

Craniotomy and Evacuation of Extradural Haematoma

A small extradural haematoma with no neurological deficit may be monitored closely in hospital with regular CT scans. Anything else will require prompt operative evacuation via a craniotomy. If there is an overlying skull fracture this may also be fixed at the operation with plates or sutures if indicated. If there is minimal underlying brain injury you will expect to leave hospital after 2-3 days.

OPERATION

A general anaesthetic will be given and an incision made overlying the site of the extradural haematoma. A small piece of skull bone is removed (craniotomy) and the blood clot found and removed. Any obvious sites of bleeding are stopped with the diathermy. The bone is then replaced and secured with titanium plates and staples placed in the skin.

RISKS OF THE PROCEDURE

The risks of this operation include the following. A detailed discussion with your surgeon is recommended prior to surgery.

- Infection – superficial wound infection or deeper infections including meningitis, osteomyelitis.
- Bleeding – which may be superficial or deeper with re-accumulation of haematoma requiring a second operation.
- Seizures.
- Permanent neurological damage in the form of weakness, numbness, paralysis.
- Coma.
- Death (rarely).

LONG TERM EFFECTS

Most patients recover fully from having an extradural haematoma. If there is underlying brain injury there may be residual stroke-like symptoms or altered personality.

