

Complication

- Haemorrhage due to basilar artery rupture
- Infection
- Bleeding
- Haematoma
- Injury to neural structures (e.g hypothalamus, pituitary gland or fornix of the brain)
- Paralysis
- Stroke
- Seizure
- Accumulation of fluid around the brain.

Post Operative Care

- Avoid lifting of heavy weight.
- Avoid actions such as bending the head down too low.
- Avoid straining or coughing too hard
- Do not apply any ointment/cream to the surgery wound to prevent infection.



ENDOSCOPIC THIRD VENTRICULOSTOMY



OPERATION THEATRE

NEURO STAFF UMMC

DEFINITION

A small perforation is made in the thinned floor of the third ventricle, allowing movement of cerebrospinal fluid (CSF) out of the blocked ventricular system and into the interpenduncular cistern.

Indication

- Hydrocephalus secondary to congenital aqueductal stenosis.
- Posterior third ventricle tumour.
- Intraventricular hematoma.
- Block shunt
- Slit ventricle syndrome
- Post infective
- Myelomeningocele
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Image Guidance Equipment

- Ultrasound
- Intraoperative CT Scan or MRI
- Stereotactic image guidance

Endoscopic equipment

- Endoscope
- Peel-away sleeve
- Camera, light source
- Video monitor, video recorder
- Irrigation pump and tubing
- Cautery



Image Guidance Equipment

- ♦ Patient will be under GA
- ♦ Patient will be in supine and head rest position.
- ♦ Patient head will be in lateral left or right according to operation site.
- ♦ A portion of the head will be shave.
- ♦ Surgeon makes a tiny incision in the scalp and drill 1 hole through the skull.
- ♦ Scope is inserted.
- ♦ Opening is created in the floor of the third ventricle by using the cautery.

