MELBOURNE NEUROSURGERY

PROCEDURE INFORMATION

BURR HOLE DRAINAGE OF CHRONIC SUBDURAL HAEMATOMA

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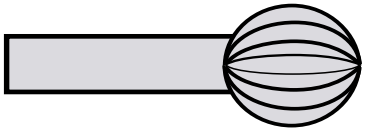
WHAT IS A CHRONIC SUBDURAL HEMATOMA ?

A Chronic Subdural Haematoma is a collection of blood over the surface of the brain. It usually occurs after trauma and sometimes this can be very minor. Initially the blood starts as a solid clot but after a week or so the clot begins to turn to liquid. This is why the blood can be drained through a small hole called a burrhole.



WHAT IS A BURR HOLE

A burr hole is a small hole in the skull that is made with a burr

WHAT ARE THE REASONS FOR DRAINAGE ?

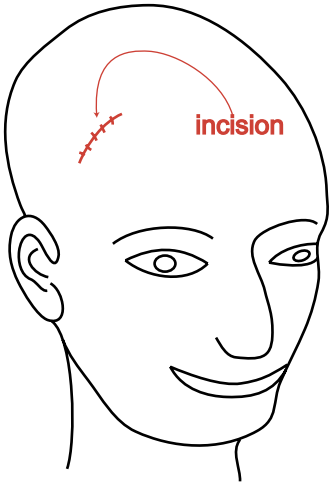
The commonest reason is that you are suffering from headaches. Other reasons are because you have symptoms from pressure on the brain which may cause things like weakness/confusion or fits.

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.

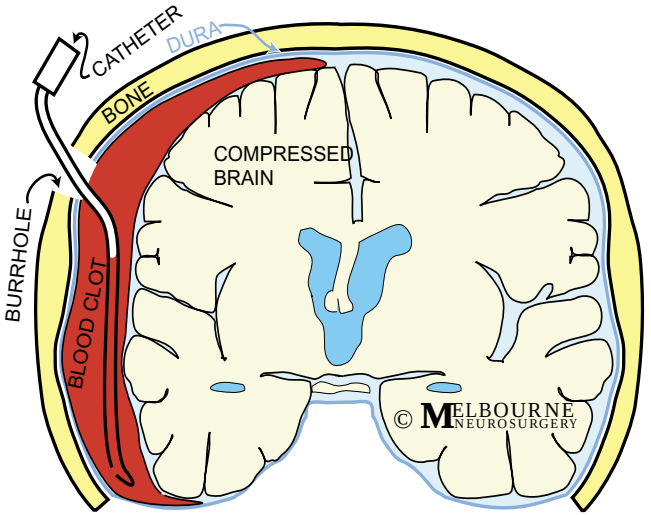
WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

If you have clotting problems.
Any recent new Health problems.
If you are taking blood thining 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 deepest part of the blood 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. The burrhole is drilled down to the dura which is then cut to allow the fluid out. The cavity inside the head is then washed to remove the rest of the blood.



A catheter is inserted to suck out any remaining blood and the a tempory drain may be left in to allow further blood to drain out over the next 24 hours. Sometimes the blood is too thick to remove with a catheter or wash out and the hole needs to be enlarged to remove the clot, this is called a craniotomy.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. You are generally nursed with your head flat for a few days. 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.

In the next day or so the drip in your arm will be removed. Usually this is one day after removal of the drain if this is inserted. Initially you will lie flat. The next day you will be able to sit up and within a few days go for a walk. You may have a repeat scan of your head before going home. 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. 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

Usually you have been admitted as an emergency but if the onset has been slow this may be an elective procedure in which case 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.

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)
Re - accumulation of the blood.
Post operative blood clot requiring drainage.
Death or stroke(rare)
Clot in the legs(can travel to the lungs[uncommon])
Seizure
Complication not related directly to the surgery
e.g. Pneumonia
Heart attack
Urine infection

IS THERE A CHANCE OF A RECURRENT COLLECTION OF BLOOD.

YES Because the approach is small it is difficult to completely remove all the blood. If most is removed the rest usually goes on its own. Sometimes this will require further drainage.

WILL YOU GET BACK TO NORMAL ?

Eventually you should be able to do just about all the things that you did in the past. 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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