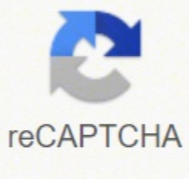




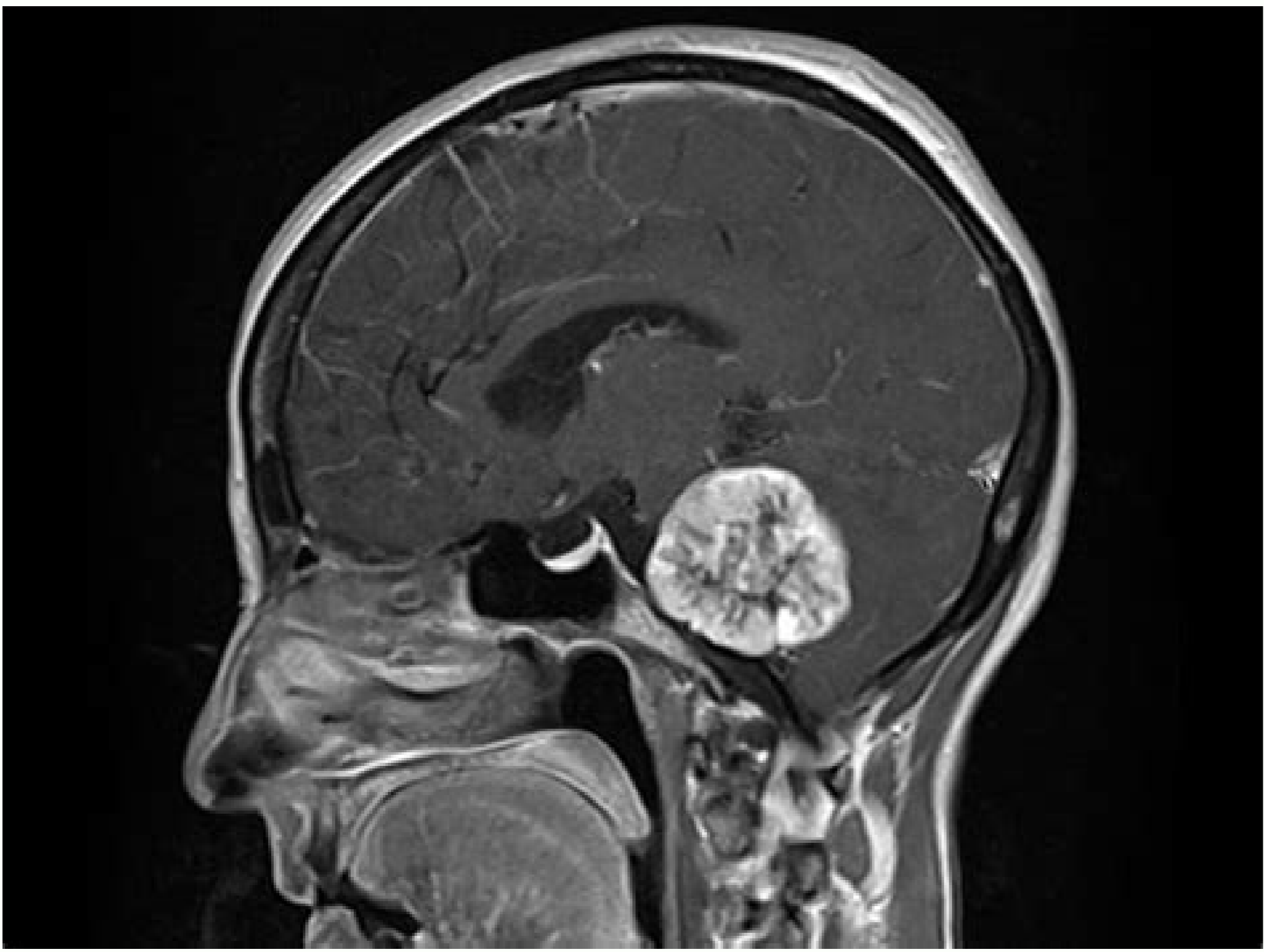
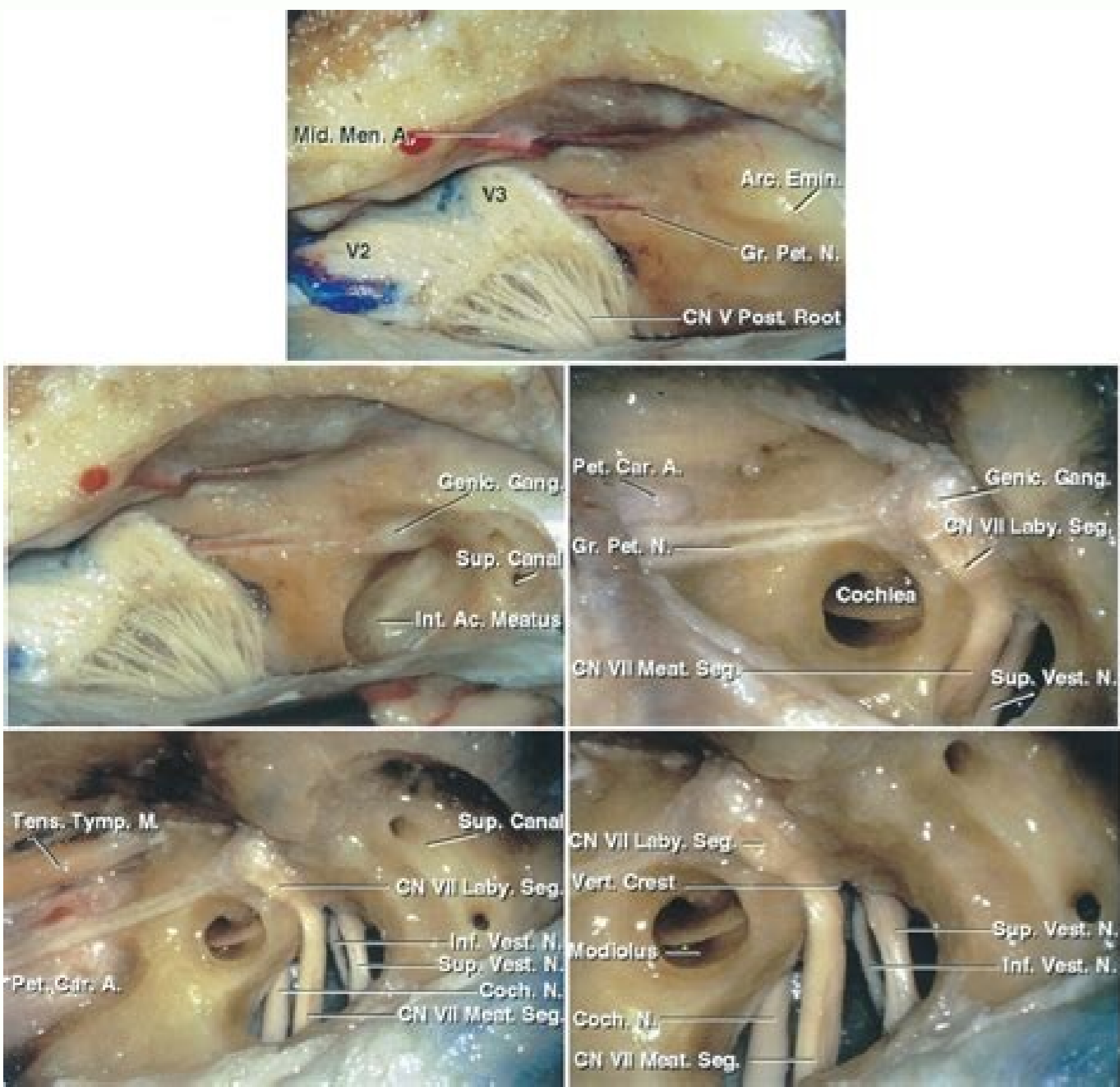
