MELBOURNE NEUROSURGERY

PROCEDURE INFORMATION

CRANIOTOMY FOR COLLOID CYST

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WHAT IS A COLLOID CYST ?

A Colloid Cyst is like its name in that it is a cyst. This means that it is a little like a grape in that there is an outer coating or skin that we call a membrane. This membrane produces a substance that fills the cyst. This has the appearence of a substnace called colloid and hence the term. (SEE COLLOID CYST DISEASE LEAFLET)

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

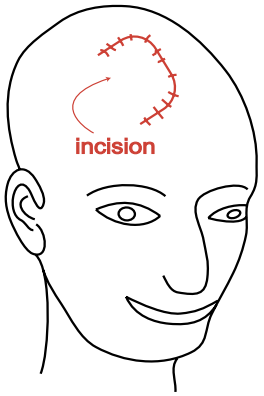
WHAT ARE THE REASONS FOR REMOVING A COLLOID CYST ?

This is discussed in the disease leaflet. The main reasons are:
1. The cyst is producing Hydrocephalus
2. You have memory problems.
3. There is concern about acute hydrocephalus.

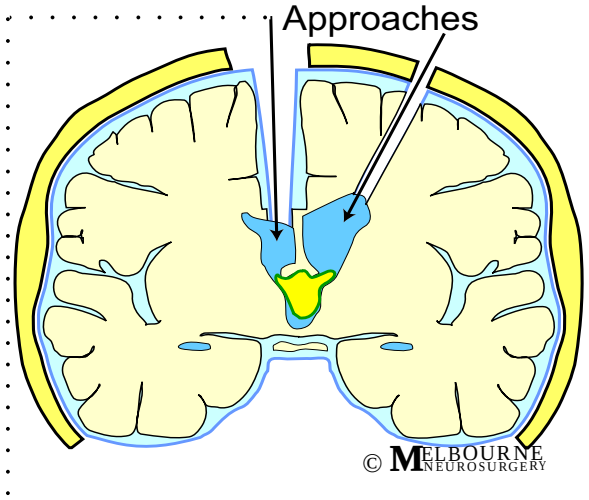
WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

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 top of the head 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 approach.



The brain is gently retracted and we dissect through the part of the brain that connects the two sides of the brain(corpus callosum). Once in the ventricle we locate the cyst and remove it through the Foramen of Monro. It is 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.
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)
Menigitis
Post operative blood clot requiring drainage.
Persisting hydrocephalus requiring a V. P. Shunt
Memory problems
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 CYST ?

YES It depends on what is found at surgery. It may be difficult to totally remove the lesion. Even with sub-total excision it is unlikely to return. In most cases it does not come back.

WILL YOUR SYMPTOMS GET BETTER ?

The Cyst usually pushes on things and with removal the brain returns to its normal position and the oedema settles, so the is a good chance things will improve. This may be a long slow process. 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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