Craniostomy with closed system drainage and Subdural Evacuating Port System is an effective treatment option for chronic subdural hematoma (CSDH).

Percutaneous bedside twist-drill drainage is a relatively safe and effective first-line management option. These findings may result in potential health cost savings and eliminate perioperative risks related to general anesthetic <sup>1)</sup>.

The less invasive surgical technique of bedside percutaneous subdural tapping and spontaneous haematoma efflux after twist drill craniostomy under local anaesthesia was prospectively analysed in 118 adult patients, 99 with unilateral and 19 with bilateral CSDH.

It can be recommended in all patients as a first and minimally invasive therapy, especially in patients in a poor general condition. Patients with septation visible on preoperative CT should be excluded from this form of treatment <sup>2)</sup>.

Twist-drill craniotomy for the treatment of chronic subdural hematomas and the use of the precoronal suture entry point  $^{3)}$ .

1)

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