

Bone flap infections after craniotomy. a review of 63 cases and the implications for definitions, classification and surveillance methodologies

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Table 1. Surgical characteristics, documentation of sources and other details for 63 patients with suspected bone flap infections.

		No. of patients with data available		Underlying conditions & other details	No. of patients (%)
Surgical characteristics	Indication for first craniotomy	63 (100%)		Malignant neoplasm	28 (44%)
				Benign neoplasm	12 (19%)
				Haematoma	9 (14%)
				Epilepsy	4 (6%)
				Aneurysm	3 (5%)
				Cerebral infarction	2 (3%)
				Infection (abscess)	2 (3%)
				Trauma	2 (3%)
				Haemangioma	1 (2%)
	Number of craniotomies	63 (100%)		Single craniotomy	28 (44%)
				2 craniotomies	25 (40%)
				3 craniotomies	7 (11%)
				4 craniotomies	3 (5%)
Documentation	Electronic theatre system	63 (100%)	Procedure	Craniotomy for removal of infected bone flap	10 (16%)
	HIPE coding	63 (100%)	Diagnosis code & Procedure code	Wound infection following a procedure	63 (100%)
				Craniectomy for infection of skull	40 (63%)
				Postoperative re-opening of craniotomy or craniectomy site	24 (38%)
				Drainage of intracranial infection	5 (8%)
				Non-excisional debridement of skin and subcutaneous tissue	5 (8%)
				Excisional debridement of skin and subcutaneous tissues	4 (6%)
				Other non-specified procedure on the skull	3 (5%)
				Other incision and drainage of skin and subcutaneous tissue	1 (2%)
	Digital operative note	15 (24%)		Removal of bone flap documented	9 (60%)
				Diagnosis of BFI documented	6 (40%)
				Presence of pus documented	2 (13%)
	Discharge Summary	58 (92%)		BFI documented	26 (45%)
				Bone flap removal documented	25 (43%)

HIPE, hospital in-patient enquiry database; BFI, bone flap infection