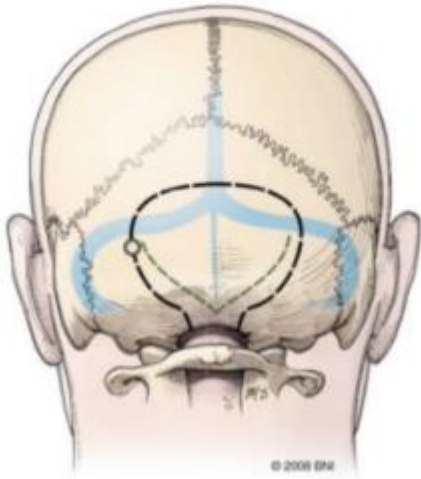


# UHS RSCH ICU Neurosurgical Prompt Cards

## Care of the post-operative infra-tentorial craniectomy (posterior fossa) patient



- Post-op complications for this surgical approach can be severe, due to potential for disturbance in the cerebellum and/or brainstem
- Monitor closely for cardiovascular and/or respiratory complications which may arise from compression/swelling around the medulla
- Cardiac dysrhythmias are not unusual with posterior fossa surgery, or if blood has entered to the CSF – ensure electrolytes (Na<sup>+</sup>/K<sup>+</sup>/Mg<sup>+</sup>) are within range
- **Avoid positioning onto operative site if a large tumour was resected – there will be no bone flap and cranial contents may shift with gravity**

### **CRANIAL NERVE ISSUES WITH POSTERIOR FOSSA SURGERY**

- Nausea and vomiting are common
- Swallowing and gag reflex are impaired – patient will need a SALT assessment as risk of aspiration is high
- Speech/phonation may be impaired (common effect)
- Nystagmus and vertigo are common
- Ataxia and balance problems are common (cerebellar effects)