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Removing brain and pituitary tumors

"We're doing really neat stuff for brain tumors," says an enthusiastic Dr. Theodore Schwartz, assistant professor in the department of neurosurgery and the director of epilepsy and brain tumor surgery at Cornell-New York Presbyterian Hospital. That's an understatement.

One of the latest innovations is called an intra-operative MRI (magnetic resonance imaging) scan.

Before, surgeons would operate on a patient with a brain tumor and then perform an MRI post-surgery to make sure all the tumor had been removed.

"Now we can find out during the operation by performing the MRI then," he says. "The image points us right to where we need to go."

This procedure is also used for pituitary tumors and in the treatment of epilepsy.

Dr. Schwartz is also removing the benign

tumors of the pituitary (a gland at the base of the brain that affects growth and reproduction) in an amazingly minimally invasive way.

A mere six months ago, surgeons would have to make incisions in the patient's face and, in some cases, break the patient's nose during surgery to get at the pesky gland.

Now an endoscope (a camera-like device) is stuck up one nostril while small incision instruments are placed up the other nostril. The procedure is called an endonasal endoscopic approach.

The image from the endoscope is projected onto a large plasma screen, so the surgeon can clearly see the affected area and know exactly where to cut.

During the procedure, Dr. Schwartz can do an MRI scan to make sure the tumor is gone.

"This is probably a more successful, effective surgery because of the ability to visualize the tumor," he says. "And we're really the only ones doing this right now."



Cornell-New York Presbyterian's Dr. Theodore Schwartz is using MRIs to greatly improve the process of brain tumor removal.

Victoria Will