



**Kids Brain Doc**

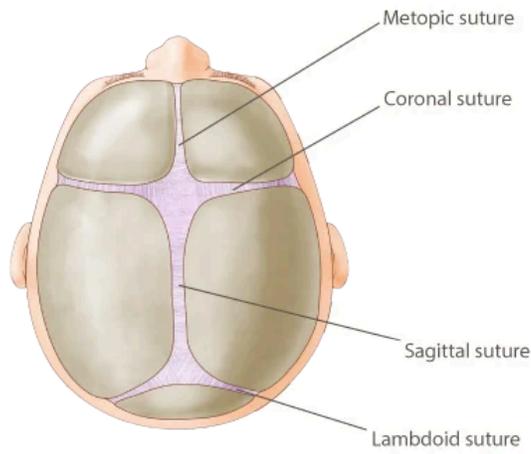
Dr. Laila Mohammad

# Craniofacial Surgery

Patient Packet



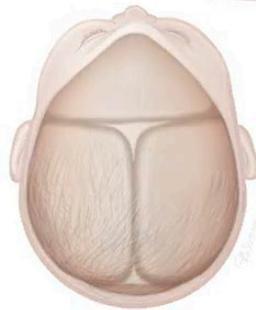
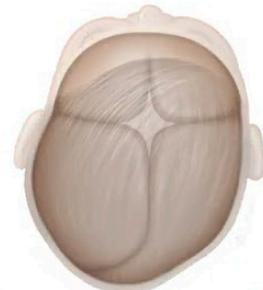
# Types of Craniosynostosis



**Bicoronal Synostosis**



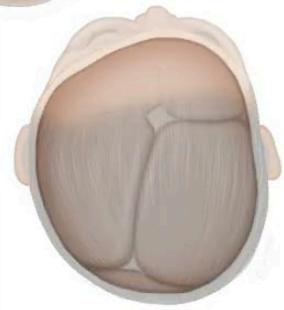
**Lambdoid Synostosis**



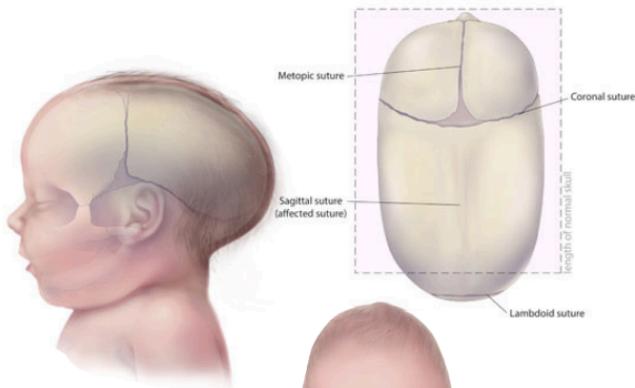
**Metopic Synostosis**



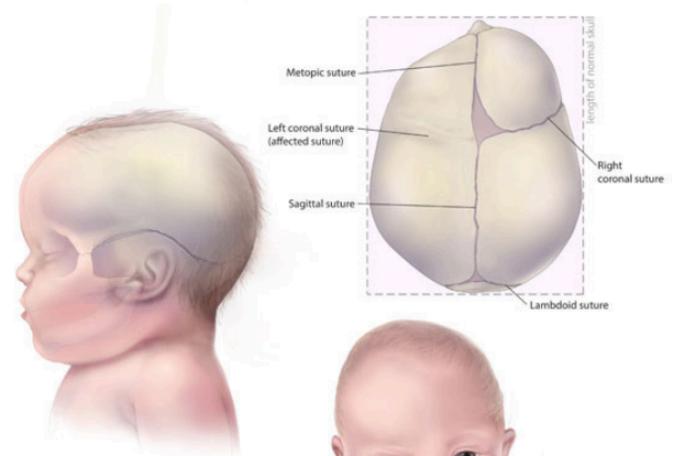
**Sagittal Synostosis**



**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 depends on the specific type and severity, but it often involves surgery to reshape the skull, allowing room for the brain to grow. A specialized craniofacial team, consisting of a pediatric neurosurgeon and craniofacial plastic surgeon, 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
- Immediately after surgery, you may hold your child in your arms
- 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

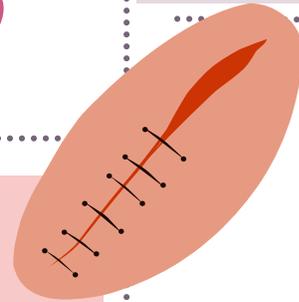
- Once your child is taking all their medicine by mouth, eating/drinking, peeing, and moving ok, your child can go home



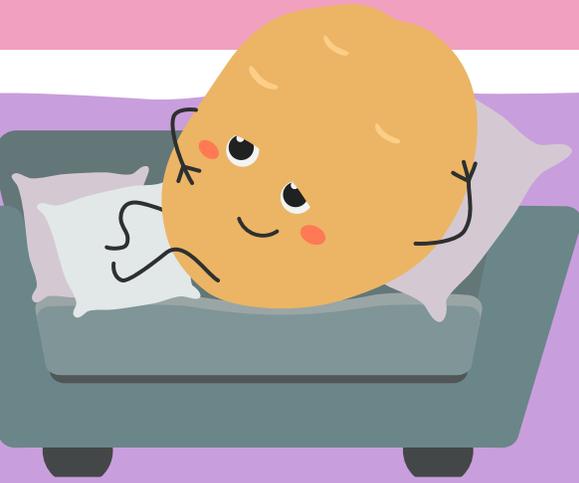
## 6

### 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

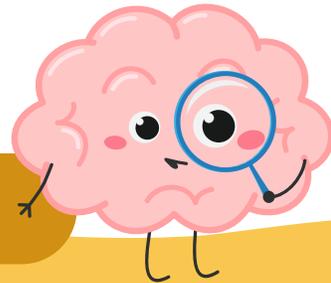
Will see in clinic for incision check at 2 weeks.  
Can return to school or daycare after this appointment.

## FOLLOW-UP

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



## LONG-TERM CARE



- Regular checkups are needed until age 15, when their bones finish growing.
- During visits, we'll ensure the skull is healing well, the head shape remains steady, and there are no soft spots or bone gaps as they grow.
- We'll keep an eye out for headaches, vision changes, or any signs of increased brain pressure.
- Regarding sports, we'll discuss it with each child, but most can participate safely.