

DEPARTMENT OF NEUROSURGERY

SPECIAL FEATURES

State of art zeiss operating microscope C -ARM

Head frame with self retaining brain retractor system

- Modular OT

All latest neurosurgical instruments for cranial and spinal surgery

Facilities for microneurosurgery for brain tumours

- Endoscopic/Microscopic trans sphenoidal Pituitary Surgery
- Aneurysm Surgery
- Skull Base Neurosurgery
- Paediatric Neurosurgery

Minimally invasive spine surgery:

- Percutaneous Pedicle Screw Fixation
- Kyphoplasty/Vertebroplasty
- Cervical Disc Replacement
- All Spinal Stabilisation Procedures

Endoscopic Neurosurgery

Care of cranial and spinal trauma

- Nerve Injuries

A team of neurosurgeons with vast experience, supported by highly experienced anaesthesia and critical care team and modern ICU with ventilators and monitors
Modern Laboratory, Blood Bank, Radiology Dept with latest CT and MRI facilities

RECOGNIZE THE SYMPTOMS OF STROKE EARLY TO PREVENT DEATH AND DISABILITY



Dr Deepak Gupta
DM (Neurology), Fellow in stroke & cerebrovascular diseases
(University of Alberta, Edmonton, Canada)

Stroke is an important cause of death and disability worldwide. According to WHO statistics, stroke is the third most common cause of death after heart disease and cancer. This brief article outlines the basics of treating a stroke.

Stroke is an emergency. **Don't wait** for the symptoms to recover as they more commonly progress. Like a heart attack, every minute after the onset of stroke counts. The most common kind of stroke, ischemic stroke, due to a brain clot can be treated with a simple intravenous drug called **tissue plasminogen activator (t-PA)**, commonly called "clotbuster" drug. It dissolves the clot blocking the blood flow in the artery. t-PA saves more lives and increases the chances of a better recovery. But it can only be given in **the first four and half hours from the stroke onset – the window period**. Of these 4 1/2 hours the chances of recovery are best if the drug can be started in the first one hour of stroke onset. So it is important to recognize a stroke early and treat it as fast as possible.

The symptoms of stroke depend upon the region of the brain which is affected.

Symptoms can be mild or severe. The most common symptoms of stroke are:

1. Sudden numbness of the face, arm or leg (especially on one side of the body)
2. Sudden weakness of arm or leg (paralysis)
3. Sudden difficulty in speaking or understanding speech; patient may look confused
4. Sudden trouble in vision with one or both eyes
5. Sudden trouble walking or loss of balance or dizziness
6. Sudden severe headache with no known cause

If a patient presents to any doctor with symptoms suggestive of stroke, the patient should be immediately referred to the nearest emergency for a plain CT of the head and examination by a neurologist. The neurologist after seeing the patient and the scan should be able to decide whether the patient can be given the t-PA. Contrary to popular belief, lengthy tests as blood work or MRI brain are NOT needed, except in special circumstance, to give t-PA.

CONSIDERATIONS

Anyone who has a pituitary adenoma (benign glandular tumor) that is causing health problems should consider treatment.

There are two kinds of pituitary adenomas: secretory (meaning that they give off hormones) and non-secretory (meaning that they don't).

- Secretory tumors cause problems for your endocrine system by releasing excess hormones into the bloodstream.
- Non-secretory tumors can cause vision problems by growing so large they press on your optic nerves, which can lead to a loss of peripheral vision.

CSurgery is helpful for both kinds of pituitary tumors

EFFECTIVENESS

What is the chance of being cured?

It largely depends upon the type, size and location of the tumor. Smaller, non-secretory tumors are much easier to cure than larger tumors. However, a large non-secretory tumor that has not grown into the bone or sinus can also typically be cured.

- It's harder to cure a secreting tumor that has invaded the bone or the sinus.
- If the tumor has grown into an area where it is not possible or safe for the surgeon to operate, it may not be surgically curable.
- However, such tumors can often be surgically reduced in size so that they don't impinge upon the optic nerves and pituitary gland — this can protect your vision and hormonal function.
- Radiation treatment may be required to control further growth.

The experience and expertise of your pituitary surgeon also matter greatly in these delicate surgical procedures.

RISKS

What are the risks involved with this treatment/procedure?

The most common risk is damage to the pituitary gland. Hypopituitarism (decreased hormone secretion) can be temporary or permanent. Patients with tumors greater than 1 cm experience hypopituitarism 5%–10% of the time following their surgery. Hormone replacement can alleviate this condition.

Damage to the back part of the pituitary gland can produce a condition known as diabetes insipidus (DI), which can lead to frequent urination and excessive thirst. Permanent DI occurs 1–2% of the time after pituitary surgery. This can be controlled with medication in the form of a nasal spray or a pill.

There are also some more severe complications that can occur in extremely rare circumstances.

- Damage to the carotid arteries leading to stroke or brain hemorrhage
- Loss of vision due to bleeding or damage to the optic nerves
- Cerebral spinal fluid leak, which can cause meningitis

The risk of all complications is higher with less experienced surgeons.

What are the risks of not having this treatment/procedure?

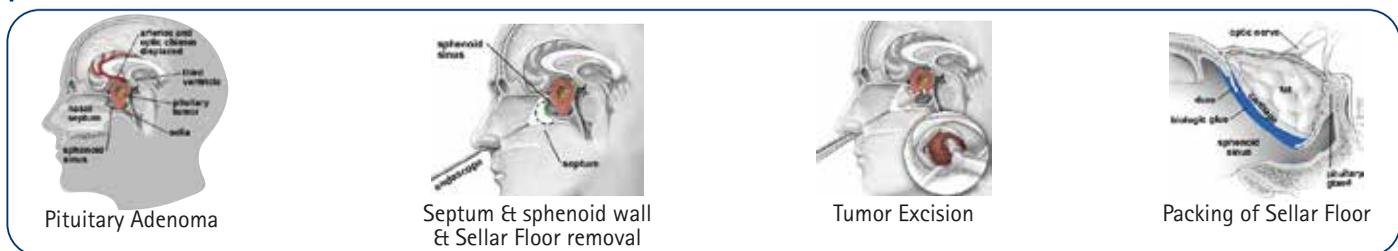
Pituitary and hormonal dysfunction, as well as loss of vision, can occur as a result of a growing tumor.

Some secreting pituitary tumors such as acromegaly and Cushing's disease can shorten your lifespan if they are not removed.

URGENCY

Occasionally, a pituitary tumor can bleed into itself, which causes it to rapidly expand, leading to symptoms such as a severe headache, loss of vision, double vision or a lazy eyelid.

The increased pressure on the pituitary gland can cause it to stop working, a condition called pituitary apoplexy. This is a life-threatening emergency. However, many of the negative effects of pituitary apoplexy can be reversed if emergency surgery is performed.



For any query please contact us at: Contactusatmohali@maxhealthcare.com