

# Houston Methodist Hospital

Houston Methodist Hospital is the flagship hospital of Houston Methodist. Located in the [Texas Medical Center](#) in [Houston](#), Texas, H In 2013, Houston Methodist changed its official name from The Methodist Hospital System to Houston Methodist, following an announcement by Houston Methodist.

<https://www.houstonmethodist.org/for-health-professionals/department-programs/neurosurgery/>

The Methodist Hospital ([Houston](#)), ranked as the top hospital in [Texas](#) and 17th in the country for neurosurgery by U.S. News & World Report for 2012-13, has a leading Neurological Institute that was founded in 2004, but its history stretches much further. Physicians at the 1,119-bed Methodist performed the country's first spinal instrumentation surgery and first removal of a spinal cord tumor in the early 1960s. In November 2012, Methodist Neurological Institute Director Stanley Appel, MD, and a team of researchers received a Moran Foundation Award for showing how T lymphocytes could slow down ALS, or Lou Gehrig's disease.

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[Gavin W. Britz.](#)

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3,109 cranial operations were performed at [Houston](#) Methodist Hospital (Texas Medical Center campus) between January 2009 and December 2013. Of these, 59 cases required a second operation for evacuation of an [Postoperative intracranial hemorrhage](#). The information gathered included the patients' age, gender, past medical history, medications and laboratory data, initial diagnosis, date/type of first and second operations, duration of hospitalization, discharge condition, and discharge destination.

The study found a 1.90% rate of a postoperative hemorrhage significant enough to require evacuation after a cranial operation. The average age in the cohort requiring reoperation was 63 +/- 14 years with 42 male and 17 female. Hematoma evacuations were performed at various time intervals depending on the pathology treated at the initial operation. The time to second operation was 2.7 days after intraparenchymal hematoma evacuation, 6.0 days after cerebrovascular surgery, 6.2 days after tumor surgery and 9.7 days after [subdural hematoma](#) evacuation. The rate of postoperative hematoma development was 9.1% after a subdural hematoma evacuation, while it was only 1.1% in all other operations. Overall, those requiring hematoma evacuation had a 15% mortality rate, 64% were non-ambulatory, and 54% were discharged to long-term acute care facility, skilled nursing facility, rehabilitation facility or hospice.

Neurological outcomes were poor in patients who underwent a cranial operation and required a second operation to remove a hematoma. This study suggests close observation of elderly males after a cranial operation, especially after subdural hematoma evacuation, and longer observation time for patients undergoing subdural hematoma evacuation than intraparenchymal hematoma evacuation, tumor surgery or cerebrovascular surgery <sup>3)</sup>.

1)

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