CONQUER CHIARI®

From Knowledge, Strength. Through Research, Hope.

SEPTEMBER IS CHIARI AWARENESS MONTH

OPERATIVE REPORT FROM ONE CHIARI PATIENT'S DECOMPRESSION WITH DURAL GRAFT

The patient was taken to the operating room where intravenous and inta-arterial lines were placed. General anesthesia was induced and the patient endotracheally intubated. Once the tube was secured, the Mayfield skull clamp was applied. The Foley catheter was placed. The patient was rolled into the left lateral decubitus position. The head position was fixed in the Mayfield head holder and the skin prepped and draped in usual fashion.

◆ A linear skin incision was made and carried through the skin and subcutaneous tissue to the paracervical fascia. The paracervical fascia was incised with a cutting cautery. A midline subperiosteal dissection was performed. Self-retaining retractors were placed. The occiput was identified. Adhesions at the base of the foramen magnum were freed up. Craniotome was used to turn a small craniotomy flap in the suboccipital region. Measured that the patient would need 3.5cm to decompress. This was the distance that was taken.

◆ The dura was opened. The CSF was under a good bit of pressure as were the cerebellar tonsils. The cisterna magna was drained. A dural graft was cut to length and sewed into place. Things were really quite nicely decompressed.

◆ Meticulous hemostasis was achieved with bipolar cautery. Bone edges were waxed. The wound was thoroughly irrigated. Thrombin-soaked Gelfilm was placed over the dural defect. 2-0 Vicryl was used to close the paracervical musculature and paracervical fascia. The same was used for the subcutaneous tissue. Staples were placed on the skin. Evoked potentials were stable throughout.