Neurosurgical Plan

Patient Name: MRN / ID: Date: Diagnosis: Planned Procedure: Surgeon: Assistants: Anesthesia: General / Regional

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<folded Clinical Rationale>

- Brief summary of presentation and indication for surgery.
- Include failed conservative treatments or progression of symptoms.
- Example: `Patient presents with progressive left hemiparesis and seizures. MRI shows enhancing lesion in left parietal lobe with mass effect.`

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<folded Preoperative Imaging Findings>

- Summarize relevant findings: MRI, CT, tractography, angio, etc.
- Mention proximity to eloquent cortex, brainstem, vascular structures, or spine levels.

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<folded Surgical Objectives>

- Gross total resection / decompression / biopsy / stabilization
- Symptom relief / CSF diversion / histological diagnosis
- Example: `Maximal safe resection preserving motor cortex and arcuate fasciculus.`

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<folded Approach and Technique>

- Positioning: supine, prone, lateral
- Surgical approach: pterional, midline suboccipital, ACDF, etc.
- Key tools: navigation, ultrasound, microscope, ultrasonic aspirator

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<folded Adjuncts and Technology>

- Neuronavigation
- Intraoperative monitoring (MEPs, SSEPs, EMG)
- 5-ALA / Fluorescein / Intraop MRI / Endoscope

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<folded Risks and Mitigation Strategies>

Risk	Mitigation Strategy
Bleeding	Careful hemostasis, bipolar cautery, hemostatic agents
Neurological deficit	IOM, gentle dissection, staged resection
CSF leak	Watertight dural closure, graft, sealant
Infection	Pre-op antibiotics, sterile technique

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<folded Postoperative Plan>

- ICU monitoring or floor depending on complexity
- Early neuro exam and imaging (CT/MRI within 24–72h)
- Post-op meds: steroids, antiepileptics, antibiotics
- Physical therapy / Occupational therapy / Discharge planning

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<folded Contingency Plans>

- What if the lesion is non-resectable?
- What if neurophysiological alerts are triggered?
- Backup strategies for bleeding or intraoperative findings

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