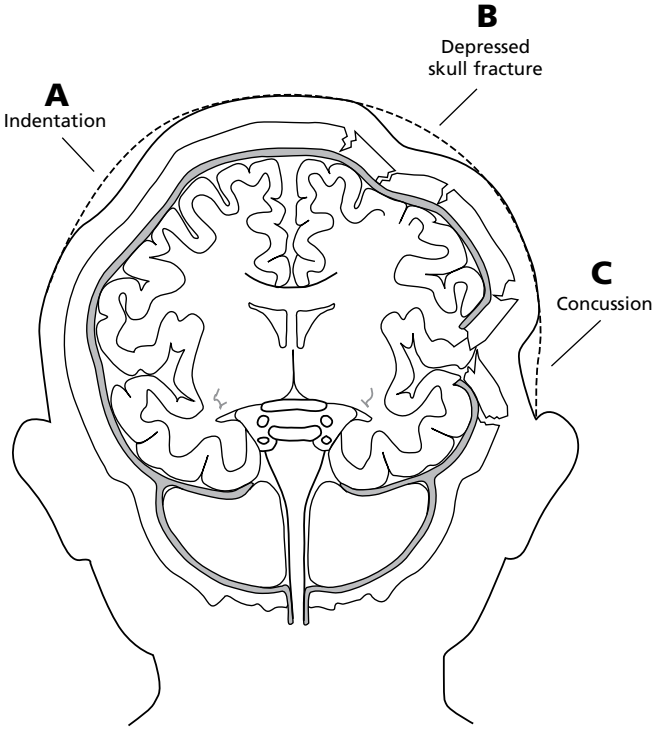
Let's Talk About…

Depressed skull fracture



A depressed skull fracture happens when one or more fragments of the skull bone are pushed inward (see "B" on the illustration). An indentation (A) with no breaks in the bone happens more often in babies. Since the brain is beneath the skull, the skull bone fragments may injure the brain (C). Your child may have a bruise on the brain (called a concussion), and a swollen black-and-blue area.

How do you treat a depressed skull fracture?

To find out if your child has a skull fracture, a special x-ray called a CT Scan (short for computerized tomography) is needed. The CT scan takes pictures of your child's brain.

Your child may need surgery to reposition the bone fragments. Before the surgery, your child's head is shaved so the surgery can be completely clean. Your child also receives some medicine to help him or her relax and sleep. See the handout ***Let's Talk About… Sedation for tests and procedures*** for more information. During surgery, small metal plates and screws may be used to hold the bone fragments in place. If this is the case, your child stays in the Pediatric Intensive Care Unit (PICU) or the Neuroscience Trauma Unit. Children usually stay in the hospital for only a few days. The skin over the surgical area is closed with sutures (SOO-churs) or skin staples.

After the surgery, your child is moved to the Pediatric Intensive Care Unit (PICU) for further care. There is a lot of equipment around the bed. This helps the staff care for your child. See the handout ***Let's Talk About… ICU monitors*** to find out what all this equipment does. While your child is in the PICU, the nurses frequently check your child's temperature, pulse, blood pressure, and alertness. Every effort is made to keep your child comfortable.

It is common for children to have a low fever after this type of surgery. It is part of the healing process, due to the brain being irritated, not to infection. It is also common for children to vomit. Lots of vomiting can cause dehydration, however. To keep this from happening, fluids may be given to your child through an IV (a tiny tube inserted into a vein).

What happens after the surgery?

Your child can go home once he is alert, moving about, and has no fever or vomiting for two to three days. Be sure to schedule a follow-up appointment before you leave the hospital.

Some children experience brain problems such as trouble walking, trouble speaking, or memory loss. If your child is having these types of problems, your nurse should educate you about mild brain injuries (ask your nurse for the handout ***Let's Talk About… Mild brain injuries***). The rehabilitation team may be consulted to evaluate your child. The evaluation will be completed before your child is discharged from the hospital. The team will talk with you about any ongoing care your child may need.

What can your child do at home?

Once home, your child's activities must be restricted until the first follow-up appointment, about three weeks after leaving the hospital. Keep your child away from the following:

- Contact sports (soccer and skiing, for example, are contact sports)
- Bicycling, even with a helmet
- Trampolines
- Roller skating or T-Ball
- School

Your doctor will tell you when your child can return to these activities and to school. If your child returns to school before the first follow-up appointment, he cannot participate in recess and gym class.

A child life specialist can help you put together a list of quiet activities for your child. Tell your nurse you would like to speak to a child life specialist. They can help with concerns of self image, anxiety, stress, and other emotions.

Once your child is home, you may notice some changes. Many of these are normal for a child who has had a brain injury. Many children have headaches, tire easily, and have mood swings. If your child was sent home with medicines to control seizures, call the surgeon's office immediately if you notice any of the following:

- Your child acts "drunk" (walking into walls or appearing unsteady while walking)
- Your child has problems talking
- Your child has more seizures

How do you care for your child at home?

1. Keep your child's head dry and clean, especially around the surgical area.
2. Call the surgeon's office if the surgical area becomes red and/or tender, if you notice yellow, green, or bloody fluid draining from the area, or if your child develops a fever.
3. Wash your child's hair no more than once every three to four days and have your child take baths, not showers.
4. If the wound area does become wet, carefully pat it dry with a clean towel. If needed, you can use a blow dryer on a cool setting.
5. The staples or stitches need to be removed seven to 10 days after your child leaves the hospital. If you live outside the area, your child's local health care provider can do this for you. Otherwise, come to the surgeon's office at the hospital. Call to arrange a time to have the stitches or staples removed.

Call your doctor if...

- Your child is more and more sleepy or you find it difficult to wake your child.
- Your child can't stay awake for a short time.
- Your child has severe headaches that get worse or last more than one day.
- Your child has trouble seeing or blurred vision that gets worse over time.
- You find fluid from the suture/staple site that is yellow, green, or bloody. The fluid may also have an odor.
- Your child has more seizures.
- Your child has nausea and vomiting that continues or gets worse over a 24-hour period.

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