

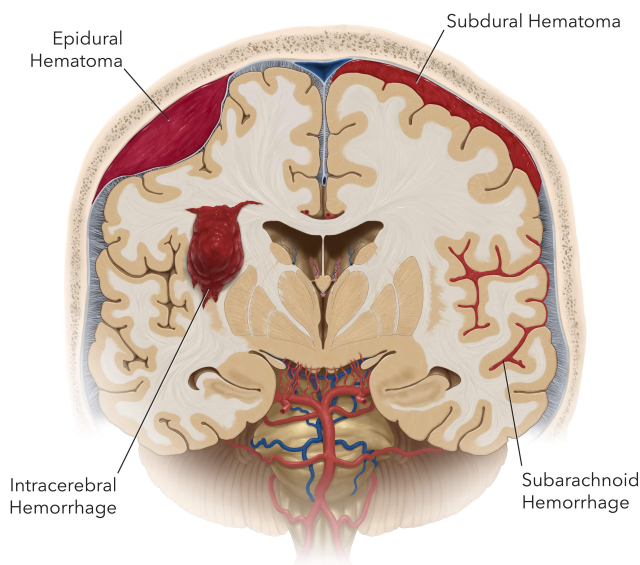
What is a Craniotomy and Evacuation of Intracranial Haematoma?

Extra-Dural Haemorrhage (EDH) Haemorrhage between the skull and coverings (dura) of the brain

Sub-Dural Haemorrhage (SDH) Haemorrhage between the coverings of the brain and the brain

Intra-Cerebral Haemorrhage (ICH) Haemorrhage within the brain

A cut is made over the area of the haemorrhage. A segment of bone will be removed (craniotomy). If the haemorrhage is an EDH then it is suctioned and removed. If the haemorrhage is a SDH, the coverings (dura) are opened and then it is suctioned and removed. If the haemorrhage is an ICH, a cut is made into the brain to expose the haemorrhage. A computerised navigation system may be used to locate the lesion. The skull bone is put back and is closed with metal plates and screws. The cut is closed with stitches or staples.



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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.

Uncommon risks and complications (1-5%) include:

- Heart attack 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.
- Fluid leakage from around the brain may occur through the wound after the operation. This may require further surgery.
- Abnormal sensations such as pins and needles, numbness or pain may occur from the wound after the operation. This may be temporary or permanent.
- Memory disturbance or confusion. This could be temporary or permanent.
- Decrease in the normal body salt concentration. This may require admission to intensive care and further treatment.
- Skull deformity and/or poor cosmetic result may occur requiring further surgery at a later stage.
- 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.
- Cerebral abscess requiring long term antibiotics. Further surgery maybe required to drain the abscess.
- Death as a result of this procedure is possible.