Neurosurgery
Neuroimaging
Neuroaddiction
Consultation

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Craniotomy

CRANIOTOMY/CRANIECTOMY

A craniotomy is removal of a portion of the skull for access to the brain for neurosurgical procedures, and then this is replaced whereas a craniectomy is removal of the portion of the skull usually over the posterior fossa and cerebellum of the brain and this portion is usually not replaced. The neurosurgeon will tell you which type of procedure you will have. Craniotomies and craniectomies are done to diagnose and treat a variety of disorders of the brain such as brain injury, bleeding, hematoma, brain tumors, aneurysms, arteriovenous malformation, and a variety of other disorders. A tentative preoperative diagnosis or clinical diagnosis is usually made with a combination of a history, physical examination and imaging examination such as MRI scan. Some diagnoses such as aneurysms have alternative forms of treatment such as endovascular coiling and tumors also may be amenable to alternative forms of treatment such as stereotactic radiosurgery. Please be sure to understand all your options for your diagnosis and obtain second and third opinions prior to your procedure.

Since surgery and general anesthesia is a stress on the cardiovascular system, you will need to see your family doctor and your cardiologist, if you have one, for preoperative evaluation prior to your surgery. In addition, you should discontinue any alcohol, caffeine, tobacco products and other poor nutritional or other poor lifestyle choices weeks prior to your planned surgery. At least seven days prior to your surgery you should have the okay from your cardiologist and family physician to be off any aspirin, Plavix, nonsteroidal anti-inflammatories, Coumadin, over-the-counter anti-inflammatories such as Motrin, Advil, Aleve. Nuprin or any other blood thinners at least one week prior to your surgery with the okay of your personal family physician and cardiologist. After midnight, the night before surgery or minimum of 8 hours before surgery, you can no longer eat solid food and must stop drinking other than sips of water for your routine medications that have been approved by your family physician.

On the day of surgery you will be seen again by your neurosurgeon and anesthesiologist and be asked to sign a consent regarding your understanding of the risk of neurosurgery up to and including brain damage and death. Frequently the incision can be made behind the hairline so that when your hair grows back the surgery is not noticeable. After exposing the skull, a portion of the skull is removed after making small bur holes and then the dura is opened to expose the area of surgery. Sometimes the brain function is monitored during surgery and special monitors may be placed such as brain catheters to measure brain pressure after surgery. Brain surgery often takes over 3-5 hours to complete, and afterwards you will be monitored closely in the intensive care unit. The risk of surgery includes, but is not limited to infection, seizures, loss of memory, brain swelling, bleeding, loss of sensation, paralysis, weakness, and other forms of brain injury up to and including death.

You may be prescribed medications such as anticonvulsants, steroids, and other medications to help prevent swelling, seizures and other problems. You will be asked to avoid any heavy lifting over 5 or 10 pounds or any driving for six weeks. You should call your surgeon or home health nurse or go to the emergency room if you have any fever over 101 degrees or persistent drainage, seizures, headaches, nausea, vomiting, increased drowsiness weakness, shortness of breath, swelling and tenderness in the leg, burning with urination, redness or drainage from your incision site.

Feel free to visit our web site at www.sbncmd.com and follow the links to the American Association of Neurological Surgeons and Congress of Neurological Surgeons to find more information on your specific neurosurgical diagnosis by clicking on Public Resources or ask our office to provide you additional information.