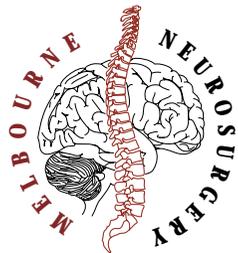


PROCEDURE INFORMATION

CRANIOTOMY FOR MENINGIOMA



WHAT IS A MENINGIOMA ?

A Meningioma is normally a benign tumour that arises from the lining tissue of the brain. It does not usually spread to other parts of the body. It has usually grown in the one place and indents the brain. It may invade the brain or its blood vessels or coverings. Sometimes it will invade the bone of the skull.

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

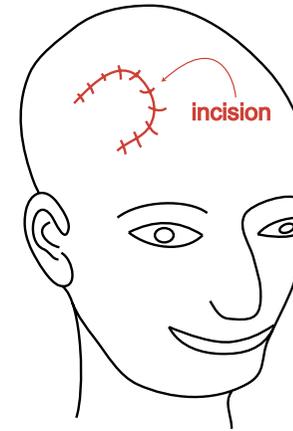
WHAT ARE THE REASONS FOR REMOVING A MENINGIOMA ?

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. If the tumour is so large that you are drowsy or unconscious then a relative will be contacted to give consent for the procedure. To prepare for surgery you may be taking steroid tablets to reduce any swelling from the tumour and tablets to stop fitting. You will probably have had an M.R.I. and C.T. scan. You may need an angiogram to look at the blood vessels of the brain and the tumour. We may block the blood vessels to the tumour during an angiogram to make the surgery less

WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

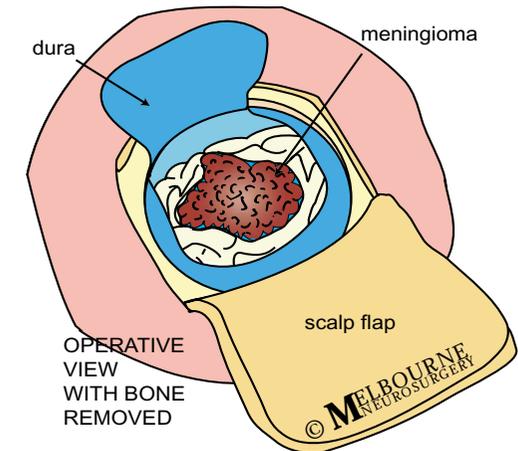
If you have clotting problems.
Any recent new Health problems.
If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti-inflammatory
Drug or other allergies

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 which is over the tumour 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 on the brain. The tumour is carefully dissected out of the brain, sometimes a vessel may be damaged if it is invaded by the tumour. If possible all the tumour and anything it is attached to is removed.



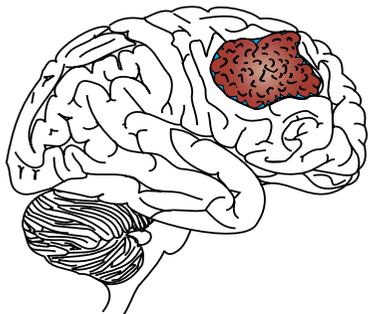
If we think something will be damaged by removing the tumour from it and this may cause a stroke we leave a small piece behind. The dura that the tumour arose from is removed with the tumour and replaced with a synthetic patch or a piece of the lining from under the scalp. Once removed all bleeding is 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 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 first day post operatively 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.

Your steroids dose should be reducing slowly
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

Incomplete removal of tumour
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 type of meningioma and what is found at surgery. If the tumour and all its attachments can be removed then the chance of recurrence is small. If any is left behind because it is stuck to something important then it can return. Radiotherapy can be given to help prevent recurrence.

WILL YOUR SYMPTOMS GET BETTER ?

The tumour usually pushes the brain out of the way as it grows and produces oedema. With removal the brain returns to its normal position and the oedema settles, so there 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.

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

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