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

Author:

Service: Neurosurgery

Author Type: Physician

Filed:

Note Time:

Note Type: OP Note - Complete  
(Template or Full Dictation)

Status: Signed

Editor: (Physician)

TIME OF OPERATION: 1035 hours.

PREOPERATIVE DIAGNOSIS: Recurrent metastatic malignant brain tumor.

POSTOPERATIVE DIAGNOSIS: Recurrent metastatic malignant brain tumor.

PROCEDURES: Redo bicoronal craniotomy for malignant tumor and placement of externalized ventricular drain.

INDICATIONS: The patient is a 19-year-old girl with a known diagnosis of medulloblastoma. It was initially resected, then had a metastatic lesion resected and now presents with a large recurrence. She is brought to the operating room for resection prior to proton therapy.

DESCRIPTION OF PROCEDURE: Once in the operating room, IV access was obtained. General anesthesia was induced, IV antibiotics were given. She was then sterilely prepped and draped in usual fashion. The navigation system was registered. A time-out was taken prior to skin incision. A 15 blade knife used to open her previous incision line. The cerebellars were used to expose the old craniotomy flap. The plates were removed and the bone flap was removed with the craniotome. The dura was opened in a trapdoor fashion towards the midline. The superior frontal gyrus was entered. Multiple biopsies were sent, these consistent with capital PNET. Some of the lesion was very soft and suckable, others were extraordinarily firm and difficult to remove. This was resected with the Cavitron where the soft material was, it was able to be used with the suction catheter. Once ventricles on both sides were seen, the tumor continued to be debulked with what was easily identifiable and was felt to be safe. Moving posteriorly,

the ventricular catheter was seen. There was tumor in the hole, some of that I tried to aspirate; as much tumor as was safe was removed there. The contralateral ventricle was packed with a cottonoid to prevent any blood from going over to that side. The portion of the tumor that was adherent to the pericallosal artery was left and some tumor posterior was most likely left, but all the tumor that was easily seen was removed. There was some bleeding near the catheter in the occipital horn and into the temporal horn that was treated with packing and Gel-Foam. Once that stopped oozing, meticulous hemostasis was achieved in all areas. The cottonoid was removed from the contralateral ventricle and an antibiotic-impregnated catheter was placed under direct vision moving posteriorly into the occipital horn. It was then run out through the skull flap. The dura was then closed with 4-0 Nurodon, DuraGen over top and bone placed with the titanium plates and screws. The catheter was then tunneled out through the scalp and anchored with a metal connector and 0 silk stitch. The incision was closed with resorbable suture and the skin edge with skin staples. The patient will be left on Decadron and get an MRI postoperatively.

Dictated by: [REDACTED]

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Surgeon

[REDACTED]

#### Chart Review Routing History

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