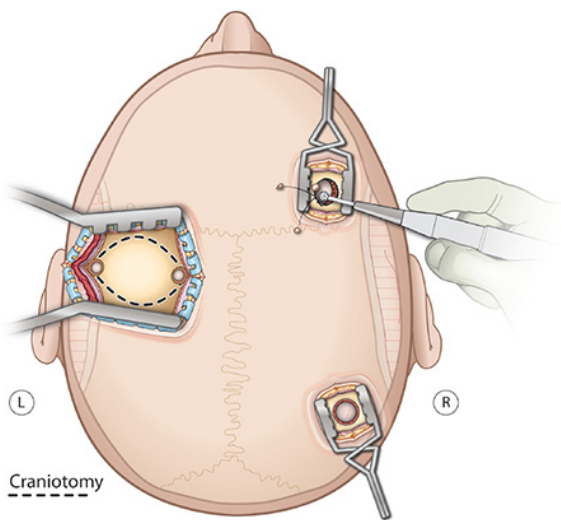


What is drainage for Chronic Subdural Haematoma?

A chronic subdural haematoma is an old blood clot on the surface of the brain. The location of the blood clot is beneath the covering of the brain.

A small cut is made in the skin over the site of the blood clot. A small hole is drilled into the skull beneath the cut or a larger piece of bone is removed (minicraniotomy). The coverings of the brain is opened. The fluid within the blood clot is allowed to drain. Any blood clot debris is washed away from the brain to ensure it is all removed. In the case of a minicraniotomy the bone is replaced with small titanium plate and screws. A small plastic tube (drain) may be inserted to allow any residual fluid to be drained away. This is usually removed within 24 to 48 hours. The cut is closed with stitches or staples.



Atlas of Emergency Neurosurgery DOI: 10.1055/b-0035-121748

Anaesthetic

This procedure will require a general anaesthetic. Please speak to your anaesthetist about the anaesthetic and the risks involved.

What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%)

- Infection requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.
- Bleeding can occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs.
- The blood clot may reform requiring further surgery.

Uncommon risks and complications (1-5%)

- Heart attack could occur due to the strain on the heart.
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- No improvement in the patient's condition because of the initial blood clot injury.
- Continued decline in the patient's condition despite the burr hole surgery. This is due to the severity of the initial blood clot injury.
- Decrease in the normal body salt concentration. This may require admission to intensive care and further treatment.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT)
- Pulmonary embolism (PE)

Rare risks and complications (less than 1%)

- Epilepsy which may require medication. This condition may be temporary or permanent.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Meningitis may occur requiring further treatment and antibiotics.
- Death as a result of this procedure is very rare.