[redacted]

7316-197

Operative Record

[redacted] **Operative Record** [redacted] | MRN: [redacted]

Visit and Patient Information

Contact Information

Date	Time	Provider	Department	Encounter #
[redacted]				

Patient Information

Name	MRN	Sex	DOB	Pt Account #:
[redacted]	[redacted]	Female	[redacted]	

Transcription

Type	ID	Author
Operative Record	[redacted]	[redacted]

[redacted]

PREOPERATIVE DIAGNOSIS: Cerebropontine angle tumor/cerebellar tumor.

POSTOPERATIVE DIAGNOSIS: Cerebropontine angle tumor/cerebellar tumor.

SURGICAL PROCEDURE:
1. Suboccipital craniotomy and resection of fourth ventricular tumor.
2. Resection of cerebropontine angle component of tumor with resection
off cranial nerves.
3. Endoscopic placement of external ventricular drain right frontal.

CO-SURGEON: [redacted].

INCISION TIME: Approximately 9:30 a.m.

SUMMARY OF PREOPERATIVE COURSE: The patient is an 8-year-old female who

presented to an outside hospital and was transferred to [redacted] secondary to increasing headache. The patient received an MRI which demonstrated an enhancing lesion in the 4th ventricle with a component in the cerebropontine angle on the left-hand side. After a discussion with the family, it was determined the patient would benefit from surgical resection of this lesion.

SUMMARY OF OPERATIVE COURSE: After preop evaluation and informed consents were obtained, the patient was brought in the OR on [redacted] where general endotracheal anesthesia was achieved. Initially the patient was placed supine on the operating table and her hair was clipped with clippers in a vertical incision near the midline. The patient was then prepped and draped in the usual sterile fashion using ChloraPrep by Dr. [redacted]. The patient's skin was incised with a 15-blade in a combination of blunt and sharp dissection. The underlying bone was identified just anterior to the coronal suture. A bur hole was then placed at this location. The dura was cauterized and opened sharply and an endoscope was inserted into the lateral ventricle. The initial goal was to perform an endoscopic 3rd ventriculostomy. However, the patient had a small amount of blood in the intraventricular fluid which did not allow proper visualization of the floor of the 3rd ventricle. For this reason, the endoscope was removed and an external ventricular drain was placed into the lateral ventricle and tunneled posteriorly. The external drain was then secured at the skin edge using a straight connector. The skin was closed in a layered fashion first with 3-0 Vicryl in the galeal layer and then a running gut suture in the skin layer.

Next the patient's head was placed into a Mayfield headholder and she was turned prone onto the operating room table with the appropriate

points padded. The patient had a Stealth neuro-navigation scan registered to her head. The patient again was prepped and draped in usual sterile fashion using ChloraPrep by Dr. [redacted]. A midline incision was made overlying the C1 lamina to above the inion and then this superior limb of this incision was carried in a horizontal fashion towards the left ear. The wound was infiltrated with a solution of 0.25% Marcaine with epinephrine. The wound was incised with a 15-blade and with a combination of blunt and sharp dissection, the underlying muscle was rotated laterally.

Next bur holes were placed in the suboccipital bone and a craniotomy was raised using a B1 bit with a footplate. This craniotomy was then widened using a Leksell rongeur to the lateral portion of the tumor.

Next the dura was opened in a Y-shaped fashion. Tumor was evident below the tonsil on the left-hand side. Next under microscopic guidance the arachnoid was dissected free from the tumor and the tumor was partially resected. At this point, the tumor was teased off the vertebral artery and some of the lower cranial nerves. The tumor was followed up into the 4th ventricle. The superior edge of the tumor was identified and resected from the 4th ventricle and the aqueduct was visualized.

Next attention was turned to the lateral portion of the tumor. At this point in the operating room case Dr. [redacted] entered the operating room for resection of the cerebropontine angle component of the tumor which was attached to the lateral cranial nerves VII, IX and X. This portion of the OR case will be dictated as a separate note by Dr. [redacted]. After if it was felt that the tumor was resected from this portion and from the 3rd ventricle, the wound was copiously irrigated. The dura was then

closed with 4-0 Nurolons. At the superior edge of the dural closure
there was some venous bleeding from the superior-located sinus. This
was controlled using Gelfoam. The dural closure was then augmented
first with a layer of Surgicel which was then overlaid with DuraGen.
The bone was then reaffixed to the skull using Synthes absorbable miniplates.

Next the muscle was closed in a layered fashion, first the muscle was
closed with interrupted 0 Vicryl then the fascia was closed with interrupted 0 Vicryl. The skin edges were reapproximated with interrupted inverted 3-0 Vicryl. The skin edge itself was closed with a
running gut suture.

At the end of the operating room course, all needle, sponge and instrument counts were correct. During the operation, the frozen section came back as consistent with a choroid plexus tumor. The final
pathology was consistent with a choroid plexus papilloma.

The patient received preoperative antibiotics as per protocol. I, the
attending neurosurgeon, Dr. [redacted], along with the co-surgeon, Dr. [redacted], were present for all critical portions of
the OR course and were immediately available for the entire OR course.

DICTATED BY: [redacted]

_____
Surgeon

[redacted]

cc:

[redacted]

Display only: Transcription [redacted]

Encounter-Level Documents:

There are no encounter-level documents.

Operative Record

[redacted] Operative Record [redacted] | MRN: [redacted]

Visit and Patient Information

Contact Information

Date	Time	Provider	Department	Encounter #
[redacted]				

Patient Information

Name	MRN	Sex	DOB	Pt Account #:
[redacted]	[redacted]	Female	[redacted]	

Transcription

Type	ID	Author
Operative Record	[redacted]	[redacted]

[redacted]

ATTENDING SURGEONS: [redacted]

PREOPERATIVE DIAGNOSIS: Fourth ventricular and cerebellopontine angle
tumor.

POSTOPERATIVE DIAGNOSIS: Fourth ventricular and cerebellopontine angle
tumor.

PROCEDURE: Suboccipital craniotomy for tumor resection. The patient
was admitted to Dr. [redacted]'s service and taken to the operating room for
resection of her tumor. During the case, it was going quite well,
however, out in the CP angle under the microscope, Dr. [redacted] encountered
tumor that was adherent to multiple cranial nerves and asked if I would
enter the case and assist with resection. At that point, I entered the

case and used the microscope to dissect tumor off of cranial nerves IX
and X. I was able to identify the jugular foramen by following cranial
nerve XI. At the foramen the nerves were seen and then careful
microdissection was used to elevate the tumor off the nerves and used
the Cavitron to continue to debulk the lesion. Moving superiorly the
brainstem was seen as was the takeoff of the nerve roots and careful
dissection continued until the tumor was off cranial nerves IX and X, X
stimulated at a very low amplitude, IX was slightly higher but even at
the brainstem had good conduction. Cranial nerves VII and VIII were also
preserved. Once the tumor was removed and meticulous hemostasis was
achieved, the case was turned back over to Dr. [redacted]. The patient was
then extubated and taken to the PICU once Dr. [redacted] completed the
closure.

DICTATED BY: [redacted]

_____
Surgeon

[redacted]

cc:

[redacted]

Display only: Transcription [redacted]

Encounter-Level Documents:

There are no encounter-level documents.