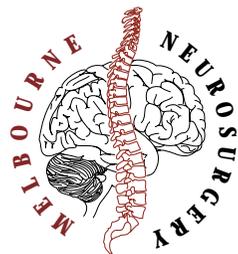


PROCEDURE INFORMATION

CRANIOTOMY FOR INTRA-CEREBRAL HAEMORRHAGE



WHAT IS AN INTRACEREBRAL HAEMORRHAGE ?

This is a bleed into the substance of the brain. If it is around the outside of the brain and blood vessels it is called a Sub-arachnoid Haemorrhage. If it is into the cavities in the middle of the brain it is an Intraventricular Haemorrhage and if it is over the surface of the brain it may be a Subdural or Extradural Haemorrhage. An intracerebral haemorrhage may occur in conjunction with any of the other bleeds.

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 DRAINING AN INTRA-CEREBRAL BLEED ?

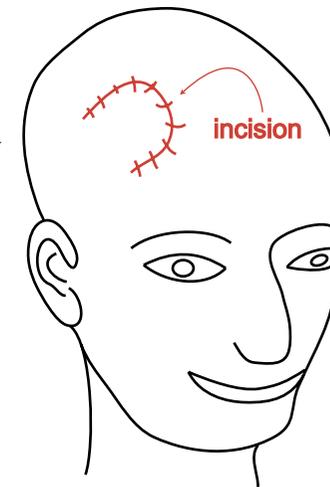
The common reason is that part of the brain is not working or that it is so large that it is compressing the brain to produce drowsiness. Other reasons are because you have symptoms of headache or fits. If it is not removed it can increase in size to produce death.

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

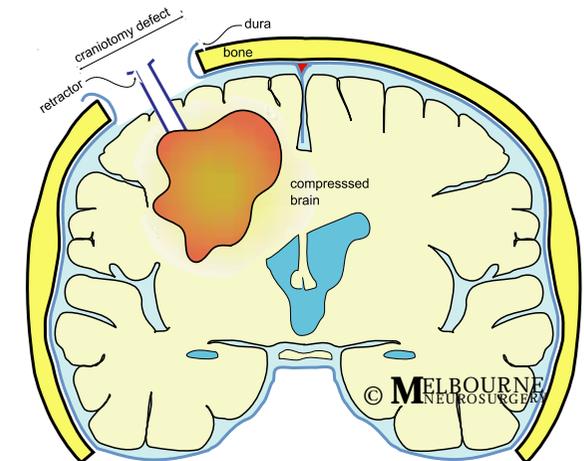
WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

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 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. The dura is cut to expose the brain. A computer is often used to help locate the clot in the brain.



A small cut is made in the brain (~1 cm) and we dissect down to the clot. This is then removed with suction. If there is a cause found for the bleeding we will attempt to treat this at the same time. Once removed 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 YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. (If you have been very sick you may go to Intensive care initially) 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. Your recovery is dependant on how sick you were before the surgery. Commonly you will have a headache for a while after the operation. The sutures are usually removed between 5 - 10 days after the surgery.

HOW LONG WILL YOU BE IN HOSPITAL

You have normally been admitted as an emergency. The surgery may not occur on admission. It usually occurs if you deteriorate. You may be very unwell from the bleed. This will dictate how long you will be in an acute hospital. You may have weakness or other neurological problems from your bleed. It is more than likely that you will require rehabilitation. If the damage is very severe Rehabilitation may not be able to help. The neurosurgeon will discuss all of this with you.

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

WHAT HAPPENS IF 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 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 from recollection
Seizure
Death from recollection
Clot in the legs(can travel to the lungs[uncommon])
Complication not related directly to the surgery
e.g. Pneumonia
Heart attack
Urine infection

WILL YOUR SYMPTOMS GET BETTER ?

This depends on whether the brain is pushed out of the way or actually damaged by the bleed.

With removal the brain may return to its normal position and when the oedema settles, there is a chance some things will improve.

If you have had blockage of a vessel to the brain before the bleed then it is unlikely that the problems from the bleed will improve much.

If the bleed occurred in a part of the brain where there are a lot of important structures close together such as the internal capsule there is only a small chance of improvement.

It is important to discuss this with the neurosurgeon or neurologist.

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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