Burr-Hole

Emergency:
1. Severe status, transfer not possible
2. Evidence of ill mass effect
3. Failure of non-surgical measures

Temporal burr hole
- 2 cm anterior to 4 cm superior to external auditory meatus

Frontal burr hole
- Mid-pupillary line to 2 cm posterior to suture line

Perietal burr hole
- Over perietal eminence

Consent 4.
- ET tube, sedation, paralytic + IPPV
- Blood transfusion + antibiotics
- 20-30° head up & head in neutral plane
- 1 cm linear incision over max hematoma (in C1)
- Incise all the way down to bone (SCALER)
- Scrape off perietrium
- Drill down to inner cortex
- Extract clot & hematoma (do not suck blindly)
- Close skin loosely (to allow hematoma to escape)

Post-op:
- Close neuro-obs
- A transfer to Neurosurgical Unit for definitive craniotomy