

QUESTIONS FOR THE ACOUSTIC NEUROMA SURGEON

If you have decided to have your acoustic neuroma surgically removed, you may wish to ask some of the following questions of your surgeons. Be sure that you are comfortable with the responses:

How many acoustic tumors have you removed this month/this year and what specific training in acoustic tumor surgery have you had?

What is your total experience in operative cases of acoustic neuroma tumors over what period of time?

What microsurgical approach do you recommend for my tumor size, location, age, health and level of hearing? How comfortable are you with each of the surgical approaches?

Do you feel that the facial nerve results or the hearing results are more important in the long-term outcome? How do you achieve their preservation and what are your success rates?

Do you electrically monitor the facial nerve during surgery?

In your experience, when leaving in small pieces of residual tumor on the brainstem or facial nerve, does tumor growth usually stop?

For a tumor the size and shape of mine, what have been your results with respect to facial nerve function, both temporary and permanent?

What is the likelihood that my remaining hearing will be preserved after this surgery?

Do you anticipate total tumor removal with a single operation? If not, what are my follow-up options? Surgery? Radiation?

Will this surgery be done by a team of physicians with more than one specialty?

What has been your rate of surgical complication with respect to stroke, infection, bleeding, cerebral spinal fluid (CSF) leak and headache?

When and how often should I schedule follow-up MRIs after treatment? Will I get these MRIs for up to 10 years?

Does your hospital have a neurological intensive care unit?

About how many days will I be in the hospital?

What follow-up care will I need?

How much discomfort should I expect from headaches and from the incision after this surgery?

What do you do to minimize post-surgery headaches? NOTE: If you have a history of headaches, discuss this with your physician.

Did you feel comfortable with the surgeon, the information shared, access to a non-biased sample of his/her previous patients?

All other things being equal, when can the surgery be scheduled?