TITLE OF OPERATION: , Right-sided craniotomy for evacuation of a right frontal intracranial hemorrhage.,INDICATION FOR SURGERY: , The patient is very well known to our service. In brief, the patient is status post orbitozygomatic resection of a pituitary tumor with a very large intracranial component basically a very large skull-based brain tumor. He was taken to the operating room for the orbitozygomatic approach. Intraoperatively, everything went well without any complications. The brain at the end of the procedure was absolutely intact, but the patient developed a seizure in the Intensive Care Unit and then was taken to the CT scan, developed a second seizure. He was given Ativan for this, and then began to identify a large component measuring about 3 x 3 cm of the right frontal lobe, what appeared to be a hemorrhagic conversion of potential venous infarct. I had a long discussion immediately with Dr. X and Dr. Y. We decided to take the patient immediately as a level 1 for evacuation of this hematoma with a small amount of a midline shift with an intraventricular component. It worried me and I think that we needed to go ahead and take him to the operating room immediately. The patient was taken as a level 1 immediately and emergently and into the operating room for this procedure. The original plan was to do first a right-sided orbitozygomatic procedure and then stage it a few weeks later with an endonasal endoscopic procedure for resection of this pituitary tumor component. He was taken to the operating room for evacuation of a right frontal intraparenchymal hematoma.,PREOP DIAGNOSIS:, Pituitary tumor with a large

intracranial component, status post resection and now development of an intracranial hemorrhage.,POSTOP DIAGNOSIS:, Intracranial hemorrhage in the right frontal lobe with extension into the intraventricular space after resection of a pituitary tumor via orbitozygomatic approach.,ANESTHESIA: , General.,PROCEDURE IN DETAIL: , The patient was taken to the operating room. In the supine position, his head was put in a horseshoe without any complications. The patient tolerated this very well, and the prior incision was immediately opened. The surgery had taken place a few hours prior to this, the original orbitozygomatic approach. At this point, this was a life-saving procedure. We went ahead, opened the old incision after everything was sterilely prepped, and all the surgical instrumentation was brought into place. We went ahead and opened the incision and took out the pterional bone flap without any complications. We immediately opened the dura expeditiously, and the brain was moderately under some pressure, but not really bulging out. So I went ahead and identified an area over the right frontal lobe that was a little bit consistent with a hemorrhagic infarct and nonviable tissue. So we went ahead and did a corticectomy right there and identified the actual clot immediately and went ahead, and over the next few hours, very meticulously began to evacuate these clots without any complication whatsoever. We went all the way down to the ventricle and identified this clot in the ventricle and went ahead and removed this clot without any complications, and we had a very nice resection. The brain

was very relaxed. We had a very good resection of the actual blood clot, and the brain was very relaxed. We irrigated thoroughly. We identified the ventricles. We went ahead and did a very careful hemostasis with Avitene with thrombin and Gelfoam with thrombin over the next times in doing the procedure. All this was done very well, and then we lined the cavity with Surgicel, and the Surgicel was only put at the edge and draping down as to not to leave any fragments potentially to communicate with the actual ventricle, and then after this, everything was good. We went ahead and closed back the actual dura back. We had done a pericranial flap. This was also put back in place and the dura was closed with 4-0 Surgilons. We reconstructed everything. The frontal sinus was reconstructed thoroughly without any complications. We went ahead and put once again a watertight closure and went ahead and put another piece of DuraGen with Hemaseel in place, and went ahead and put the bone flap back and reconstructed very nicely once again with self-tapping, self-drilling screws, low-profile plates. Once everything was confirmed to be in place, we went ahead and closed the muscle flap and also the actual fat pad was put back into place and closed together with 0 pop-offs, and the skin with staples without any complications. In summary, the procedure was going back to the operating room for evacuation of a right-sided intracranial hemorrhage, most likely a conversion of an intraparenchymal hematoma with extension into the ventricle without any complications. So everything was stable. Estimated blood loss was about 100 cubic centimeters. The

sponges and needle counts were correct. No specimens were sent to pathology.,DISPOSITION: , The patient after this procedure was brought to the Neuro Intensive Care Unit for close observation.