CANS newsletter

Basic ED vital signs: BP, Pulse, O2 sat and ICP

Randall W. Smith, MD, Editor

This writer, who championed ventriculostomy for ICP monitoring in head trauma, and who regularly used the parenchymal monitors, has always maintained that if we can land on the moon, it will only be a matter of time until ICP will be measured by an external, non-invasive device. It would appear that such a device is looming on the horizon.

The JNS published online an article by Ganslandt, Mourtzoukos, Stadlbauer, Sommer and Rammensee in which they describe a noninvasive ICP monitoring device in patients undergoing invasive ICP monitoring. They describe using the HS-1000 device (HeadSense Medical, Ltd), which emits 6-second-long bursts of sound (66 dB) near one ear. The acoustic signals pass throughout the cranium and are detected by receiving sensors located in the opposite ear. Advanced signal analysis algorithms are used to evaluate properties of the acoustic signals to determine ICP values. The monitoring system can be used continuously, with repeated 6-second epochs, to maintain a constant evaluation of ICP.

The researchers tested the new noninvasive ICP monitoring tool in 14 patients receiving treatment for traumatic brain injury and/or subarachnoid hemorrhage in an intensive care unit. Invasive intraventricular or intraparenchymal monitoring of the patients' conditions was already in place. The researchers then compared ICP values obtained using the noninvasive HS-1000 device with ICP values obtained using an invasive (intraventricular or intraparenchymal) monitoring system. They found that the HS-1000 ICP values were as well correlated with ventriculostomy values as the intraparenchymal monitors.

It will just be a matter of time before head injuries admitted to ED's will, in addition to the finger tip O2 sat monitor, get one of these external ICP monitors as one more vital sign to be recorded and evaluated to help guide treatment. And another CPT bites the dust. ❖

INSIDE THIS ISSUE:

CANS MISSION STATEMENT

'To Advocate for the Practice of California Neurosurgery Benefitting our Patients and Profession'

Brain Waves

Deborah C. Henry, MD, Associate Editor

On occasion, I will be asked what it takes to become a neurosurgeon. Besides the good grades factor, I answer that it takes stamina and the ability to ride an emotional roller coaster. The stamina is for the long days and long cases, sometimes standing on your feet for 10 hours or more at a time. It has always amazed me how exhausted I could become after an intense surgery. I had hardly moved, yet my body felt as if it had just run a half-marathon, and my mind seemed dazed-over like it just took five MCAT exams.
The emotional roller coaster comes from the incredible highs and the insufferable lows that occur. One day, I might make someone walk again who previously was paralyzed and then the very next day, I could be withdrawing life support on a three year-old. This absurd change in one's dopamine and serotonin levels is not for the faint of heart. Being able to accept that there are people we can cure and those that we cannot is just another part of being a neurosurgeon.

Which brings me to today. The 70 year-old Addicks reservoir overflowed in Houston and sent almost 80,000 cubic feet a second of water into Kingwood, a suburb north of Houston and my mom's hometown. Her independent living facility had lost power yesterday, but today after the reservoir breeched, her facility flooded, water rising high into the first floor. After a mandatory evacuation was ordered, boats and helicopters circled the residence, and by early afternoon, my 91 year-old mom, wheel chair and all, floated by boat to a local school shelter. My sister, who had arrived last week to visit and was due to leave on Sunday so that she could start teaching her first graders this week, was stranded along with her. I know my neurosurgical training kicked in here. I still had a class to teach. I knew that there was nothing that I could do but give support. Friends from across the country had texted offering to fly in to Houston to help, which turns out to be an impossible feat as the airports are shut down and the roads are impassable. Texted messages between family and friends kept me informed. By evening, a neighborhood friend had taken in my sister, mom, and my mom's caretaker. Tomorrow will be another day. There are tough weeks and months to come for all those in the flooded areas. When there is nothing that we can physically do, the best is to be an empathetic ear. It does not matter if we are a son, a daughter, a friend, or the patient's neurosurgeon. ❖

DO YOU KNOW A NEUROSURGEON NEW TO CALIFORNIA?
Tell them about CANS and Direct them to the CANS website: www.cans1.org! There is a membership application on the site

Attention Members:
Please use form attached to the newsletter email to submit your nominations for the CANS 2018 Board member positions open. Also, nominations are being taken for a possible Pevehouse Award winner and for the Ablin Award (Distinguished public service award).

