

PREOPERATIVE DIAGNOSES: , Acute subdural hematoma, right, with herniation syndrome.,POSTOPERATIVE DIAGNOSES: , Acute subdural hematoma, right, with herniation syndrome.,OPERATION PERFORMED: ,Right frontotemporoparietal craniotomy, evacuation of acute subdural hematoma.,ANESTHESIA: , General endotracheal.,PREPARATION: , Povidone.,INDICATION:, This is an 83-year-old male with herniation syndrome with large subdural hematoma 100%. This procedure is being done as an emergency procedure in an attempt to save his life and maximize the potential for recovery.,DESCRIPTION OF PROCEDURE: ,The patient was brought to the operating room intubated. The patient previously was given fresh frozen plasma plus recombinant activated factor VII. The patient had a roll placed on his right shoulder, head was maintained three point fixation with a Mayfield headholder. The right side of the head was shaved, thoroughly prepped and draped, a large ? scalp incision was marked, infiltrated with local and incised with a scalpel, Raney clips were applied to the scalp margins, hemostasis, temporalis muscle and fascia, pericranium opened and aligned with incision, flap was reflected anteriorly. Burr holes are placed low in the temporal bone at the keyhole posteriorly and then superiorly with a perforator, then using Midas Rex drill with a B1 foot plate a free flap was turned. The dura was opened in a cruciate fashion, acute subdural hematoma was evacuated. There was a small arterial bleeder in the anterior parietal region, which was controlled with bipolar electrocautery. Using suction and biopsy forceps,

acute clot was resected from the frontotemporoparietal and occipital poles, subdural space was irrigated, no further bleeders were encountered. Dura was closed with 4-0 Nurolon. A subdural Camino ICP catheter was placed in the subdural space. Bone flaps secured in place with neuro clips with 5 mm screws, central pack up suture was placed, dural tack up sutures were placed using 4-0 Nurolon prior to placement of the bone flap. The wound was irrigated with saline, temporalis muscle and fascia closed with 2-0 Vicryl, subgaleal Hemovac was placed, galea was closed with 2-0 Vicryl, and scalp with staples. ICP monitor and the Hemovac were sutured in place with 2-0 Vicryl. The patient was taken out of the head holder, a sterile dressing placed. The head was wrapped. The patient was taken directly to ICU, still intubated in guarded condition. Brain was nicely soft and pulsatile. At the termination of the procedure, no significant contusion of the brain was identified. Final sponge and needle counts are correct. Estimated blood loss 400 cc.