| Parameter | Group 1 (GDT) (*n*=32) | Group 2 (CHT) (*n*=32) | *P** |
|---|---|---|---|
| Total intraoperative fluid input | 2567.81±534.6749 | 2670.62±698.7589 | 0.511 |
| Total intraoperative blood loss | 496.87±221.044 | 512.50±216.6459 | 0.776 |
| Total intraoperative urine output | 558.59±353.1316 | 466.56±243.8350 | 0.230 |
| Haematocrit | | | |
| Baseline | 30.59±6.1506 | 30.08±4.4422 | 0.705 |
| End of surgery | 27.07±4.7675 | 27.14±4.6871 | 0.958 |
| Δ Haematocrit | 3.73±5.2067 | 3.02±4.7694 | 0.572 |
| *P*# | 0.000 | 0.000 | |
| Lactate | | | |
| Baseline | 2.00±1.4620 | 1.64±1.1176 | 0.284 |
| End of surgery | 1.65±1.2766 | 1.57±0.9695 | 0.777 |
| Δ Lactate | 0.35±0.4918 | 0.06±0.7079 | 0.069 |
| *P*# | 0.000 | 0.001 | |
| Total ventilator days | 3.21±4.7559 | 4.50±4.7519 | 0.300 |
| Total ICU days | 2.00±4.9962 | 3.37±6.0734 | 0.346 |
| Total hospital days | 6.50±6.4434 | 7.46±6.7917 | 0.575 |
| GCS at discharge$ | 10.26±4.0846 | 9.56±4.3840 | 0.538 |
| GOS at 3 months post discharge^ | 4.21±1.3156 | 4.00±1.5867 | 0.644 |

## ABSTRACT NO.: ABS0857

### Efficacy and Safety of Mini-craniotomy under Local Anaesthesia as a Less Invasive Procedure for Chronic Subdural Hematoma

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**Background & Aims:** Background: Mini-craniotomy is generally considered a better technique than burr hole drainage for chronic subdural haematoma (CSDH) as there are less chances of recurrence and need for re-surgery . But generally mini craniotomy is performed under general anaesthesia and this is found to be associated with post-operative complication in earlier studies. The same procedure when carried under local anaesthesia is expected to cause less post-operative complications

**Methods:** In this retrospective study patients of age 50 years or higher those who underwentmini-craniotomy under general or local anaesthesia were included. Preoperative condition, surgery duration and post-operative complications were obtained from patients' medical records and compared

**Results:** Sixty patients were included in the study. Thirty-two of these patients underwent mini-craniotomy under LA and thirty-eight under GA. Improvement was better in patients who underwent the surgery under local anaesthesia than the general anaesthesia group. Postoperative complications like pneumonia and DVT (Deep Venous Thrombosis) were less frequent in local anaesthesia group.

**Conclusion:** Mini-craniotomy performed under local anaesthesia is found to have same efficacy than the same procedure performed under general anaesthesia. It is also found to have less chances of recurrence, reoperation and postoperative complication. So, mini-craniotomy under local anaesthesia can be better alternative for CSDH.

**Keywords:** Chronic subdural haematoma, Craniotomy, Local anaesthesia

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