Caring for Your Post-Hemicraniectomy Patient

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Learning Objectives

- Discuss Monro-Kelli doctrine
- Recognize signs and symptoms of increased intracranial pressure (ICP)
- Management of a patient with suspected high ICP
- Understand craniotomy vs. craniectomy
- Assessment of your post-hemicraniectomy patient
- Discuss complications post-hemicraniectomy
- Discuss Syndrome of Trephine and Cranioplasty

Disclosures

• No financial interest or affiliation



Monro Kellie Doctrine

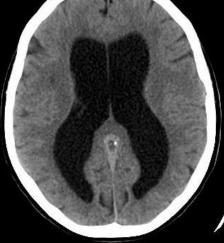
- Cranium has a fixed amount of space with three main components:
 - CSF
 - Brain
 - Blood
- Conditions Associated with Increased ICP
 - Intracranial space-occupying lesions
 - Increased brain volume (cytotoxic edema)
 - Increased brain and blood volume (vasogenic edema)
 - Increased CSF

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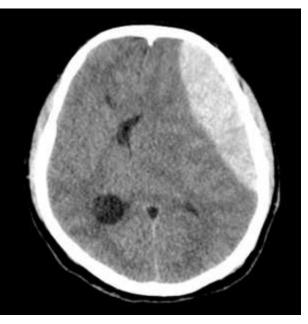
Conditions Associated with Increased ICP



https://www.neurosurgicalatlas.com/volumes/neuror adiology/cranial-disorders/trauma/primary-traumaticabnormalities/subdural-hemorrhage-hematoma-sdh







https://radiopaedia.org/cases/epidural-haematoma-4

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Conditions Associated with Increased ICP







Signs and Symptoms of high ICPs

- Headaches, nausea, vomiting
- Depressed level of consciousness, Confusion, Disorientation
- Blurred vision, Double vision
- Cushing Triad
 - Hypertension
 - Bradycardia
 - Irregular respirations

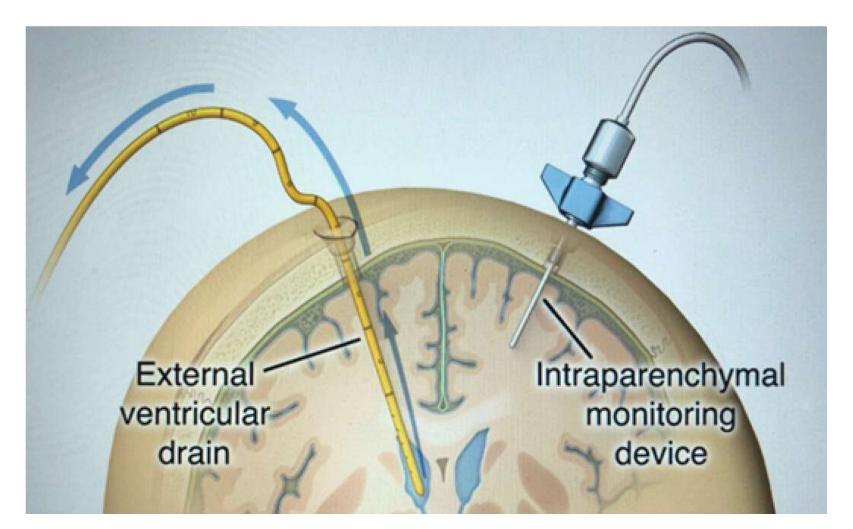
TO OPERATE OR NOT TO OPERATE... THAT IS THE QUESTION!



Medical Management of Elevated ICPs

- HOB elevated 30 degrees after cervical trauma cleared
- Mannitol or Hypertonic saline with frequent electrolyte/fluid checks
- Antibiotics
- Steroids
- Close neuro checks
- Serial imaging
- ICP Monitoring

ICP Monitoring



Dossani R, Patra D, Terrell D, Willis B. Placement of an External Ventricular Drain. N Engl J Med. 2021;384(2):e3. doi:10.1056/nejmvcm1805314 - Pubmed

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Surgical Management

- Craniotomy for evacuation of space-occupying lesion
- Craniectomy for evacuation of spaceoccupying lesion <u>AND</u> to allow room for brain to expand
 - Otherwise, risk of severe brain compression, brain herniation, death!

