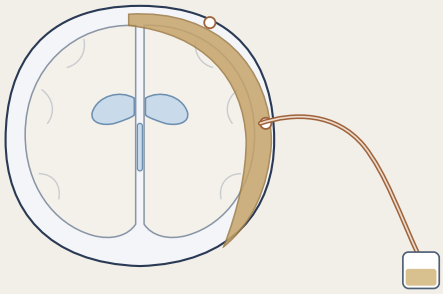
Professor Jason John Labuschagne
PAEDIATRIC AND ADULT NEUROSURGEON

ADULT NEUROSURGERY

Burr-Hole Drainage of Chronic Subdural Haematoma

Patient information and consent



This booklet explains chronic subdural haematoma and the operation to drain it. Please read it with your family, write down your questions and bring it to your consultation. You will be asked to sign the consent section only once you understand the proposed treatment and are satisfied that your questions have been answered.

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PATIENT DETAILS OR HOSPITAL LABEL

Patient name

Date of birth

ID / file no.

Procedure date

Version 1.0 · October 2026

Netcare Unitas Hospital
Room 403, Centurion

Nelson Mandela Children's Hospital
Private Suites, First Floor, 6 Jubilee Road, Parktown North

012 664 6026
HPCSA MP 0530077

01 General information

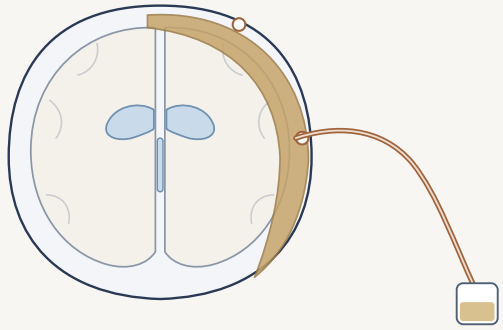
What is a chronic subdural haematoma?

A chronic subdural haematoma is an old collection of blood and fluid between the brain and its outer covering. It usually follows a minor bump to the head, sometimes so minor that it is not remembered, which tears a small vein. Over the following weeks the collection slowly enlarges. It is most common in older people, because the brain shrinks a little with age and the veins are stretched, and in people taking blood thinners or who drink alcohol regularly.

Symptoms develop gradually: headache, confusion, memory problems, unsteadiness, falls, weakness of an arm or leg, difficulty speaking or increasing drowsiness.

How is the operation performed?

The operation may be done under a general anaesthetic or, in some patients, local anaesthetic with sedation. One or two small incisions are made and burr holes, each about the size of a coin, are drilled. The lining of the brain is opened, the old blood, which is usually thin and dark like engine oil, is washed out with warm saline, and a soft drain is often placed for 24 to 48 hours. Occasionally a larger opening (mini-craniotomy) is needed if the blood has formed membranes or solid clot.



A crescent-shaped collection over the surface of the brain is washed out through two burr holes, and a soft drain is often left for a day or two.

02 Alternatives to surgery

- **Observation** with repeat scans, for small collections with mild symptoms; some resolve on their own.
- **Medication**, such as a short course of certain tablets, which may help in selected patients.
- **Middle meningeal artery embolisation**, a newer procedure performed through a blood vessel by an interventional radiologist, used alone or with surgery to reduce recurrence.
- **Stopping or reversing blood thinners**, in consultation with your doctors.

03 What to expect during and following surgery

Before admission

- Tell us about any bleeding or clotting problems, recent illness, allergies and all medicines, including herbal remedies.

- Blood-thinning medicines (for example warfarin, aspirin, clopidogrel or the newer anticoagulants) and anti-inflammatories usually need to be stopped before surgery. Please follow the specific instructions you are given and do not stop any medication without advice.
- You will usually be admitted on the day of surgery or the day before, and must not eat from midnight before surgery, or as instructed by the anaesthetist.
- Blood thinners will usually be stopped and their effect reversed before surgery, in consultation with your doctor.

In hospital

You wake up in the recovery room and are then transferred to the ward. Nurses will regularly check your pulse, blood pressure, limb strength, pupils and level of alertness to detect any change early, and you will be woken for these checks during the first night.

- You will have regular pain relief and anti-nausea medicine.
- A drip and sometimes a urinary catheter are usually removed within a day or so.
- You will be encouraged to sit out of bed and walk on the day after surgery.
- You may be asked to **lie flat** while the drain is in place.
- A **CT scan** may be done before discharge.
- **Going home.** Most patients go home after two to five days. Some older patients need a period of rehabilitation.

04 Risks and complications

All surgery carries risk. Most patients do not experience serious complications, but it is important that you understand what can happen. The list is not exhaustive; Professor Labuschagne will discuss the risks that apply particularly to you. The risks of the anaesthetic will be explained separately by the anaesthetist.

Common

●●●

- Headache and discomfort at the wounds.
- Temporary confusion, particularly in older patients.
- Some fluid remaining on the scan, which is usual and is gradually absorbed.

Less common

●●○

- **Recurrence** of the collection, needing a further operation, which occurs in a significant minority of patients.
- **Seizures.**
- Infection of the wound or under the bone.
- Air trapped inside the head, causing headache or confusion.
- Pneumonia, urinary infection or blood clots in the legs.

Rare but serious

- **Bleeding** into the brain or a new acute bleed, needing further surgery.
- Stroke.
- Worsening of weakness or speech.
- Coma or death, more likely in frail patients with other illnesses.