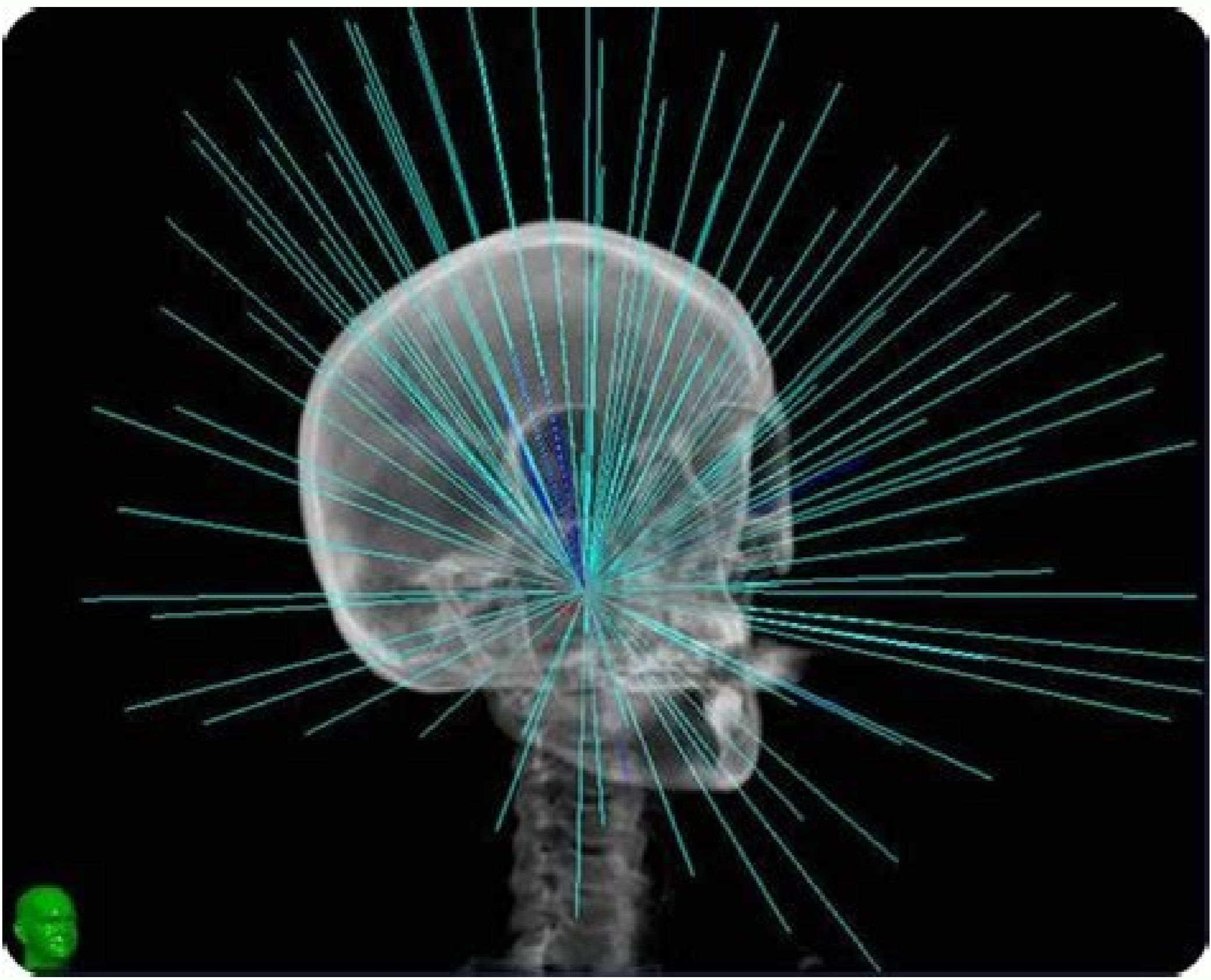
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How is acoustic neuroma surgery performed





Is acoustic neuroma surgery safe. Can you die from acoustic neuroma surgery. What is acoustic neuroma surgery.

