

Trauma flap

Burr hole trephinations are placed along a path that can be connected to form a “trauma flap” if a craniotomy becomes necessary. The “trauma flap” is so-called because it provides wide access to most of the cerebral convexity permitting complete evacuation of acute blood clots and control of most bleeding.

First outline the trauma flap with a skin marker:

1. start at the zygomatic arch < 1 cm anterior to the tragus (spares the branch of the facial nerve to the frontalis muscle and spares the anterior branch of the superficial temporal artery (STA)).
2. proceed superiorly and then curve posteriorly at the level of the top of the pinna.
3. 4–6 cm behind the pinna it is taken superiorly
4. 1–2 cm ipsilateral to the midline (sagittal suture) curve anteriorly to end behind the hairline.

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