EL CAMINO HOSPITAL
MOUNTAIN VIEW, CALIFORNIA
RONALD GREENWALD, M.D.

Falk, Steven
MR#: 828049
DOB: 04/29/1965
PROCEDURE REPORT

cc: PETER BROWN, M.D.
DAN FOX, M.D.
RONALD GREENWALD, M.D.
JANE I. LEE, M.D.

DATE OF SURGERY: **02/08/2004**

PREOPERATIVE DIAGNOSIS(ES): Left occipital and posterior fossa epidural hematoma with obstructive hydrocephalus.

POSTOPERATIVE DIAGNOSIS(ES): Left occipital and posterior fossa epidural hematoma with obstructive hydrocephalus.

SURGEON: Ronald Greenwald, M.D.

ASSISTANT SURGEON: Peter Brown, M.D.

NAME OF OPERATION:
1. Right coronal burr hole and insertion of right external ventricular drain.
2. Left occipital and posterior fossa craniotomy and evacuation of epidural hematoma.

ANESTHESIA: General endotracheal by Dr. Robert Spears.

ESTIMATED BLOOD LOSS: Less than 200 ml.

COMPLICATIONS: None.

DRAINS:
1. Foley to gravity.
2. External ventricular drain.

FINDINGS/SPECIMENS REMOVED: Epidural hematoma and CSF.

Sponge and needle counts correct according to the nurses. The patient tolerated the procedure well and was transferred to the recovery room in good condition, extubated, moving all 4 extremities.

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BRIEF HISTORY: This is a 38-year-old right-handed white male tennis pro was teaching with a history of seizure disorder, and had a seizure during a lesson and struck the back of his head. He was admitted February 7, 2004, lethargic, but had a small occipital epidural hematoma with minimal mass effect. On the morning of February 8, 2004, he had a repeat CT scan showing extension of the epidural hematoma, now down to the posterior fossa, causing significant posterior fossa compression, fourth ventricular compression, and obstructive hydrocephalus. He also has a left temporal and frontal contusion.

DESCRIPTION OF PROCEDURE:
After general endotracheal intubation, while the patient was in a supine position, the head was shaved and prepped and draped in a sterile fashion. A coronal burr hole was placed after prepping and draping in the sterile fashion. A small 7-mm burr hole was placed. The dura was bipolared and opened in cruciate fashion. The pia was punctured and bipolared, and a 6.5-cm ventricular catheter was inserted in the right lateral ventricle returning clear-colored CSF under significant pressure. This was done with a trocar and secured to the skin with 2-0 silk. It was then capped of. The incision was closed with 2-0 Vicryl and 4-0 nylon, and dressed with Telfa and Op-Site. The patient was then prepared for the second procedure.

PROCEDURE NUMBER 2: After placing the patient back on a gurney, 3 pin headholders were placed and the patient was placed in the prone position with bolsters. The head was secured with a Mayfield headholder, and the back of the head was shaved and prepped and draped in the sterile fashion. An incision was marked off from above the nuchal line midway between the mastoid process and the midline on the left side. This was prepped and draped in a sterile fashion. An incision was then made approximately 14 cm long, and set for a posterior fossa exposure but also for the suboccipital region. After exposure there was an obvious fracture from the occipital bone down through the foramen magnum. Self-retaining retractors were placed. Three burr holes were placed, using the fracture as part of the craniotomy. This was then removed, and there was a large epidural hematoma encountered. This was removed with suction, blunt dissection, and _____. Hemostasis was achieved after removing the large hematoma with thrombin-soaked Gelfoam, _____ Surgicel, bipolar cautery, and multiple tack-up stitches. Irrigation returned to clear. The CSF could be seen. There was no blood underneath the dura appreciated. The bones were in place with 0 silk. The self-retaining retractors were removed and the muscle and fascia were closed with 0 Vicryl, the subcutaneous tissue with 2-0 Vicryl, and the skin with staples. It was dressed with Telfa sponges and tape. The patient was then turned to the supine position. The 3 pin headholders were removed. He was breathing on his own, was extubated, and transferred to the recovery room in good condition.

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