



Kids Brain Doc

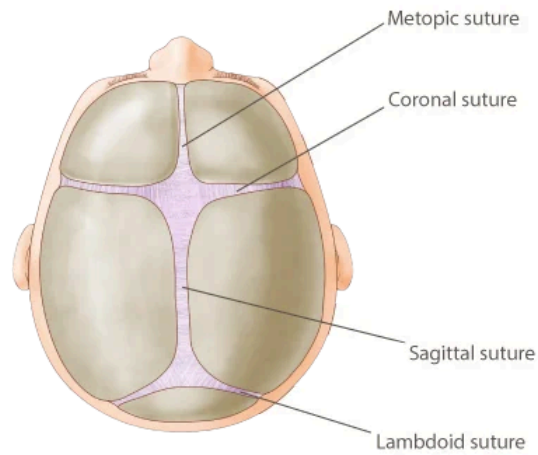
Dr. Laila Mohammad

Craniofacial Surgery

Patient Packet



Types of Craniosynostosis



No Synostosis



Bicoronal Synostosis



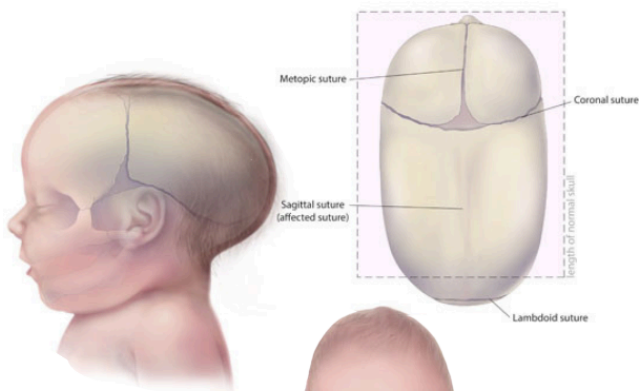
Lambdoid Synostosis



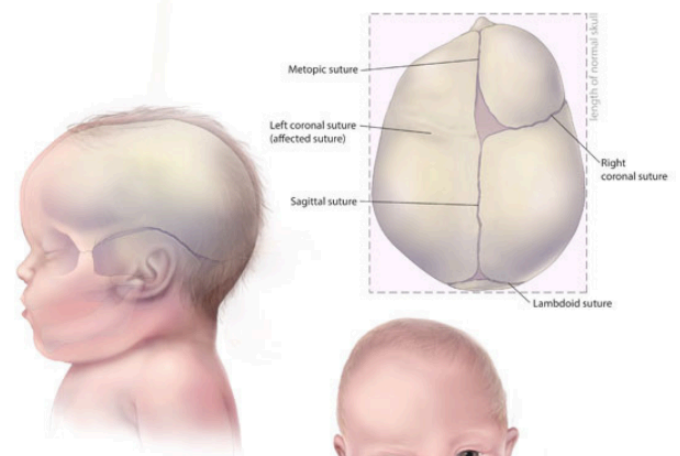
Metopic Synostosis

Sagittal Synostosis

Unicoronal Synostosis



Sagittal Craniosynostosis



Unilateral (one-sided) Coronal Craniosynostosis

Diagnosis: Craniosynostosis



What is it?

A condition where one or more seams (*sutures*) between the bones of a baby's skull close earlier than they should. Because a baby's brain is still growing, this can change the shape of the head and sometimes affect how the skull develops.

Who does it affect?

It occurs in infants and is usually noticed in the first few months of life, when head shape differences become more visible.



How did my child get it?

Typically present at birth (*congenital*), this condition occurs randomly and isn't due to anything parents did or didn't do during pregnancy. Rarely, it may be associated with genetic conditions or run in families.

Is it Harmful?

Many children do very well, especially when the condition is identified early and treated appropriately. In some cases, if untreated, it can lead to increased pressure in the skull and affect brain and facial development.



What is the Treatment?

Treatment varies based on the type and severity but usually includes surgery to reshape the skull, making space for the brain to grow. A specialized craniofacial team carefully plans this process.

