

SECTION ON NEUROLOGICAL SURGERY

Draping

1. Osteoplastic flap: 2 special head drape sheets, circular opening
2. Osteoplastic flap (transfrontal): 2 special drape sheets, triangular opening.
3. Suboccipital (and/or upper cervical) craniectomy: 2 special drape sheets, large triangular opening.
4. Ventriculography (two burr holes) or one burr hole for inspection: 1 drape sheet, rectangular opening.
5. Subtemporal craniectomy: 1 drape sheet, long rectangular opening
6. Laminectomy: one large drape sheet, with a large, long rectangular opening.
7. Peripheral nerve, sympathetic, vascular, or other lesions: employ the above drapes or use plain sheets.

Sufficient plain sheets, towels, and 4 x 4 gauze sponges will also be necessary for proper draping. PATTERNS for the special drapes are cut and will be furnished to the operating room seamstress when drapes are to be made.

Position on the table

1. All cranial, cervical spine and upper thoracic operations require a head rest.
 - a. Flat disc with sand doughnut for all flaps, burr holes, and subtemporal approaches.
 - b. Padded face rest for suboccipital, cervical, and upper thoracic cases.
 - c. Special occipital rest with patient in semi-sitting position for ventriculography. Also used for some subtemporal operations and burr holes. Useful for craniectomy of the vault if the patient is conscious and not in shock.
 - d. Prone position, on a flat table, for laminectomy, and any sitting
 - e. Various positions are required for peripheral nerve, sympathetic nerve, and vascular lesion operation.
2. Suboccipital, cervical and upper thoracic laminectomies, and any sitting positions require shoulder braces.
3. Various sizes of sand bags, rubber (as gutta percha or old gloves), clean gauze sponges, bandages, loose cotton, adhesive tape, scissors, safety pins, etc., should always be available in setting up the patient on the operating table.

Handling the patient after operation

1. In removing the patient from the table to the cart:
 - a. All patients with frontal and lateral flaps, ventriculography, subtemporal craniectomy and laminectomy, as well as most patients with operations upon the peripheral or sympathetic nerves or vascular lesions, will be placed on their back on the cart, with a small pillow.
 - b. Patients with a subtemporal craniectomy or high cervical laminectomy, having had a check rein of adhesive tape applied, will be placed on the cart face down, one arm up, with a small pillow under one side of the face.

- c. All patients with head operations will be kept level during the lifting, one assistant devoting his attention to the head alone.
 - d. All patients with laminectomy will be lifted without flexion, extension, or torsion of the neck or trunk.
2. When removed from the cart, every patient will be placed in a flat bed (with a small pillow or none at all), in the same position as he was in while on the cart coming from the operating room.