Transcranial Surgery
FOA and CVR

Transcranial surgery is performed to correct deformities of the skull and face and to prevent damage to the brain.

Craniosynostosis

The skull is made up of a number of bones. Cranial sutures are loose connections that hold all of the bones of the skull together. In some children one or more sutures fuse too early, which limits skull growth. This is called craniosynostosis. As the skull is limited in its growth it can cause unusual head shapes, sometimes unusual facial features, and in rare cases increased pressure in the brain. There are a number of different types of craniosynostosis and each has a different name depending on which cranial suture is affected.

Fronto Orbital Advancement (FOA): involves removing the front part of your child’s skull, reshaping it and then repositioning it. This allows for normal brain and skull growth

Cranial Vault Remodelling (CVR): involves reshaping the entire skull to allow more room for the brain and also to give a more normal head shape. This allows for normal brain and skull growth.

Post-operative care

When the surgery is finished, your child will be admitted to the Paediatric Intensive Care Unit (PICU). Your child will stay in PICU on their first night. Usually the day after surgery, your child is transferred to the surgical ward as they no longer require intensive nursing care.

Your child will be monitored very closely and will be connected to a number of machines which measure their heart rate, blood pressure, and their breathing rate. They will also be connected to a drip though a central line in their groin or neck.

There will be a large bandage on their head which is called a turban dressing. Not long after the operation their eyes may become swollen shut. The nurses will perform eye care to look...
after their eyes while they are swollen. After a few days the swelling will go down and your child will be able to open their eyes.

Your child can eat and drink when they are awake, breastfeeding is encouraged. The nurses will monitor how wet your child’s nappies are to make sure they are getting enough fluids.

The nurses will regularly do a neurological assessment to ensure that your child’s brain is still functioning normally. There is a separate pamphlet that explains what this involves.

**Pain Management**

Pain relief is important after surgery to help with healing and comfort. For approximately 24-48 hours pain relief is given via a pump connected to the drip.

Paracetamol will also be given to your child every four – six hours after the surgery for a number of days.

Every child is different and how much pain medicine they need changes from child to child. The nurses will assess your child’s pain and will offer the best method to help them feel better.

**Positioning**

To minimise swelling of the face, head and eyes your child’s cot will be tilted so that their head is higher than the rest of their body. When your child’s eyes are swollen shut they may be scared, so cuddles out of the cot are encouraged. You may need a nurse to help you as their head can be quite heavy and they may be connected to drips or other machines.

To maintain safety when your child is in the cot the cot sides must be up whenever you are not directly next to it. The nurses will show you how to lift the cot sides up and down.

**Wound Management**

The turban dressing will stay on for between three – five days. Once it is removed the nurses will clean the suture line regularly and apply an ointment.

**At home**

After you leave the hospital you will need to look after your child’s suture line. This involves washing it gently with a flannel in the bath once a day. Your doctor may prescribe ointment to be applied; this is usually done three times a day.

*If you are concerned about any of the following please go to your nearest GP, emergency department or call the craniofacial doctor if:*

- There are signs of infection including fever and/or discharge coming out of the suture line
- You notice changes in your child’s behaviour including:
  - being difficult to settle
  - more sleepy than usual
  - high pitched cry
  - poor feeding
  - seizures
  - vomiting

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For more information

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