Craniotomy













The 'Art' of Surgical Consent — Artibiotics. Artibiotics.

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Craniectomy









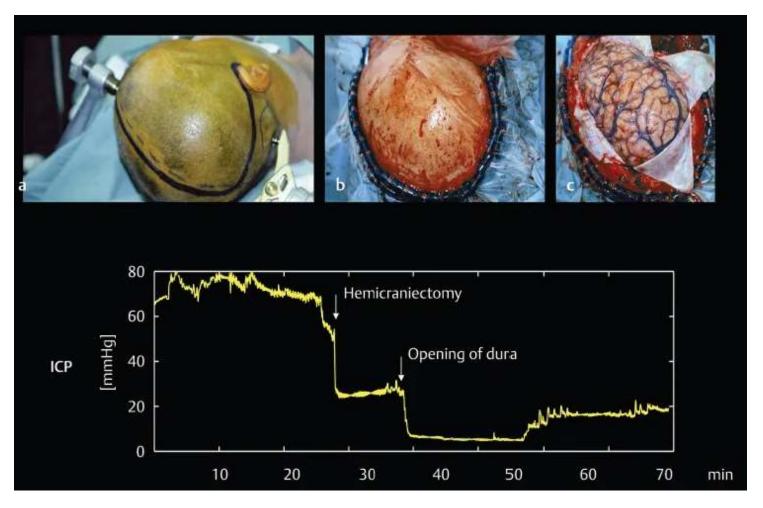




The 'Art' of Surgical Consent — Artibiotics. Artibiotics.

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In Surgery



8 Decompressive Hemicraniectomy. Neupsy Key. < 8 Decompressive Hemicraniectomy | Neupsy Key>

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Craniectomy





Post-operative Hemicraniectomy

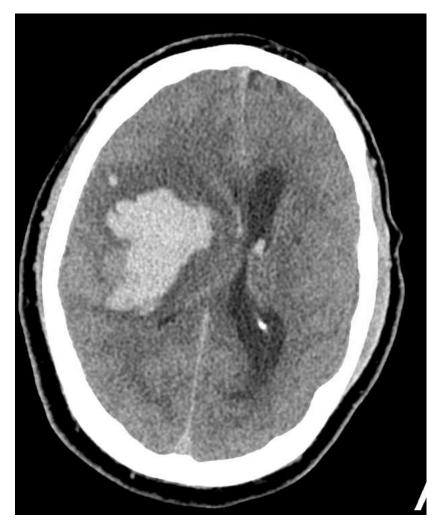
- Postop care is crucial for optimal recovery
- What should we be doing?

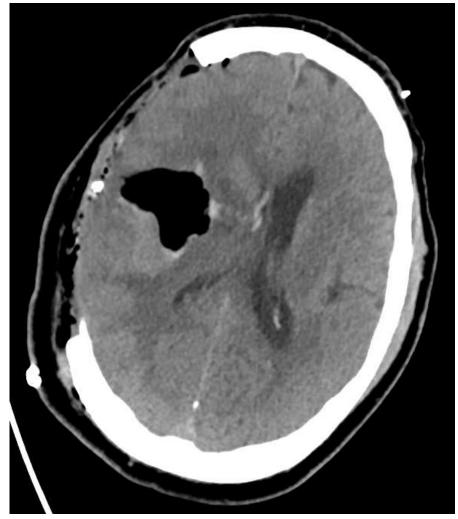


Nursing Care: Post-operative Hemicraniectomy

- Frequent neuro checks, assessment of vital signs
 - Hemodynamics BP control
 - Seizure prophylaxis
 - Analgesia and Sedation
 - Nausea and vomiting
 - Fever
 - Sodium abnormalities
 - DVT prophylaxis
- Postop CT Head wo imaging

CT Head imaging





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Nursing Care: Post-operative Hemicraniectomy

