

Temporal epidural hematoma surgical technique

Surgical safety checklist

see [Surgical safety checklist](#).

Preoperative antibiotic prophylaxis

see [Preoperative antibiotic prophylaxis](#).

Skin Preparation

see [Skin Preparation](#).

Positioning

The [supine position](#) is used with the patient's head rotated for temporal access. Extremes of head rotation can obstruct the jugular venous drainage, and a shoulder roll can combat this problem or lateral positioning ([park bench position](#)).



Skin incision

[Temporal skin incision](#).



Craniotomy

Temporal craniotomy.

<html><iframe width="560" height="315" src="https://www.youtube.com/embed/_qPMtQ9wYN4" frameborder="0" allow="accelerometer; autoplay; encrypted-media; gyroscope; picture-in-picture" allowfullscreen></iframe></html>

Technical issues

1. **clot** removal: lowers ICP and eliminates focal **mass effect**. Blood is usually thick coagulum, thus exposure must provide access to most of clot. Craniotomy permits more complete evacuation of hematoma than e.g. **burr holes**.
2. **hemostasis**: coagulate bleeding soft tissue (dural veins & arteries). Apply **bone wax** to intradiploic bleeders (e.g. middle meningeal artery). Also requires large exposure
3. prevent reaccumulation: (some bleeding may recur, and dura is now detached from inner table) place dural tack-up sutures to edges of craniotomy and use central "tenting" suture.

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