

Packing

The objective of a study was to review the efficacy of intracranial packing as a means of tamponade for life-threatening intraoperative hemorrhage that was refractory to more common techniques for achieving hemostasis.

Neuroimaging and hospital records were reviewed for the seven adult patients who had experienced life-threateningly severe hemorrhage during intracranial surgery and in whom packing was used to control the bleeding. All packing was left in place at the time of closure and was removed when the patient's condition was considered safe for a second operation.

Hemorrhage was successfully halted in all seven patients, and all survived their operations. Six were discharged from the hospital, but one patient with severe parenchymal injury from trauma and multiple medical comorbidities died on postoperative Day 2 after supportive care was withdrawn. Four had an improved Glasgow Outcome Scale (GOS) score at the time of last follow-up, and two of these improved from dependent to independent living. There were no postoperative intracranial or wound infections.

Intracranial packing to tamponade severe intracranial hemorrhage can be a lifesaving neurosurgical maneuver ¹⁾.

¹⁾

Freeman JL, Winston KR, Byers JT, Beauchamp K. Damage-control neurosurgery: Packing to halt relentless intracranial bleeding. J Trauma Acute Care Surg. 2015 Nov;79(5):865-9. doi: 10.1097/TA.0000000000000836. PubMed PMID: 26496114.

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