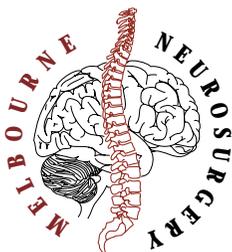


PROCEDURE INFORMATION

CRANIOTOMY FOR CLIPPING OF CEREBRAL ANEURYSM (Elective)



WHAT IS A CEREBRAL ANEURYSM ?

A Cerebral Aneurysm is an abnormality in the wall of one of the blood vessels in the brain. The blood pushes on the wall of the blood vessel and produces a swelling that looks like a small balloon. These mostly occur around the base of the brain and occur where the vessels branch.



WHAT IS A CRANIOTOMY ?

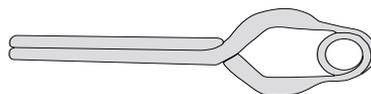
This is where a disc of bone is removed from the skull with a special tool to allow access to the brain. A scalp flap is opened before this and the lining of the brain opened after. Everything is put back together at the end of the operation

WHAT ARE THE REASONS FOR CLIPPING THE ANEURYSM ?

Aneurysms have a tendency to bleed because their wall is not as thick as the normal artery. If they do bleed then there is a risk of stroke or even death. It is difficult to accurately quantify these risks. Some do not need to be treated. Others can be treated by placing a coil into the aneurysm by an angiogram (coiling) Some because of their shape or location cannot be coiled. If an aneurysm can be treated successfully then the risk of bleeding disappears.

HOW IS IT CLIPPED ?

A special titanium clip is placed across the neck of the aneurysm.



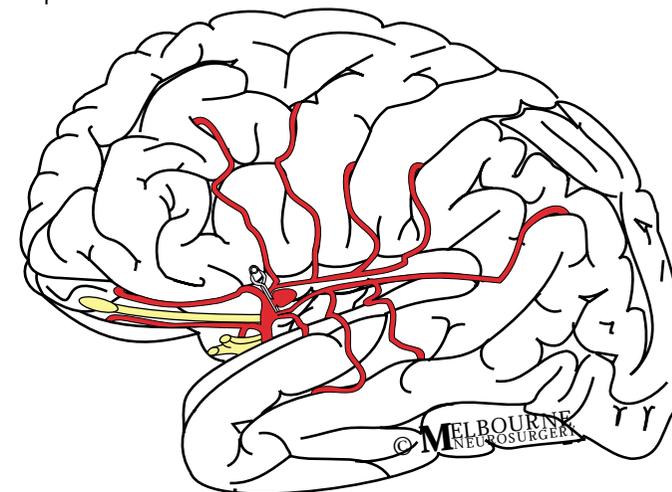
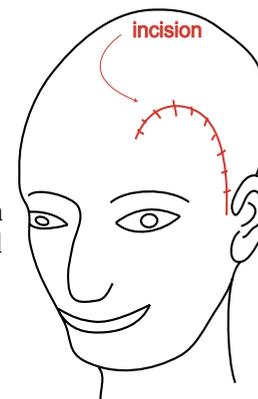
WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

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 IT 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 catheter may be passed into the middle of the brain to help shrink the brain to make access safer.



By opening up the natural cleavage planes in the brain we dissect out the blood vessels. The aneurysm is dissected out so that we can see all the way around and see all the vessels related to it. Because it is very thin this is where the risk of it rupturing is highest. A clip is placed across the neck so as not to occlude any normal vessels.

Once clipped we check all bleeding is stopped. Everything is 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 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).

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. **(If you have the operation following a bleed and were admitted as an emergency then a much longer and more complicated hospital stay is to be expected. It is important to read the leaflet on SUBARACHNOID HAEMORHAGE.)**

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.
You may have a post operative angiogram.
You may require medication to prevent seizures
You will not be able to drive for 3 months.
You will be reviewed at 4 - 6 weeks post operatively.
You should discuss return to work with your surgeon.
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.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE
Inability to clip Aneurysm
Partial occlusion of aneurysm
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 RECURRENCE OF THE ANEURYSM ?

YES It depends if the aneurysm can be completely clipped. Sometimes small vessels that are important can come from the aneurysm and the prevent total occlusion. In this case as much as possible is clipped and the rest wrapped in cotton to reduce the risk of bleeding.

CAN YOU DEVELOP FURTHER ANEURYSMS ?

YES The chances are small but it does happen. you will be monitored if the risk is thought to be high.

ARE ANEURYSMS INHERITED ?

In some cases they are. Sometimes we will ask your relatives to be investigated with a special Magnetic Resonance Scan to exclude them.

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

Disclaimer This brochure is to provide general information and does not replace a consultation with your doctor.

© This brochure is copyright. No part of it may be reproduced in any form without prior permission from the publishers.