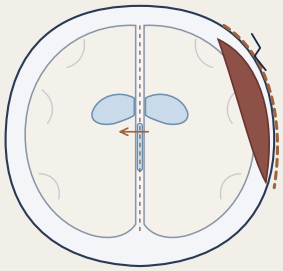
Professor Jason John Labuschagne
PAEDIATRIC AND ADULT NEUROSURGEON

ADULT NEUROSURGERY

Craniotomy for Head Injury

Patient information and consent



This booklet explains emergency surgery to remove a blood clot or relieve pressure after a head injury. Because this surgery is often urgent, there may be little time to read it in full; Professor Labuschagne or a member of the team will explain the key points, and the booklet can be read in more detail later. If the patient cannot give consent, it will be sought from the spouse, partner, parent or another person entitled under the National Health Act.

1	General information	2
2	Alternatives to surgery	2
3	What to expect during and following surgery	2
4	Risks and complications	3
5	After the operation: what is normal	3
6	Recovery	4
7	When to contact the rooms	5
8	Consent	6

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

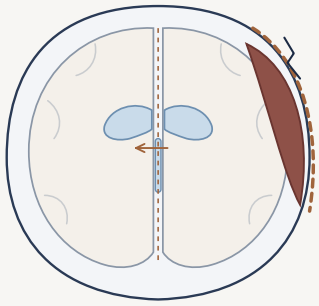
What happens in a head injury?

A blow to the head can cause bleeding inside the skull. Because the skull is a closed box, a collection of blood (haematoma) or swelling of the brain raises the pressure inside the head and compresses the brain. Common types are:

- **Extradural haematoma**: bleeding between the skull and its lining, often from a torn artery under a fracture. It can enlarge quickly, but with prompt surgery the outcome is often very good.
- **Acute subdural haematoma**: bleeding beneath the lining, over the surface of the brain, often with injury to the brain itself.
- **Contusions**: bruising and bleeding within the brain.
- **Depressed skull fracture**: a fragment of bone pushed inwards, sometimes with a scalp wound.

What does the operation involve?

Under a general anaesthetic, the scalp is opened and a section of bone is removed over the clot. The clot is washed out and the bleeding vessel is sealed. A drain may be left under the scalp for a day or two. If the brain is very swollen, the bone may be left out to give the brain room to swell (decompressive craniectomy); it is stored and replaced, or a custom implant is made, at a later operation (cranioplasty). An intracranial pressure monitor may be inserted.



An extradural haematoma (dark) between the skull and the brain, pushing the brain across the midline. The dashed line shows the bone that is opened.

02 Alternatives to surgery

The alternatives depend on the type, size and position of the bleed and the patient's condition. Most large haematomas that compress the brain must be removed. In some patients with a small bleed, careful observation in intensive care with repeat scans may be appropriate, as the blood may be absorbed. When injuries are so severe that surgery would not help, the team will discuss this honestly with the family.

03 What to expect during and following surgery

After surgery, most patients are cared for in the intensive care unit, often on a breathing machine (ventilator) for a period while the brain recovers. The pressure in the head, blood pressure, oxygen and other vital measures are closely monitored, and repeat CT scans are performed. The length of stay varies widely, from days to several weeks, and many patients go on to a rehabilitation unit.

04 Risks and complications

Surgery for head injury is performed because the risks of not operating are greater. The outcome depends largely on the severity of the original injury to the brain, which surgery cannot reverse. The risks of the anaesthetic will be explained separately by the anaesthetist.

Common

●●●

- Headache and pain at the wound.
- Seizures, which may need medication.
- Confusion, agitation and memory problems in the early recovery phase.

Less common

●●○

- **Re-accumulation of blood** or new bleeding elsewhere, requiring further surgery.
- **Brain swelling** requiring further treatment or removal of bone.
- Infection of the wound, bone flap or brain, or meningitis.
- Leakage of spinal fluid from the wound.
- Air trapped inside the head (pneumocephalus), causing headache or confusion.
- Hydrocephalus requiring a drain or shunt.
- Pneumonia, blood clots in the legs or lungs, and other complications of intensive care.

Rare but serious

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- Stroke from injury to an artery or vein.
- Permanent disability, including weakness, speech, memory or personality change.
- Persistent vegetative state.
- Death, which may result from the original injury despite surgery.

05 After the operation: what is normal

Recovery from a head injury is often slower than recovery from planned brain surgery. The following are common and usually improve with time:

- **Headaches**, changing in character as the bone and scalp heal.
- **Numbness** around the scar.
- **Concentration and memory** difficulties, needing to re-read or write things down.
- **Emotional changes**: irritability, low mood, crying easily, sensitivity to noise and crowds.
- **Tiredness**: it is common to take three months or more to feel well again.

06 Recovery

- **Rehabilitation.** Physiotherapy, occupational, speech and neuropsychological therapy may be needed.
- **Rest and routine.** Keep regular sleep hours, avoid alcohol and introduce activity gradually.
- **Driving.** Not until cleared by Professor Labuschagne; usually at least six months after a significant head injury, and longer after seizures.
- **Work and sport.** A gradual return, planned with your team. Avoid contact sport until cleared.
- **Follow-up.** In the rooms at about six weeks, with a scan if needed. If bone was left out, cranioplasty will be planned.

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: Craniotomy / craniectomy for evacuation of intracranial haematoma (± ICP monitor) 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