

WHAT IS HAPPENING ?

Your X-rays and MRI have shown an area or multiple areas that are abnormal within the brain. They either need to be removed or a biopsy taken. The exact diagnosis will probably not be clear on the imaging alone.

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 THE SURGERY ?

The commonest reason is the lesion is producing significant pressure on the brain or important structures within the brain. Part of the brain is not working or that the lesion is so large that it is compressing the brain to produce drowsiness. If it is not removed it can increase in size to produce death.

The lesion looks like a type of tumour and it is felt the best therapy is to remove it.

The lesion on the CT or MRI looks like a tumour and the operation is being done to find out if it is a tumour or infection? If the tumour 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.

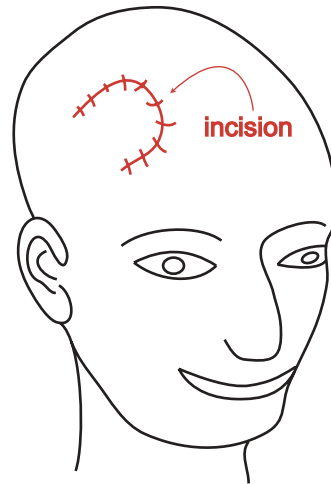
Any recent new Health problems.

If you are taking blood thinning agents.

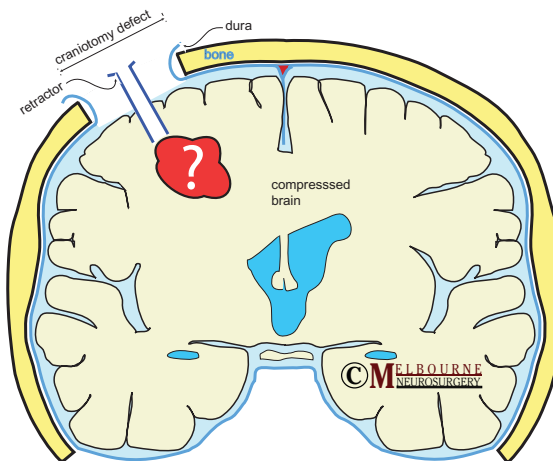
e.g. Warfarin/aspirin/anti-inflammatory

Drug or other allergies

HOW IS THE OPERATION PERFORMED ?



In the operating theatre you are given a general anaesthetic and then positioned with the lesion 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. The dura is cut to expose the brain. A computer is often used to help locate the lesion in the brain.



A small cut is made in the brain (~1 cm) and we dissect down to the lesion. This is then removed with suction. 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.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your pulse/blood pressure/limb strenghts 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).

In the next day or so the drip in your arm will be removed. Usually this is the day after surgery. The day after surgery you will be encouraged to go for a walk. Gradually over the next two days you will be able to get around as normal. When you are comfortable you will be able to go home. You may have a repeat scan of your head before going home. Commonly you will have a headache for a while after the operation. The sutures are usually removed about 5 - 10 days after the surgery.

HOW LONG WILL YOU BE IN HOSPITAL

Unless you have been admitted as an emergency you may be admitted on the day of surgery or the day before. You will fast from midnight on the day of surgery. You will be discharged about 5-7 days post-operatively. On discharge you will be able to perform most tasks of daily living (e.g. showering/dressing/etc.) Depending on how quickly you recover from any preoperative disability you may require rehabilitation.

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 ?

You will be tired
It is common to require a rest in the afternoon
You may have intermittent headaches.
These will all improve with time.

If you are taking steroids it will be reducing slowly
You may have appointments for some tests.
You will not be able to drive for 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

WHEN WILL THE ANSWER BE KNOWN?

It may be known at the time of the surgery if we have sent a frozen section to the pathologist and he is sure of the answer. If he is not sure we will wait until the special stains are done and this will usually take a few days.

WILL YOUR SYMPTOMS GET BETTER ?

This will depend on the lesion and what is done at surgery. If it has pushed the brain out of the way and produced oedema (swelling). With removal the brain returns to its normal position and the oedema settles, so there is a good chance things will improve. If the lesion invades the brain or has destroyed a part of it then they may not improve.

It is important to remember that there is an early risk of seizures and it is essential to not place yourself in a position where if a seizure occurs you are at risk of harm.

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.

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PROCEDURE
INFORMATION

CRANIOTOMY FOR BRAIN LESION

