Neurosurgery in the Eastern Shore: Past, Present and Future

Background

The diagnosis and management of brain and spinal cord tumors starts with family physicians and hospitalists. Patients usually present with a neurological complaints – weakness, numbness, vision change, difficulty with bowel/bladder function, difficulty with balance, or severe headaches. An MRI or CT scan is done next that demonstrates the pathology in the brain or the spinal cord and a referral is made to neurosurgery. Depending on the location, size, neurological function and likely pathology involved, an operation is planned. These operations all have different levels of complexity, ranging from brain biopsies to removing brain tumors while patients are awake from areas close to speech and motor function. The goal of surgical intervention is threefold: 1) obtain and confirm diagnosis with pathologic specimen, 2) achieve maximal decompression without harming neurological function, 3) possibly obtain cure. After final pathology is confirmed, patients that require further treatment are evaluated and treated by oncology and radiation oncology. All tumor cases are presented at Tumor Conference on biweekly schedule. The conferences include neurosurgeon, oncologists, radiation oncologist, neuropathologists, neuroradiologists. Patients are then followed closely with repeat imaging to determine recurrence. This team approach ensures that all these patients are provided complete care in an efficient manner to help ensure that the best possible outcome is achieved.

Chesapeake Neurological Surgery

In the past two years, the neurosurgical oncology program in the eastern shore has expanded rapidly. With the collaboration of the OR staff, anesthesiologists, oncologists, radiation oncologist, neuropathologists, neuroradiologists and with support from hospital administration, we are now caring for the majority of brain and spinal cord tumor patients in our community. To date, 26 brain tumors and 6 spinal cord tumors have been treated at Memorial Hospital in Easton. The surgeries involved included brain biopsies, craniotomies, endoscopic intracranial tumor resection, and awake craniotomies for resection of tumors around speech and motor areas. The pathological diagnosis included benign as well as malignant lesions that necessitated postoperative chemo and radiation. All patients presenting with benign lesions had complete tumor resections and did not need postoperative chemo or radiation. In this group, there is no recurrent disease to date. The majority of patients with highly aggressive brain tumors had both chemo and radiation here in Easton after their surgeries. Unfortunately, the overall prognosis in this group is poor nationally with limited long term survival. The goal of surgery in patients with highly aggressive brain tumors is to obtain maximal resection without causing damage to neurological function. This, followed by aggressive chemo and radiation, has been proven to prolong survival of these patients.
Having a dedicated team approach to tumors involving the brain and spinal cord has proven to improve overall care provided to patients harboring these tumors. Chesapeake Neurological Surgery will continue addressing the neurosurgical needs of the eastern shore. Please call 410-820-9117 or visit www.cnseaston.com for any additional information.