Minicraniotomy for chronic subdural hematoma

The surgical procedure for patients undergoing MC involved a linear incision with formation of a 3 cm craniotomy over the area of maximum thickness of the haematoma. The cavity is then washed with warmed Ringers solution until clear. The decision to place a subgaleal drain is made based on the preferences of the surgeon and the wound is then closed.

Findings suggest that Minicraniotomy (MC) is a safe and effective alternative to burr hole trephination (BHT), with distinct surgical advantages. Routine drain usage more than halved the recurrence risk in the BHT group; however, this relationship was not reflected in the MC group.

This findings suggest that MC may allow evacuation of the haematoma with sufficient haemostasis that drains may not be relevant. Additionally, the analysis suggested that supine positioning postoperatively increased the risk of haematoma recurrence. Allowing patients to sit up or mobilise postoperatively may also have important benefits in reducing postoperative morbidity. These findings challenge some practices that have previously been considered the standard of care. In this study, there was no significant difference in recurrence rates or mortality rates between the two procedures suggesting that MC is a safe and effective alternative to BHT [1].

Mini-craniotomy for CSDH under local anesthesia (LA) is an equally effective procedure compared with mini-craniotomy under general anesthesia (GA). In addition, it minimizes the risks of GA in the elderly population and obviates the need of a postoperative ICU bed. It also reduces operative time and hospital stay as compared with GA [2].

The invasiveness and complication rate of mini-craniotomy are equal to those of burr hole treatment, but visualization is superior, resulting in lower recurrences. A randomized controlled trial is indicated to identify the best surgical strategy for the treatment of CSDH [3].

References

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