

Joint event on  
8<sup>th</sup> International Conference on  
**NEUROLOGICAL DISORDERS,  
CENTRAL NERVOUS SYSTEM AND STROKE**  
&  
International Conference on  
**NEUROLOGY AND NEUROSURGERY**

December 04-05, Dubai, UAE

## Post-operative outcomes after Neurosurgery for Brain tumour excision: A single-centre service evaluation

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**Introduction:** Each year, approximately 4400 patients in the UK are newly diagnosed with a brain tumour.(1,2)The most commonly presenting tumours are gliomas, meningiomas and metastases.(2) Post-operative infection rates range from 2-4% with some patients requiring surgical washouts and re-do surgeries to address complications.(2) Variables such as previous radiotherapy and chemotherapy have been shown to significantly increase post-operative infection rates after craniotomies in similar patient groups however limited data exists on the effect of diabetes and adjunctive immunosuppression.(3,4)

**Aims:** The primary aim of this service evaluation is to investigate the effectiveness of brain tumour excision surgeries performed at the Queen Elizabeth Hospital by assessment of post-operative outcomes. In doing this we also hope to identify risk factors for poor outcomes to develop quality initiatives to improve (clinical outcomes and patient experience) in this service.

**Methods:** A retrospective analysis of 333 patients who had undergone neurosurgery for brain tumour excision was conducted to assess rates of post-operative infection, wound washouts, redo surgeries and mortality rates. Risk factors such as diabetes, pre-operative chemotherapy, radiotherapy and immunosuppression were also assessed to identify a specific cohort of patients who were most vulnerable to poor post-operative outcomes.

**Results:** The infection rate at the Queen Elizabeth Hospital was 4%, which is the upper limit of the national average (2-4%), demonstrating adequate infection control measures and the mortality rate was marginally lower at 2.4% (National average is 3%.) An isolated 'at-risk' group of patients was also identified: Immunosuppressed patients undergoing Glioblastoma resection.

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