Surgery: Cranial Vault Reconstruction

1 Goals of Surgery

- Create more space for the growing brain and reduce the risk of pressure inside the skull.
- Improve head shape and support normal skull and facial development.

2 Risks of Surgery

- Infection, bleeding, injury to major brain vessels, air bubbles in the blood, CSF leaks, slow wound healing, potential repeat surgery, and headaches.
- We'll give your child their own blood back using a Cell Saver Device.

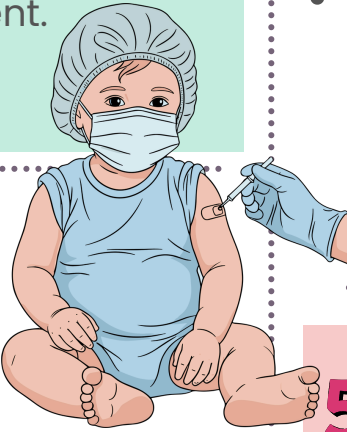
3 Alternatives

- Observation (not recommended due to long term issues)
- Endoscopic strip craniotomy with helmet placement

4

Right after Surgery

- Your child may have puffy eyes and not feel like eating much
- Pain medications: IV Tylenol, IV Toradol, anti-nausea medicine
- Antibiotics: 24 hours
- Check their blood count levels to make sure they don't need a blood transfusion.
- Foley comes out when your child is fully awake.



5 Hospital Recovery

- Once your child is taking all their medicine by mouth, eating/drinking, peeing, and moving ok, your child can go home



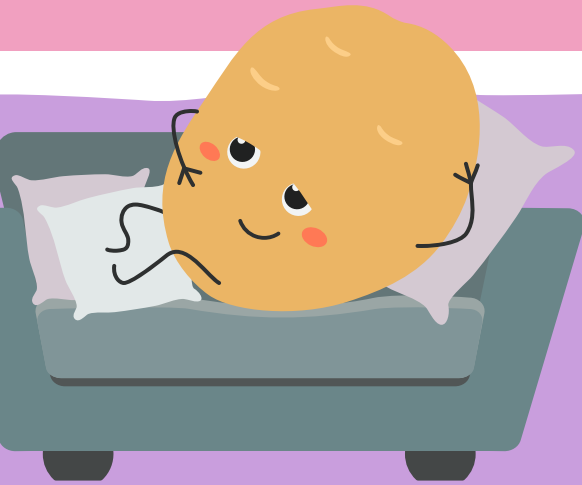
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Incision Care

- Ok to shower 2 days after surgery. Wash daily
- No bathing or soaking incision in tub for 4 weeks after surgery
- Incision will fall off on it's own in 3-4 weeks
- No need to cover the incision



Recovery & Follow-Up



ACTIVITY RESTRICTIONS

- Week 0-2: Couch potato
- Week 0-4: Light activity
- 1-3 months: Regular activity (keeping two feet on the ground – avoid jumping)
- At 3-months: Clear for all activities

HOME CARE

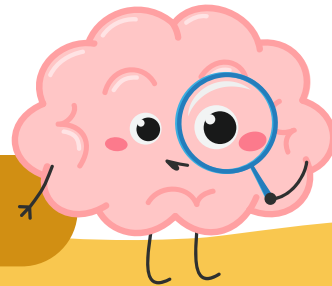
Will see in clinic for incision check at 2 weeks.
Can return to school or daycare after this appointment.

FOLLOW-UP

- 2-week: incision check
- 6-weeks
- 3 months
- Annual check-up



LONG-TERM CARE



- Annual checkup: Check ear to make sure the skull is healing properly, the head shape stays stable, and there aren't any soft spots or bone gaps as they grow.
 - Monitor for headaches, changes in vision, or signs that might suggest increased brain pressure.
- Sports: We'll chat about it individually, but most kids can join safely.
- Annual eye exams to rule out pressure build up in the optic nerve (*papilledema*) that could indicate increased pressure in the brain