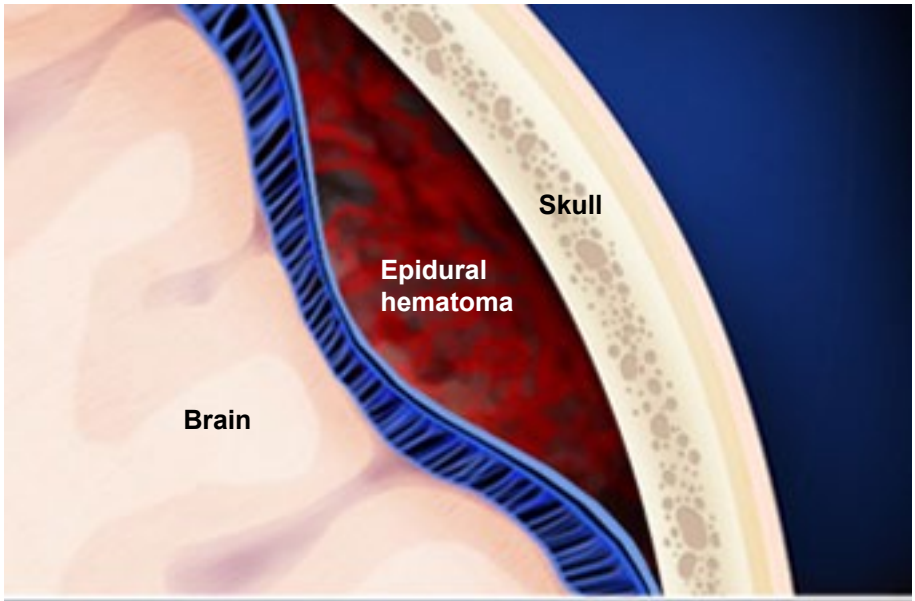
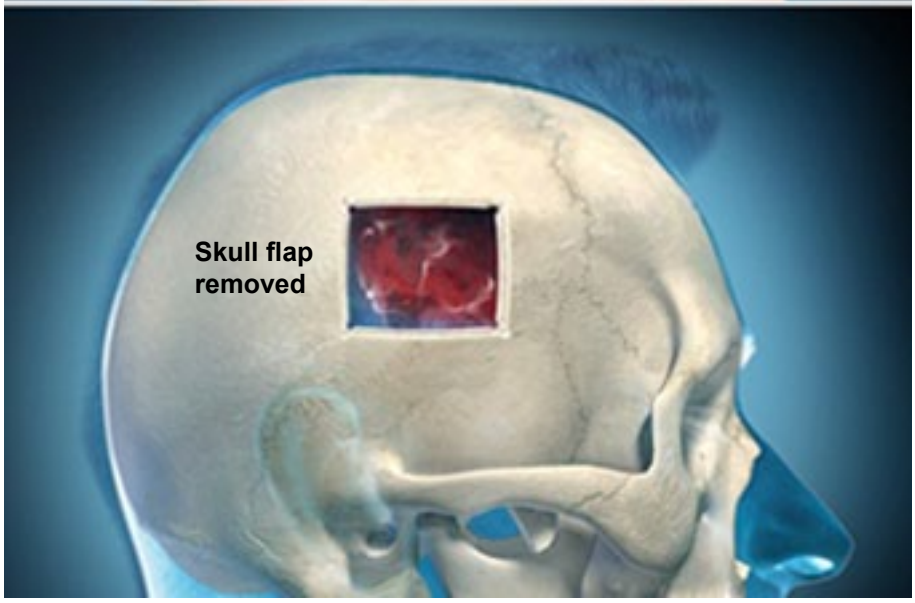
Craniotomy for Epidural Hematoma





Overview
This procedure, performed under general anesthesia, creates an opening through the skull for removal of a blood clot between the skull and the dura (the membrane that surrounds the brain). Epidural hematomas commonly result from trauma to the head, and can place harmful pressure on the brain.

Preparation
In preparation for the procedure, the patient is anesthetized and all or a portion of the scalp may be shaved. The patient's head is secured to prevent movement.

Accessing the Hematoma
The surgeon then creates a long, arched incision in the scalp above the hematoma. The soft tissue is folded back to expose the skull. The surgeon drills one or more small holes into the skull and then saws between the holes to free a section of bone. This "skull flap" is removed and stored. The surgeon now has direct access to the hematoma.

Removing the Hematoma
The surgeon uses a suction device to carefully remove the hematoma from the space between the skull and the dura. Areas around the hematoma that continue bleeding will be cauterized.

End of Procedure
Once the hematoma has been removed, the skull flap may be put back into place and anchored with plates and screws. In some cases, a temporary drain may be placed at the surgical site to prevent fluid buildup. The skin flap is folded back and sealed with sutures or surgical staples. If the patient has experienced severe brain swelling, the bone flap may need to be left out temporarily and reattached during a second procedure several weeks later.

Aftercare
Most patients who have had a craniotomy must remain in the ICU for at least a few days, and sometimes several days. The prognosis for recovery depends on the location and size of the hematoma.