- Drain monitoring
 - Serosanguinous fluid is expected
 - If drain output is high or output looks like CSF, likely CSF
- Incision check/Flap check
 - Monitor for skin approximation, redness, discharge
 - Assess flap, can be full or sunken, but it should be soft!
 - Avoid direct pressure over cranial defect
 - Non-absorbable sutures or staples typically removed 14 days after surgery
 - Typically can wash hair on POD#2 or surgeon preference
 - Can use mild shampoo, water, pat dry
 - No tub baths, or swimming
 - Helmet when OOB
 - Gauze if wearing eyeglasses

Long Term Post-operative Care

- Physical therapy
- Occupational therapy
- Speech therapy
- Cognitive therapy
- Emotional support
- Social services
- Eventual Cranioplasty



Post-hemicraniectomy Complications

- Expansion of contusion
- Cerebral infarction
- Seizures
- Bleeding complications
- Hydrocephalus
- Subdural hygroma
- Surgical Site Infections dehiscence, ulceration, necrosis
- Tension pneumocephalus
- Herniation toward craniectomy
- Syndrome of Trephine

Syndrome of Trephine

- Sunken flap syndrome, Sinking Skin Flap Syndrome, Paradoxical herniation]
- Occurs weeks to months after craniectomy
- Due to atmospheric pressure → decreased cerebral blood flow, decreased CSF flow, impaired glucose metabolism
- S/S: headaches, dizziness, pain, discomfort at site of cranial defect, mood swings, deterioration of abilities
- Resolves after cranioplasty

Syndrome of Trephine



https://www.cns.org/nexus/vascular/case/right-cranioplasty-decompressive-hemicraniectomy-w

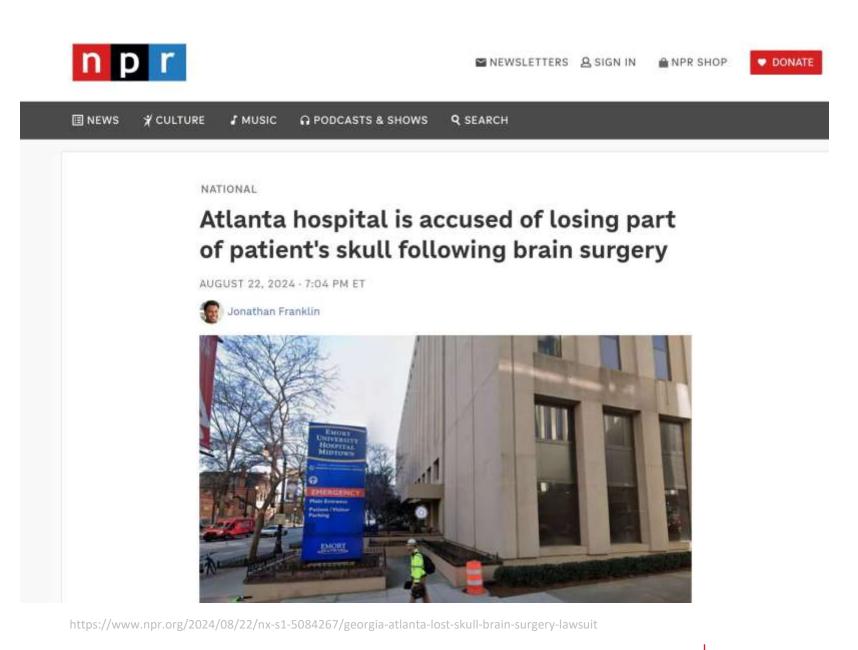


Where in the world is the bone flap?



