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A retrospective study observing outcome following posterior fossa craniotomy in patients with sitting position

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Background & Aims: To assess the outcome following posterior fossa craniotomy in sitting position with respect to haemodynamic changes as well as intra and post operative complications

Methods: The study involved reviewing the case records of 100 adult patients who underwent posterior fossa craniotomy in sitting position under general anaesthesia. In these patients, induction was done with thiopentone sodium 5mg/kg. Neuromuscular blockade was achieved with vecuronium bromide 0.1mg/kg to facilitate intubation. Radial arterial line was inserted preferably in left hand side for invasive blood pressure monitoring. Patients were positioned in sitting position slowly over 20-30 minutes. Vital parameters of the patients were monitored during and after positioning. Patients were observed in ICU for first 48 hours for neurological status, cardiovascular status, respiratory and surgical complications.

Results: We found significant haemodynamic changes during and after sitting position which normalised after 2 hours of position. There were no perioperative cardiac events and neurological alteration. The incidence of venous air embolism was 2 % and it was not associated with any postoperative morbidity and mortality

Conclusion: Present study concluded that the use of sitting position for patients undergoing posterior fossa surgery is safe.

Tumour Type	Patients (*n*=100)
Vestibular schwannoma	36
Meningioma	27
Epidermoid inclusion cyst	20
Astrocytoma	5
Glioma	4
Haemangioblastoma	3
Medulloblastoma	3
Ependymoma	2

Keywords: Air Embolism ,Craniotomy, Sitting position

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