Imaging tests help surgeons remove tumors with great precision, preventing damage to the nerves responsible for hearing, balance and facial movements. A team of clinical neurophysiologists, who specialize in the functioning of the nervous system, monitors these nerves during the procedure to see how they tolerate the procedure. The central fossa approach is an option for smaller tumors that have not grown beyond the inner ear canal. Doctors can use translabrynthine surgery for any size of the tumor that has caused significant hearing loss or where preservation of hearing is not possible. This approach is the best to save hearing, which is possible in most people who have the procedure. The cerebellum, a part of the brain above the brain stem, falls off the road, and surgeons remove the bone above the inner ear canal to fully access the tumor. The goal is to completely remove the tumor, if possible, while sparing the important nerves involved in hearing, balance, movement, and facial sensations. Doctors may opt for surgery for people with large cancers or cancers that cause severe balance problems, headaches, or persistent facial pain, or hydrocephalus, a buildup of fluid in the brain. Halus occurs when an acoustic neuroma grows enough to press on the brain stem, the lower part of the brain that connects to the spinal cord. Our surgeons can use a retrosigmoid approach for small acoustic neuromas, when preservation of hearing is possible. Surgeons can see the facial nerve, auditory nerve, and brain stem. If removing the whole tumor could damage the nerves or brain tissue, your doctor may leave a small part of the tumor. This approach for tumors that are growing from the inner auditory canal and approaching the brain stem. During this procedure, a surgeon makes an incision behind the ear to open up a part of the skull called occipital bone, located behind the mastoid. About this Treatment: Surgery for Acoustic Neuroma Á Á Doctors at NYU Langone may recommend surgery to treat people who have an acoustic neuroma, also called vestibular schwannoma. If your hearing has been affected by the surgery, your doctor can work with you to explore your options for hearing rehabilitation. The surgeon makes an incision above the ear in the lateral skull bone, and then uncovers the internal auditory canal, and removes the acoustic neuroma. Balance is recovered slowly, and most people can return to work in 8 to 12 weeks. This helps to preserve the nerves' function. The surgical approach your doctor uses depends on the tumor size and location and whether preserving your hearing is a priority or an option. This gives the surgeon access to the tumor in the internal auditory canal, which acts as the passageway for the eighth cranial nerve. The nerve that runs from the brain to the inner ear and provides a good view of the nerves so the surgeon can preserve facial function. The surgeon removes the entire tumor, or as much of it as is safely possible. As with the retrosigmoid approach, it is used to help preserve hearing. To reach the tumor, surgeons occasionally remove the cochlea, the part of the inner ear that processes sound, or the otic capsule, which is the bony structure that surrounds the inner ear. Because a portion of the inner ear is removed during this procedure, hearing is lost in that ear. This blocks the flow of cerebrospinal fluid, the liquid that surrounds and cushions the brain and spinal cord, from draining properly. Very small tumors can also be treated with surgery when doctors observe growth or when preservation of hearing is a goal. Surgery to remove an acoustic neuroma is often guided by computer software that incorporates MRI scans and CT scans, which create three-dimensional images of the brain. All procedures require general anesthesia. After surgery, you may spend a few days recovering in the hospital while your doctor monitors you and manages any pain, dizziness, and other symptoms you may be experiencing. Balance is usually not a problem because the opposite ear can take over this function, although rehabilitation therapy may be necessary to help you compensate for some loss of balance. In general, the translabrynthine approach is the best option when hearing has already been severely affected from the tumor or when tumors are large and hearing preservation is not possible. The section of the skull opened to perform this surgery is replaced after tumor removal. Fat from the periumbilical region, meaning the area surrounding the belly button, is removed and used to seal the closure to prevent spinal fluid leaks. During this procedure, the surgeon makes an incision behind the ear and opens the mastoid bone, as well as a portion of the inner ear, which contains structures important for hearing and balance. Then surgeons replace the skull bone and use fat from elsewhere in the body to help close the opening.

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