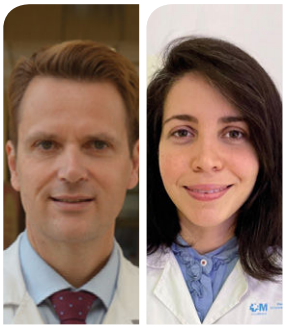
EPILEPSY SURGERY IN TUBEROUS SCLEROSIS

CRANIAL Loop™ CRANIAL Loop (L)™ CRANIAL Loop (XL)™ BURR HOLE

DIAGNOSIS

- ○ Cerebral tumor
- ○ Traumatic subdural/epidural hematoma/ intracranial hemorrhage
- ○ Aneurysms/arteriovenous malformation (AVM)
- ○ Fracture
- ◉ Epilepsy surgery in tuberous sclerosis



AUTHOR

Dr. Marcelo Budke
Dra. Hyaissa Ippolito Bastidas
Niño Jesus Hospital
Madrid, Spain

TECHNICAL DETAILS

PATIENT

Age

- ○ Adult ____ years
- ◉ Children 6 years

Remarks

- ◉ 1st operation
- ○ Re-operated ○ 2nd ○ 3rd ○ 4th
- ○ Others

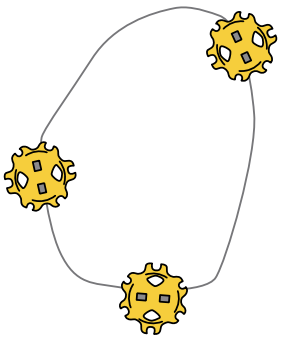
CRANIOTOMY

Craniotomy location

- ○ Bifrontal
- ○ Frontal
- ○ Frontoparietal
- ○ Frontoparietaltemporal
- ◉ Frontotemporal
- ○ Occipital
- ○ Orbitozygomatic
- ○ Parietal
- ○ Pterional
- ○ Retromastoid
- ○ Suboccipital
- ○ Supraorbital
- ○ Temporal

Side

- ◉ Left
- ○ Right

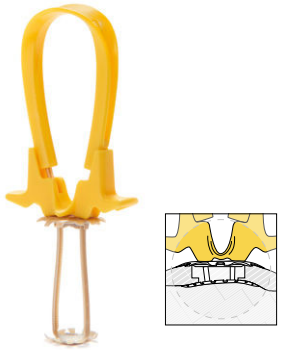


Approx. craniotomy size

Length x width: 5 x 7 cm

Burr Holes

- ◉ Yes ○ No
- ◉ Perforator (Size: ◉ 11mm ○ 13mm ○ 14mm)
- ○ High speed ball drill (Size: ____ mm)



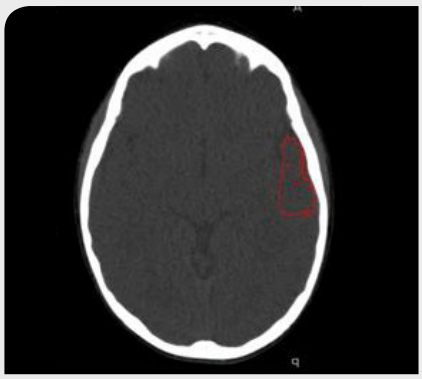
CRANIOTOMY CLOSURE

Craniotomy closure devices in this case:

- ◉ Cranial LOOP™. How many? 3
- ○ Cranial LOOP L™. How many? ____
- ○ Cranial LOOP XL™. How many? ____

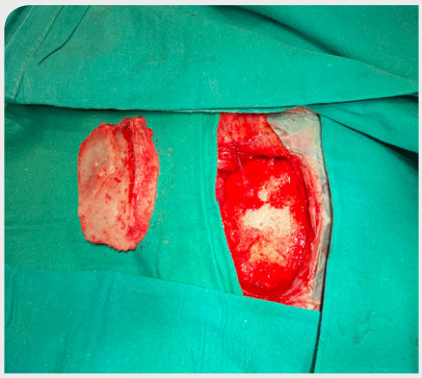
Other materials used:

- ○ Dura sealant
- ○ Dural tag
- ○ Others (Please specify)

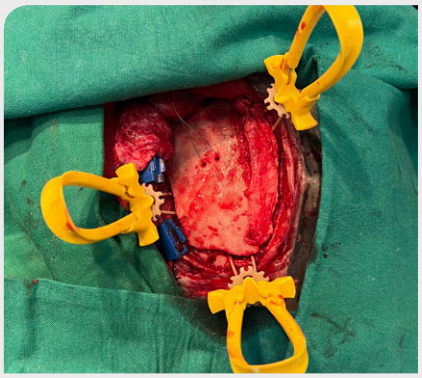


1 Preoperative cranial CT

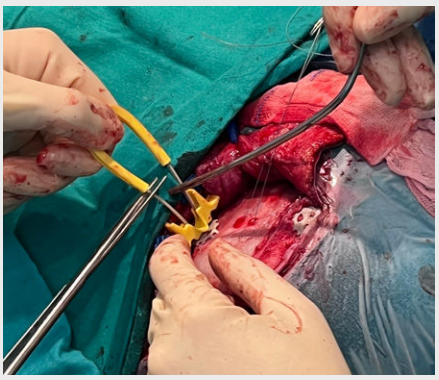
2 OR environment



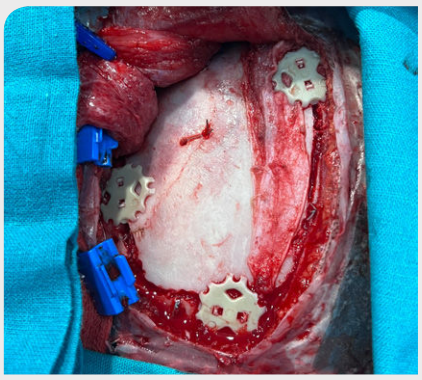
3 Craniotomy before fixation showing bone flap



4 Insertion of the cranial loops at the bone edges, between the dura and the bone.

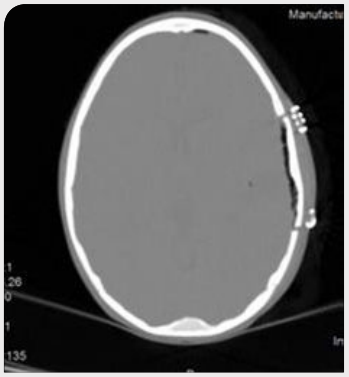


5 Breaking of the Cranial LOOP cable ties

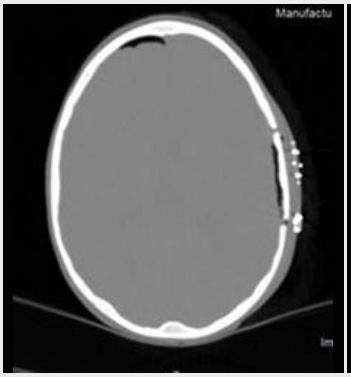


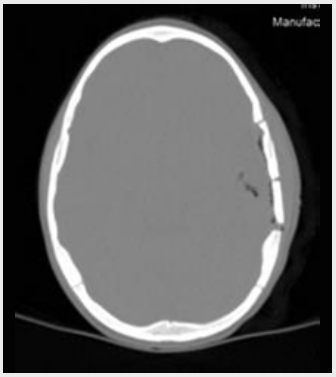
6 Bone flap fixed with Cranial LOOP

7 Post operative CT Scan



CT shows good anatomical position of the bone flap.





Axial CT image shows the bone flap.