05 After the operation: what is normal

- Mild headache and tiredness for a few weeks.
- Small scars, which are hidden in the hair as it grows.
- Confusion often improves steadily over days to weeks.

06 Recovery

- **Blood thinners.** Do not restart these until Professor Labuschagne or your doctor advises when it is safe.
- **Falls.** Take care to prevent falls; ask about a home assessment if you are unsteady.
- **Alcohol.** Avoid alcohol, which increases the chance of recurrence.
- **Driving.** Not until cleared at follow-up.
- **Follow-up.** In the rooms at about four to six weeks, often with a scan.

07 When to contact the rooms

Please contact the rooms the same day, or go to the nearest emergency department, if you notice:

- Increasing headache not relieved by your usual pain relief
- Increasing drowsiness or confusion
- A seizure (fit), or a fainting spell
- New or worsening weakness, numbness or difficulty walking
- New difficulty speaking or understanding
- New problems with vision
- Persistent nausea or vomiting
- Fever, chills or a stiff neck
- Redness, swelling, discharge or clear fluid leaking from the wound
- Calf pain or swelling, chest pain or shortness of breath

IN AN EMERGENCY

If you have a seizure that does not stop, a sudden severe headache, collapse, chest pain or difficulty breathing, call an ambulance or go to the nearest emergency department immediately. Tell the staff about your recent operation and ask them to contact Professor Labuschagne.

THE ROOMS · OFFICE HOURS

012 664 6026

Elective appointments and queries, office hours, for both Netcare Unitas Hospital and Nelson Mandela Children's Hospital

AFTER HOURS

After hours, call the hospital switchboard and ask for Professor Labuschagne: Netcare Unitas Hospital 012 677 8000 · Nelson Mandela Children's Hospital 010 133 0600

Emergency services: Netcare 911 · 082 911 | National ambulance · 10177

NETCARE UNITAS HOSPITAL

Room 403, Netcare Unitas Hospital
866 Clifton Avenue, Lyttelton, Centurion

NELSON MANDELA CHILDREN'S HOSPITAL

Private Suites, First Floor
6 Jubilee Road, Parktown North, Johannesburg

08 Consent

Informed consent is a conversation, not simply a signature. The National Health Act 61 of 2003 and the ethical guidelines of the Health Professions Council of South Africa (HPCSA) give every patient the right to be told, in a language they understand, about their condition, the treatment options available, the benefits, risks, costs and consequences of each, and the right to refuse treatment. You may withdraw your consent at any time before the operation.

If you are unable to give consent yourself, the National Health Act (section 7) allows consent to be given by a person you have authorised in writing or, failing that, by your spouse or partner, parent, grandparent, adult child or sibling, in that order.

THE PROCEDURE

Procedure: Burr-hole drainage of chronic subdural haematoma (± subdural drain) Side / site: _____

Condition, in my own words: _____

SPECIFIC PERMISSIONS

Blood transfusion, if needed during or after surgery	☐ I agree	☐ I do not agree
Tissue or fluid removed may be sent for laboratory examination	☐ I agree	☐ I do not agree
Anonymised images or results may be used for teaching and research (optional)	☐ Yes	☐ No

Questions I have discussed

Please write down any questions you asked and any particular concerns that were discussed.

My acknowledgement

Please tick each statement.

- ☐ I have read this document, or it has been read to me, and I understand it.
- ☐ Professor Labuschagne has explained my condition, the proposed procedure, its expected benefits, and the alternatives, including the option of no treatment.
- ☐ The risks and possible complications, including those particular to me, have been explained in language I understand.
- ☐ I have had the opportunity to ask questions and raise concerns, and these have been answered to my satisfaction.
- ☐ I understand that no guarantee has been given about the outcome, and that the procedure may not improve, and could worsen, the condition.
- ☐ I understand that if an unexpected finding or a life-threatening event occurs during the procedure, the surgeon may carry out further treatment that is necessary to protect life or prevent serious harm.
- ☐ I understand that the anaesthetic will be explained by the anaesthetist, who will obtain consent for it separately.

- [ ] I understand that my medical scheme may not cover the full cost of treatment, that I am responsible for any shortfall, that separate accounts will be rendered by the hospital and the anaesthetist, and that a quotation is available on request.
- [ ] On the basis of the above, I request that I undergo the procedure described.

PATIENT

Full name _____ ID number _____

Signature _____ Date and time _____

If the patient is unable to consent: person consenting on the patient's behalf (National Health Act, section 7)

Full name _____ Relationship _____

Signature _____ Date and time _____

SURGEON'S STATEMENT

I have explained the patient's condition, the need for treatment, the proposed procedure and its expected benefits, the material risks including those specific to this patient, the reasonable alternatives including no treatment, and the likely consequences if those risks occur. I have offered the opportunity to ask questions and have answered them as fully as possible.

Surgeon Professor Jason John Labuschagne HPCSA no. MP 0530077

Signature _____ Date and time _____

INTERPRETER (IF USED)

I have accurately interpreted the contents of this document and the discussion between the doctor and the patient.

Full name _____ Language _____

Signature _____ Date _____

WITNESS

Full name _____ Capacity _____

Signature _____ Date _____

A copy of this signed document will be kept in the medical record and a copy offered to the patient. Personal information is processed in accordance with the Protection of Personal Information Act 4 of 2013. · Professor Jason John Labuschagne · HPCSA MP 0530077 · Version 1.0 · October 2026