

# The Defective Brain Gazette

Today, snow, mainly in the morning, 1-3 inches, high 33. Tonight, partly cloudy, windy, colder, low 19. Tomorrow, very windy, cold, mostly sunny, high 26. Details, Page A24.

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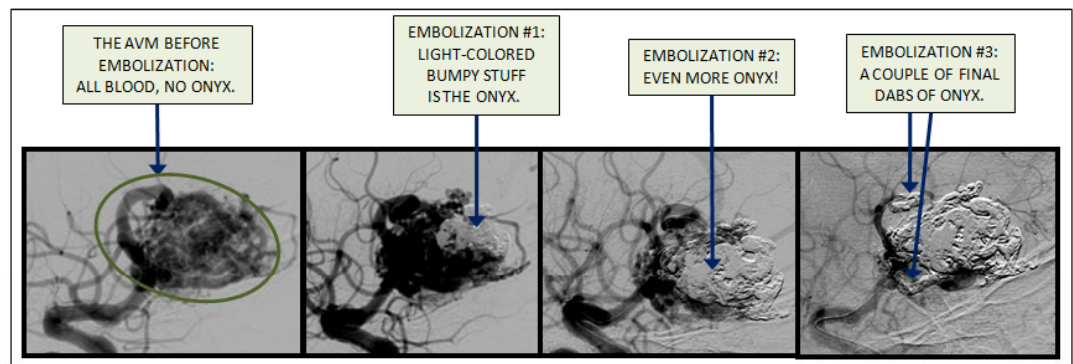
\$3.08



Last week the neurosurgical adventure reached a significant milestone with the successful completion of the third and final intracranial "embolization" procedure. Although the distinction is a bit technical, this one was slightly different in form and purpose than the previous two. As I explained in prior *Gazettes*, the goal in these procedures is to fill the tangle of blood vessels that comprise the AVM – the so-called "nidus" or nest of vessels – with a glue-like substance called Onyx as a way to reduce blood flow through the thing.

For this last one the neurosurgeon wanted to block two blood vessels at their entry points into the AVM, but he wasn't interested (as in prior embolizations) in pushing the Onyx into the interior of the thing. That's because with surgery to follow, it's no longer necessary to be aggressive in clogging up the middle; the goal was just to stop up the last couple of arterial "feeders," as they call them. That renders the malformation as low-flow and easy to remove as possible for the upcoming surgery. (One imagines that the Obama administration right about now wishes it could stop up a couple of Congressional GOP feeders, rendering them low-flow and easy to remove. But I digress.)

This graphic (right) adds an image to what appeared in the last *Gazette*. It is precisely because of the more modest goal in round three that the added Onyx takes the form of just a couple of dabs rather than a sizable new splotch of it.



This last procedure, like the two that came before it, culminated in another delightful 24-hour sojourn in the neurological intensive care unit at Vanderbilt. The neuro ICU turns out to be an good place to build self-esteem. I'm there for a day of observation as a relatively awake and lucid human, in contrast with my more quiescent ICU-mates, many of whom are quite bad off – stroke victims, trauma cases, and the like. The staff laughs at my jokes and admires my energy – one emerges with a renewed sense of self-regard. The feeling dissipates rapidly, of course, when you come to realize that the nice folks celebrating your wit and energy spend most of their time with people in various states of torpor, it not outright comatosity. It's a classic contrast effect.



ICU neuroprofessionals diligently monitoring patient self-esteem

as a "craniotomy," which loosely translates as "cut hole in head; extract unwanted bits; replace useful head parts; close with stitches or staples or scotch tape or something."

In the image at right, an angiographic still embellished with uncannily realistic facial features, you get a sense of the size and location of the thing to be removed. It's actually smaller than that because this is a "before" image taken prior to embolizations, which have reduced its overall diameter by about 25 percent. Also, that's not the path of surgical entry in the image; it's just a face-on look at the AVM's geography. They go in from higher up and off to the side.

In dictated operative notes the neurosurgeon describes the upcoming last step as "final definitive resection of the residual AVM." I like the sound of that.

