

**OP Note - Complete (Template or Full Dictation)**OP Note - Complete (Template or Full Dictation)

PREOPERATIVE DIAGNOSIS: Glioblastoma.

POSTOPERATIVE DIAGNOSIS: Glioblastoma.

PROCEDURES: Redo left frontotemporal craniotomy for resection of tumor.

INDICATIONS: The patient is a 16-year-old girl who had a clot removal and tumor biopsy done at an outside hospital and then came to for a 2nd opinion and for an oncology therapy. After consultation with Radiation Oncology, they felt given the extent of the residual tumor that there were not comfortable radiating her without more surgery. Therefore she was brought to the operating room for removal of the tumor in the temporal ventricle, as well as along the uncus. The patient is densely aphasic after her first surgery.

PROCEDURE IN DETAIL: She was brought to the operating room. IV access was obtained. General anesthesia was induced. IV antibiotics were given. She was placed in the Mayfield head holder. The navigation system was registered and neuromonitoring needles were inserted. She was then sterilely prepped and draped in usual fashion. A time-out was taken prior to skin incision. A 15 blade knife was used to open the old incision and to slightly extend it anteriorly to give us better exposure of the anterior portion of the temporal bone. The old craniotomy was then removed and further bone removed anteriorly to give us a better angle to stay out of language area. We then dissected with the bipolar and

gentle suction. After opening the dura into the temporal horn, the choroid plexus was seen. The tumor was seen inside the ventricular system. Multiple biopsies were sent. Sonopet was used to remove tumor in the ventricular system. We then paid attention to the uncus and that was carefully subgaleally dissected. Third nerve was seen and given the extent of the tumor, were not overly aggressive once we began removing uncus to provide plenty of room for radiation. Once ventricular tumor was out and most of the tumor along the uncus going back to the hippocampus was out, meticulous hemostasis was achieved. The dura was then closed with 4-0 Nurolon and covered with DuraGen. Neuro monitoring was stable throughout the case except for a short while decreased in the right lower extremity, which returned to baseline by the end of the procedure. Bone was replaced with titanium plates and screws, and the incision closed in layers. The skin edge reapproximated with staples. The patient was extubated and taken to the PICU.

Dictated by:

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Surgeon

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#### Chart Review Routing History

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