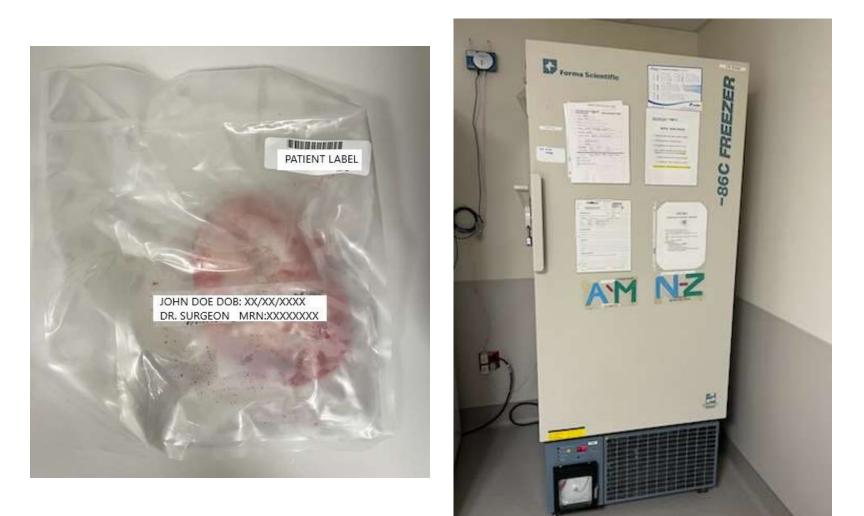
https://en.wikipedia.org/wiki/Carmen_Sandiego_%28character%29







Bone Flap Storage



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Cranioplasty

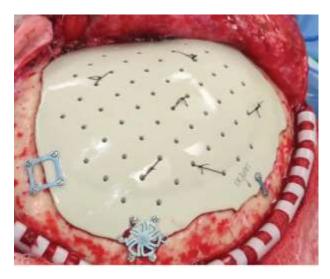
- Autologous bone flap
- Titatnium mesh
- Synthetic implant



https://neupsykey.com/cranioplasty-2/



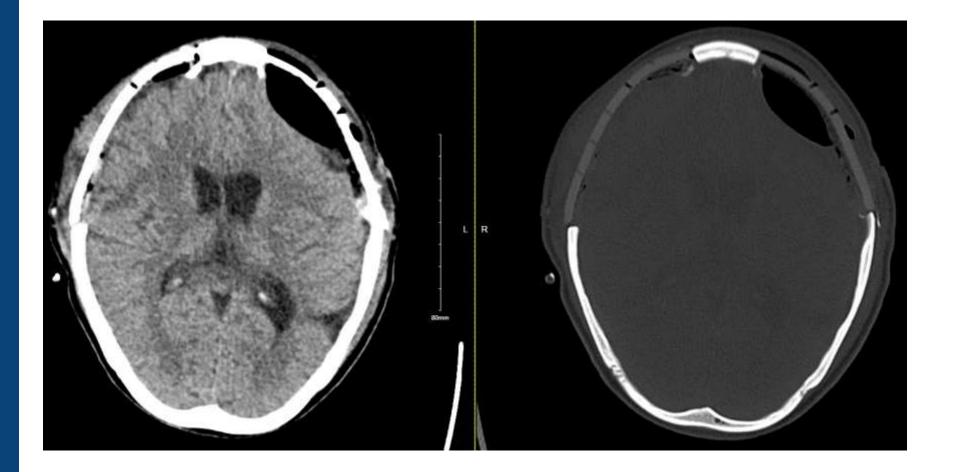
https://www.researchgate.net/figure/Skull-cranial-titanium-mesh-grade-3-pure-titanium-as-received-from-the-supplier_fig1_328569074



https://www.neurosurgery-blog.com/archives/7893



Post-cranioplasty CT Head





What did you learn today?

- ✓ Monro-Kelli Doctrine
- ✓ Signs and symptoms of increased ICP
- \checkmark Management of a patient with high ICP
- ✓ Cranitomy vs. craniectomy
- ✓ Needs of a post-hemicraniectomy patient
- Complications of a post-hemicraniectomy
- ✓ Cranioplasty surgery

And...

Nursing Care is Important



THANK YOU NURSES!

- Not everyone makes it to get their cranioplasty surgery
- Nursing care helps prevent complications and promote recovery

Whenever you need Neurosurgery...

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RWJ Neurosurgery Team (732)735-3659 NBR Neurosurgery Group



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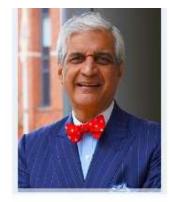
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