

THE MOUNT SINAI HOSPITAL
NEW YORK

OPERATIVE REPORT

Dictator and Dictator's No.: SIDNEY A. HOLLIN Patient: [REDACTED]
Date of Dication: Unit No.:
Service and Location: Neurosurgery Date of Operation: 11/13/75

PREOPERATIVE DIAGNOSIS: 1. INTERNAL CAROTID ARTERY ANEURYSM AT BIFURCATION.
2. SMALL SUPERCLINOID INTERNAL CAROTID ANEURYSM.

POSTOPERATIVE DIAGNOSIS: SAME.

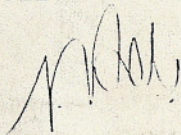
OPERATION: CRANIOTOMY WITH CLIPPING AND WRAPPING OF ANEURYSM UTILIZING MICROSCOPE TECHNIQUE.

Anesthesia: General endotracheal with hypotension.

Anesthesiologist:

Surgeons: Dr. Hollin, Dr. Wancier, Dr. Klein.

FINDINGS AND PROCEDURE: The patient was anesthetized with general endotracheal anesthesia and positioned in the Gardner head clamp. The head was elevated and extended with some rotation 45° toward the left. A Foley catheter was placed into the bladder. Intravenous urea was started. A cannula was placed into the radial artery. A right frontotemporal skin flap was turned and flap reflected forward. Utilizing air drill, a small frontotemporal bone flap was turned. The bone was rongeuired inferiorly to the floor of the frontal fossa and inferior temporal region. The dura was then opened and the microscope utilized. A self retaining retractor was placed in the subfrontal region and frontal lobe gently retracted medially. The optic nerve was exposed. The carotid artery was then identified by opening the arachnoid overlying it. The arachnoid dissection was carried distally until the bifurcation to the anterior middle cerebral arteries. In the supraclinoid region was a small aneurysm which was felt could thus be handled by wrapping with muslin. After this was done, attention was turned to the major aneurysm. The arachnoid was dissected from the origins of the middle and anterior cerebral and the neck of the aneurysm identified. After the aneurysm neck was well freed of arachnoid and adhesions, a Heifitz clip was placed across the neck. During the clip application, blood pressure was lowered. The dura was then closed after small clips were placed over the pia and arachnoid as postoperative marking clips. Dura was tented to the surrounding bone. The bone flap was then replaced and the temporal muscle, temporal fascia, galea and skin closed in layers. Estimated blood loss was 300 cc. No blood was given. The patient tolerated the procedure well.



SIDNEY A. HOLLIN, M.D./bds
9/29/76