

Here's an update on my neurological adventure. In recent weeks I've consulted with neurosurgeons here in Nashville and elsewhere to see if they agree with each other (mostly they do) and to decide where and by whom to have this thing "done." Auditioning neurosurgeons is a dodgy business, it turns out. They don't readily agree to sing or dance on command, nor are they inclined to submit demo videos of open-brain surgeries they have done in the past or to share their campaign contributions and voting records.

But after reviewing the evidence and checking criminal backgrounds, the selection committee has decided to go with the home team, and do the deed here in Nashville at Vanderbilt University Medical Center.

I will have two preliminary procedures called "embolizations," which involve putting a glue-like substance in some of the vessels that feed the AVM – my malformation – to slow or stop the flow of blood. I say "glue-like" because although a form of superglue is sometimes used for this kind of thing, the goo they will use on me is a newer material (called Onyx by the company that invented it and profiteers from it) that technically isn't a glue because it doesn't *adhere*, it *coheres*. Translation: it fills a blood vessel with a spongy substance (involving, yes, polymers!) that holds together but doesn't actually stick to anything.

Anyway, to do one of these embolization procedures they put me to sleep, snake a catheter through arteries to get up there (originating down in the leg, as in other forms of "catheterization" like the cardiac kind), and inject the Onyx. It takes a couple of hours, and after keeping me overnight, assuming no complications, I'm home the next day and back in action sipping cocktails and making witty remarks a day or so after that.

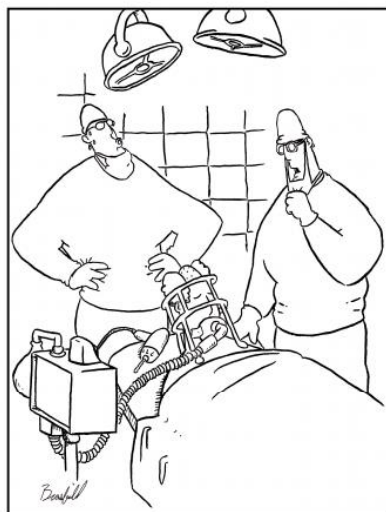
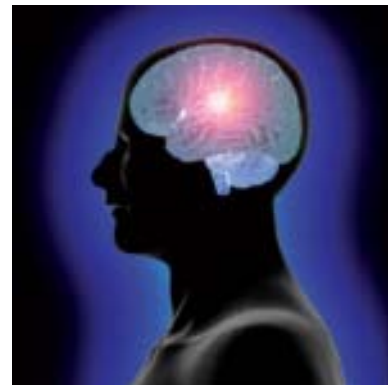
The first of two embolizations is scheduled for January 20, and the second on February 8. The point of them is not to eradicate the AVM, but to reduce the flow of blood through it and in doing so shrink it somewhat. That, in turn, makes the subsequent surgery to remove it (or so they claim) faster, easier, and safer. Assuming those two embofestivals and my recovery from them go as expected, I will have the surgery proper on February 17.

A fascinating aspect of the process so far has been sorting out divergent opinions of neurosurgeons with whom I've consulted. They differ, for instance, in preferences for embolization materials (glue vs. Onyx). I've come to

understand that research evidence for one over the other is thin, and so the choice is grounded as much in experience and personal preference as in science. Yet the difference isn't trivial because they work very differently, even involving different kinds of anesthesia. In the end that leaves me – the casual neurohobbyist – to sort out these differences and make a choice. At times I feel just a tad underqualified.

Another fun part is trying to divine the personality tendencies of people who spend their time monkeying around with other people's brains. One neurosurgeon in Boston I spoke to by phone identified himself as an anti-government religious right winger from the south. (He didn't get the gig.) Most are less forthcoming.

So on the whole all is good – I remain entirely symptom-free, and now we're just waiting to get started. The act of scheduling "procedures" (to use the cold, clinical professional term of art) does make it seem less an intellectual abstraction and more like something real. There's nothing quite like putting an entry for "brain surgery" in your Outlook calendar.



"Relax doctor...it ain't rocket science."