

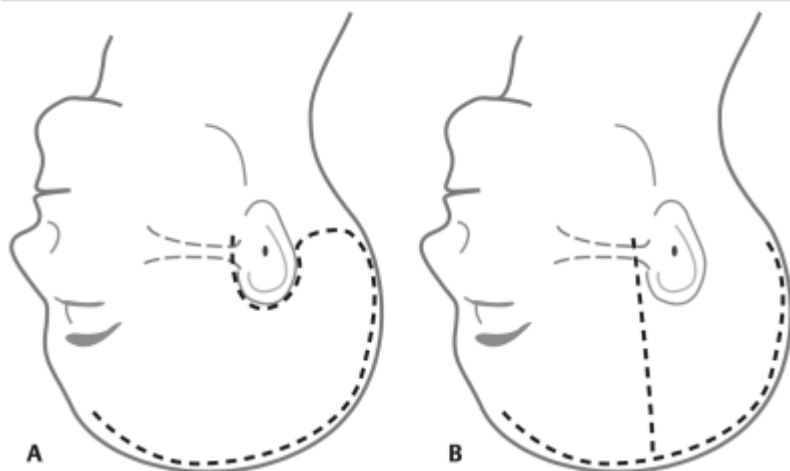
Hemicraniectomy skin incision

- Decompressive craniectomy incisions: all roads lead to bone
- Tissue Healing in Hemicraniectomy
- An altered posterior question-mark incision is associated with a reduced infection rate of cranioplasty after decompressive hemicraniectomy
- Management of decompressive craniectomy defects: modern military treatment strategies
- Marked reduction in wound complication rates following decompressive hemicraniectomy with an improved operative closure technique

The retro-auricular myocutaneous **flap** is a novel design of the **incision** and **manipulation** of the temporalis muscle during a hemicraniectomy in either traumatic brain injury or malignant middle cerebral artery (MCA) stroke ^{1) 2)}.



Other options



a)

A starts at widow 'speak, similar to trauma flap, but with increased exposure by taking it posteriorly close to theinion, then turning sharply anteriorly and hugging the ear to preserve blood supply

b)

"T" incision. Less risk of flap ischemia. The "T" joins the midline incision behind the coronal suture to preserve the **STA** ³⁾.

¹⁾

Lyon K.A., Patel N.P., Zhang Y., Huang J.H., Feng D. Novel hemicraniectomy technique for malignant middle cerebral artery infarction. Operat Neurosurg. 2019;17(3):273–276.

²⁾

Soto J.M., Feng D., Sun H., et al. Novel decompressive hemicraniectomy technique for traumatic brain injury. World Neurosurg. 2021;146:15–19.

³⁾

Holland M, Nakaji P. Craniectomy: Surgical indications and technique. Operative Techniques in Neurosurgery. 2004; 7:10–15

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