Tidbits from the Editor

Like at a wedding, "I do" should be given in person

AMA WIRE reports that a recent ruling by the Commonwealth of Pennsylvania Supreme Court could "have a far-reaching, negative impact" on physician practices. That Supreme Court, in a 4–3 decision, ruled that, not only do surgeons have the duty to provide their patients with information about the alternatives, risks and benefits of a particular procedure in order to obtain informed consent; the surgeon has to be the person who delivers that information personally.

"The law simply does not support such a proposition," Justice Max Baer wrote in the dissenting opinion, with two other judges—including Chief Justice Thomas Saylor—joining in. Four other justices disagreed, however, and the case has been remanded back to a lower court for a new trial.

"In addition to my conclusion that the majority's holding is legally inaccurate, I fear that today's decision will have a far-reaching, negative impact on the manner in which physicians serve their patients," Baer wrote. "For fear of legal liability, physicians now must be involved with every aspect of informing their patients' consent, thus delaying seriously ill patients' access to physicians and the critical services that they provide. Courts should not impose such unnecessary burdens upon an already strained and overwhelmed occupation when the law does not clearly warrant this judicial interference."

The Litigation Center of the American Medical Association and the Pennsylvania Medical Society (PAMED) had filed an amicus brief arguing against the concept in the final decision.

One might hope that Justice Baer would confine himself to the legal issues and not wax eloquent on how much harder it makes the doc's job. It is hard to fathom what is wrong with the operating surgeon having the pros and cons discussion directly with the patient and not have it done by someone else.

One would suspect that most of us neurosurgeons have that discussion directly with the patient. If a neurosurgeon is so busy he/she doesn't have time for the goals and risks talk with the patient, maybe it's time to slow down a bit and rethink the necessity of having that Lamborghini.

Patient Experience Tips from CAP

The front office staff discussing weekend plans, old magazines askew and the smell of a tuna sandwich permeating the waiting room can make a big difference in the patient experience. A negative impression can leave a patient less likely to follow patient treatment plans and recommend the practice to others.

10 Tactics to Improve the Patient Experience

1. Staff members should greet and introduce themselves, including their positions, to patients/visitors from check-in through check-out.
2. Keep personal conversations among staff limited to non-patient areas.
3. Have all staff members treat patient health concerns seriously and with empathy.
4. Staff should provide courteous, clear, and understandable instructions and solicit feedback from patients.
5. Keep track of arrival and departure times so patients waiting more than 15 minutes receive an explanation.
6. Eat only in non-patient areas to minimize food odors patients are exposed to.
7. Keep magazines/brochures current and relevant to the patient population.
8. Encourage patients to use their waiting time productively by providing educational materials.
9. Assist and accompany very young, old, infirmed, or disabled patients.
10. Train your staff to handle complaints and assist patients with problems.

To obtain a one page handout of these tips, download the *10 Tactics to Improve the Patient Experience*.
Download CAP's Risk Management Self-Assessment Kit to access 200 additional tips on how to improve the patient experience and reduce risk in the office.

To learn more about CAP coverage and value added benefits, please contact us at 800-356-5672 or MD@CAPphysicians.com or Request an Instant Quote.

