blood over the surface of the brain. It is called a Subdural because it is below the dura (see illus). It is usually the acute type that needs this surgery.

WHAT IS AN EXTRADURAL HAEMATOMA ?

An Extradural Haematoma is a collection of blood over the surface of the brain but outside the dura and below the bone. (see illus). It is usually associated with a skull fracture and an artery between the dura and the skull is torn. This can be life threatening.

WHAT IS A CRANIOTOMY ?

This is where a disc of bone is removed from the skull with a special tool to allow access to the brain. A scalp flap is opened before this and the lining of the brain opened after. Everything is put back together at the end of the operation

WHAT ARE THE REASONS FOR DRAINAGE ?

The commonest reason is that you have symptoms from pressure on the brain which may cause things like weakness/ confusion or fits.

Sometimes the clot can expand over time and cause you to become drowsy.

If it gets really large then it can cause unconsciousness.

If the clot is so large that you are drowsy or unconscious then a relative will be contacted to give consent for the procedure.

WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

If you have clotting problems.

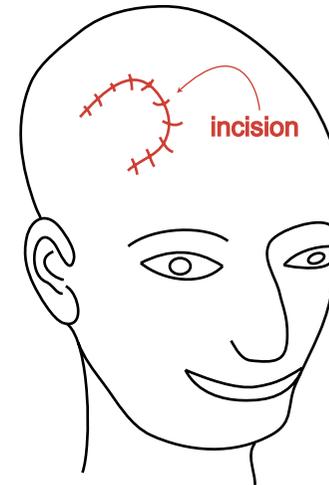
Any Health problems.

If you are taking blood thinning agents.

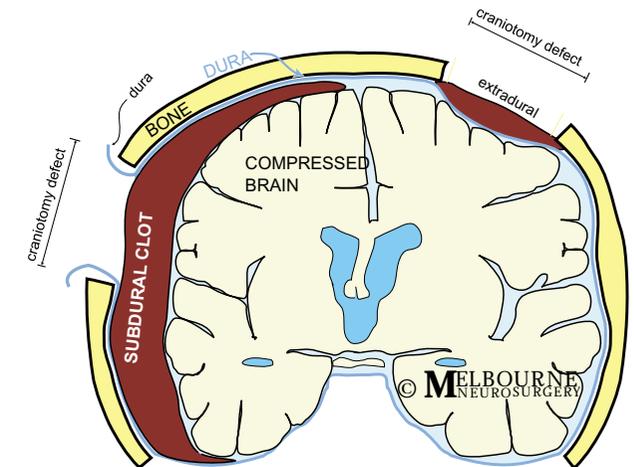
e.g. Warfarin/aspirin/anti-inflammatory

Drug or other allergies

HOW IS THE OPERATION PERFORMED ?



In the operating theatre you are given a general anaesthetic and then positioned with the clot uppermost. The area of the incision is then shaved and prepared with anti-septic. You are covered in drapes so that only the incision can be seen. Local anaesthetic is injected and then the skin is cut. A hole in the bone is drilled down to the dura then a special drill cuts the disc of bone which is lifted off the dura. In an extradural the dura does not need to be opened. In a subdural the dura is cut to expose the clot.



The blood clot is then removed with suction. We remove as much as we can sometimes not all the clot can be removed because it may be unreachable. Once removed all bleeding is stopped. Everything is then repositioned the way we found it. The bone is plated back into position. The skin is then closed either with nylon suture or with special staples. A drain may be left in place for a few days.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. (Unless you have been very sick in which case you may need to go to intensive care)The nursing staff will be continually checking your pulse/blood pressure/limb strengths and level of alertness looking for any changes to indicate a complication. During the first night on the ward you will be woken for these observations. You will have intramuscular and oral analgesia . Operations on the head do not often hurt much.

Sometimes you will have difficulty passing water and you may require a catheter(this may have been inserted for the operation).

As you recover the drip in your arm will be removed. Usually this is a few days after surgery. As things improve we will try to get you mobilised depending on any deficits you may have. It takes a while to recover from the insult to the brain in some cases. The sutures are removed at about 7 - 10 days after surgery.

HOW LONG WILL YOU BE IN HOSPITAL

Usually you have been admitted as an emergency. It is common to require rehabilitation depending on your age and how much damage has occurred.

Most people are discharged either home or to rehabilitation once they are stable.

If you have been very sick then you will need to stay in hospital until your condition is stable or improving to the point that rehabilitation is possible.

If you are discharged home you will be able to perform most tasks of daily living (e.g. showering/dressing/etc.)

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

Increasing Headache
Fever
Fitting
Swelling or infection in the wound.
Fluid leaking from the wound.
Weakness or numbness
Drowsiness

WHAT HAPPENS WHEN YOU GO HOME ?

Even if the clot is small and you recover quickly it is common to experience:

Tiredness
Needing a rest in the afternoon
You may have intermittent headaches.
Poor concentration
Poor memory

These will all improve with time.

You will not be able to drive for at least 3 months.

You will be reviewed at 4 - 6 weeks post operatively.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE

Infection (treated with antibiotics)
Post operative blood clot requiring drainage.
Stroke
Seizure
Death (rare)
Clot in the legs(can travel to the lungs[uncommon])
Complication not related directly to the surgery
e.g. Pneumonia
Heart attack
Urine infection

IS THERE A CHANCE OF A RECURRENCE OF THE BLOOD CLOT ?

YES The subdural is more likely to recur than an extradural because of its position and the difficulty with total removal.

WORK ?

You cannot return to work until given the all clear by your specialist. When you do it will be at a reduced pace initially until you get back your stamina and concentration.

SPORT ?

You will not be able to play any contact sport for at least 12 months.

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS .
IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

MELBOURNE
NEUROSURGERY
neurosurgery.com.au

545 ROYAL PARADE
PARKVILLE VIC 3052

PHONE 03 9816 - 9844
FACSIMILE 03 9816 - 9877

MELBOURNE NEUROSURGERY
PTY LTD
ACN 082 289 316

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