MELBOURNE NEUROSURGERY

PROCEDURE INFORMATION

CRANIOTOMY FOR CEREBRAL METASTASIS

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WHAT IS A CEREBRAL METASTASIS ?

A Cerebral Metastasis is a tumour in the brain that has come from a tumour somewhere else in the body.
It has usually spread by the blood steam to the brain. It may be the only lesion or there may be more than one. An M.R.I. is usually done to find out if there are more lesions.

WHAT IS A CRANIOTOMY ?

This is where a disc of bone is removed from the skull with a special tool to allow acess 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 REMOVING A METASTASIS ?

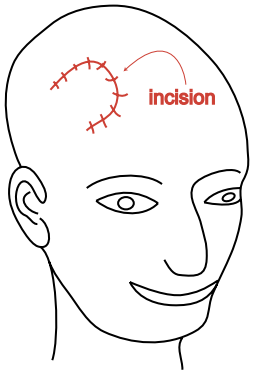
The commonest reason is that part of the brain is not working or that it is so large that it is compressing the brain to produce drowsiness. Other reasons are because you have symptoms of headache or fits. If it is not removed it can increase in size to produce death.

Sometimes if a lesion on the CT or MRI looks like a metastasis then 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.

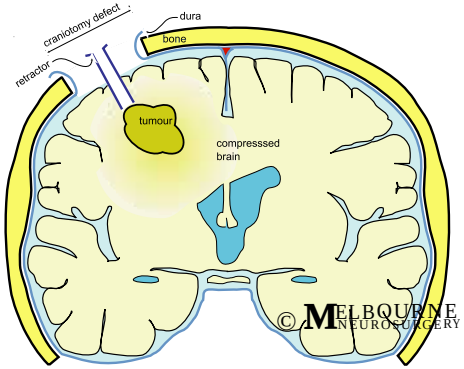
WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

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 tumour in the brain.



A small cut is made in the brain(~1 cm) and we dissect down to the tumour. This is then removed with suction. Once removed all bleeding is stopped. Everything is the 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 intermittant headaches.
These will all improve with time.

Your steroids dose should be reducing slowly
You may have an appointment for xray therapy.
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

IS THERE A CHANCE OF A RECURRENCE OF THE TUMOUR.

YES It depends on the origin of the tumour and what is found at surgery. Cystic lesions have a greater tendency to recur. Radiotherapy can be given to prevent recurrance.

WILL YOUR SYMPTOMS GET BETTER ?

The tumour usually pushes the brain out of the way as it grows and poduces oedema. With removal the brain returns to its normal position and the oedema settles, so the is a good chance things will 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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