CANS nominations for AANS positions

The CANS Board of Directors has approved nominating the following neurosurgeons to the indicated AANS leadership positions to be elected in the spring of 2018 (CANS members in **Bold**):

AANS Nominations for 2018			
President-Elect	Christopher Shaffrey		
Vice President	Regis Haid		
Secretary	Deborah Benzil		
Nominating Committee (2)	**Mark Linskey**		
	John Ratliff		
Director at Large (2)	**Kenneth Blumenfeld**		
	Luis Tumialan		

CANS past prez on the rise

The CNS Nominating Committee has approved the following slate of candidates to be voted on at the CNS meeting in Boston. It is worth noting that the immediate past president of CANS, Dr. Mummaneni, is nominated for Treasurer. If elected, he will have a pretty fair chance at the CNS Presidency in 2020.

President-Elect:
Ganesh Rao, MD

Vice President:
James S. Harrop, MD, FACS

Treasurer: 3-Year Term
Praveen V. Mummaneni, MD

Members-at-Large: 2-Year Term
Mohamad Bydon, MD
Daniel J. Hoh, MD
Jennifer A. Sweet, MD ❖

Thought for the Month:

As I have grown older, I've learned that pleasing everyone is impossible, but pissing everyone off is a piece of cake

Meetings of Interest for the next 12 months:

Western Neurosurgical Society: Annual Meeting, September 8-11, 2017, Banff, Alberta, Canada
CSNS Meeting, October 6-7, 2017, Boston, MA
Congress of Neurological Surgeons: Annual Meeting, October 7-11, 2017, Boston, MA
International Society for Pediatric Neurosurgery: Annual meeting, October 8-12, Denver, CO
North American Spine Society: Annual Meeting, October 25-28, 2017, Orlando, FL
AANS/CNS Joint Pediatric NS Section: Ann. Meeting, Nov. 28-Dec. 1, 2017, Houston, TX.
Cervical Spine Research Society: Annual Meeting, Nov. 30 – Dec. 2, 2017, Hollywood, FL
CANS, Annual Meeting, January 12-14, 2018; US Grant Hotel, San Diego, CA
North American Neuromodulation Society: Ann. Meet., January. 11-14, 2018, Las Vegas, NV
AANS/CNS Joint Cerebrovascular Section: Ann. Meeting, Jan. 22-23, 2018, Los Angeles, CA
Southern Neurosurgical Society: Ann. Meeting, Feb. 28-March 3, 2018, San Juan, Puerto Rico
AANS/CNS Joint Spine Section: Annual Meeting, March 14-17, 2018, Orlando, FL
Neurosurgical Society of America: Annual Meeting, June 10 - 13, 2018 Jackson Hole, Wyoming
CSNS Meeting, April 27-28, 2018, New Orleans, LA
NERVES Annual meeting, New Orleans, LA, April, 2018, Date TBA
AANS: Annual Meeting, April 28-May 2, 2018, New Orleans, LA
California Neurology Society: Ann. Meeting, 2018, TBA
AANS/CNS Joint Pain Section Bi-Annual Meeting, 2018, TBA.
Rocky Mountain Neurosurgical Society: Ann. Meeting, 2018, TBA
New England Neurosurgical Society: Annual Meeting, 2018, TBA

Any **CANS** member who is looking for a new associate/partner/PA/NP or who is looking for a position (all California neurosurgery residents are CANS members and get this newsletter) is free to submit a 150 word summary of a position available or of one's qualifications for a two month posting in this newsletter. Submit your text to the CANS office by E-mail (emily@cans1.org) or fax (916-457-8202)—Ed. ❖

The assistance of Emily Schile and Dr. Kenneth Blumenfeld in the preparation of this newsletter is acknowledged and appreciated.

- To place a newsletter ad, contact the executive office for complete price list and details.
- Comments can be sent to the editor, Randall W. Smith, M.D., at rws-avopro@sbcglobal.net or to the CANS office emily@cans1.org.
- Past newsletter issues are available on the CANS website at www.cans1.org.
- If you do not wish to receive this newsletter in the future, please E-mail, phone or fax Emily Schile (emily@cans1.org, 916-457-2267 t, 916-457-8202 f) with the word "unsubscribe" in the subject line.

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