



COMMENTARY



# Grateful for Medical Advancements

*Timothy McTighe, Dr. H.S. (hc)<sup>§</sup>*

*Acknowledgement: Roberto Heros, MD<sup>†</sup>; Mohamed Samy A. Elhammady, MD<sup>†</sup>*

“Grateful” has been described as warmly or deeply appreciative of kindness or benefits received.

This commentary will express my personal gratefulness for benefits received by recent Medical Advancements. Most readers are well aware of my orthopaedic career over the past forty-four years and the many benefits that my family and I have received. However, recent benefits received gives me reason to pause and reflect, and to acknowledge their receipt.

My wife Catherine has been a significant part of my professional life and has many great friends worldwide as a result of our opportunity to travel and socialize in the many varied activities brought about by orthopaedics. Catherine (a retired nurse) was diagnosed in 2006 with a small cranial suprasellar lesion that had been very stable over the years. However, early this past February her condition changed.

I was invited by my Dear Friend Professor Warwick Bruce, MD to present some of my research at the First Annual ICJR Meeting in Sydney Australia. In addition, during the ICJR Meeting I was to Award Dr. John Harrison, AM to be the 2014 Recipient of the JISRF Lifetime Achievement Award along with a \$10,000 dollar donation made in his name to the Australian Orthopaedic Research Fund.

Upon my arriving in Sydney I was getting settled in for a ten-day trip full of CME and social activities when I receive a call from my wife. With stress in her voice she informs me that she had sudden loss of vision in the left eye and the right was degrading quickly. I remembered that vision loss was a sign that her mass could be growing, placing increase pressure on the optic nerves. This was also associated with increased thirst and increased urine output. There was no question the brain lesion had enlarged and was causing some additional cranial pressure – and my wife was going to wait for me to get home.

I have great friends in Australia and they all stepped up offering to present my data, and also stepped in for presenting our Lifetime Achievement Award to Dr. Harrison. My thanks go out to John Harrison our recipient, Drs. Bruce and Turn-

bull for handling the Lifetime Award Presentation, and Dr. Decal Brazil for hosting a small dinner party after the conference. This provided me with the opportunity to catch a return flight back to the United States.

Upon returning to central Florida (our winter location) on a Friday evening we were having difficulty reaching Cathy's Neuro Surgeon back in Cleveland. All we knew at this point was that surgical intervention was most likely going to be needed, and we didn't know of a Neuro Surgeon available to us in Central Florida.

My wife and I were not excited about the possibility of taking a chance with just any Neuro Surgeon on call so I started racking my brain to see if I could remember anyone who I knew in the orthopaedic world that might have some more direct contacts. That's when I thought of my long time friend Ricardo Heros.

Most total joint surgeons know Ricardo as Mr. Ceramic. Ricardo is American Manager at CeramTec Medical Products and my wife and I have known Ricardo since 1973. I remember Ricardo mentioning to me that his brother Roberto Heros was Professor of Neuro Surgery in Miami, Florida. So I give Ricardo a call at home only to find he was in Mexico. His lovely wife was kind enough to give me Roberto's home telephone number in Miami. I reached Roberto at home and explained I was an old friend of his brother along with a quick narrative summary of Cathy's condition.

There was no hesitation on his end and he advised me to bring Cathy down to see him Monday morning. Professor Heros had everything set from an MRI, to blood work and Neuro Ophthalmology. He also set up a meeting with Assistant Professor Mohamed Samy A. Elhammady, MD, a bright young surgeon who is Director of Minimally Invasive Crani-

<sup>§</sup> Joint Implant Surgery and Research Foundation  
46 Chagrin Shopping Plaza, Chagrin Falls, Ohio 44023

<sup>†</sup> Neurological Surgery University of Miami Health System  
1095 NW 14th Terrace, Miami, FL 33136

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al Neurosurgery and Co-Director of Neuroendovascular and Skull Base Surgery at University of Miami Health System.

Dr. Elhammady likes to be called “Samy”, so Samy is telling us he did a Clinical Fellowship in Minimally Invasive Neurosurgery at Prince of Wales Hospital, Sydney, Australia with Dr. Charles Teo, who is Director of the Centre for Minimally Invasive Neurosurgery. I have been visiting Australia since 1986 and have been pleased to be an International Affiliate of the Australia Orthopaedic Association. As a result I have many friends and relationships in Australia, so of course I am texting my mates down under to find out about Dr. Teo and his reputation. All reports came back as world class. Needless to say the feedback reassured both Cathy and I that Samy was the right guy to intervene and relieve the elevated cranial pressure that she was having.

### NARRATIVE SUMMARY

New MRI images revealed growth of the sellar and suprasellar lesion with a large cystic component, as well as a solid component involving the hypothalamus and the pituitary stalk. Samy operated on my wife on February 19th, the day after her birthday, where she underwent an endoscopic endonasal transsphenoidal resection of her lesion. During the surgery Samy found that there was some yellowish firm tissue, distinct from the pituitary gland that was resected. Once the cystic cavity was entered Samy found a creamy yellowish fluid. Although the frozen section suggested a pituitary adenoma, the final pathology came back as a lymphocytic infiltration without any neoplastic cells, possibly suggestive of a lymphocytic hypophysitis.

Cathy's postoperative scan showed excellent decompression of her optic apparatus and decompression of her cyst. Samy did not attempt any resection of the solid enhancing lesion involving the hypothalamus and pituitary stalk to avoid any hypothalamic or pituitary dysfunction. We did discuss preoperatively with Samy just this situation as to operative goals and knowing when to get out before additional damage might be caused. I must say he impressed me with his confidence and description of his operative goal without any attempt to over sell. Both Dr. Heros and Samy provided myself, and more importantly Cathy, with the confidence she was in good hands.

I am pleased to say Cathy is doing well. Her visual acuity is 20/30 bilaterally, her visual fields have completely recovered, and she is on her way to full recovery. Samy has given us his personal cell number and email, and has been in direct contact with Cathy every few days checking on her.

Getting back to being grateful, over my 44 years in the or-

thopaedic health care field I have seen fracture treatment go from skeletal traction and body cast to surgical intervention. I have also seen arthritic treatment go from hip and knee fusions to the significant advantage of total joint reconstruction. I have been privileged to be part of that historical evolution and plan on being part of its future growth.

I am grateful that my 41-year relation with Ricardo led me to his brother Roberto who provided my wife the opportunity to receive excellent surgical treatment in a timely fashion with the best possible outcome. I am grateful for the technological advancement in neurosurgery that has provided my wife the ability to live a full and active life, thus enhancing my life.

Medicine has changed dramatically and is currently under significant change as I write this commentary. We must all do what we can to ensure the advancement of technology in medicine. I worry that the current climate of our health care system will negatively impact the desire of our brightest individuals to go into medicine, specifically into neurosurgery. The declining reimbursements for surgeons are well documented. The demand of the surgical specialties and especially a seven-year post doctoral education in neurosurgery

requires the best of the best. I believe a high-end financial reward is just one of the requirements that must be available for us to attract the caliber of Master Surgeon that is needed in these specialties. As for our area of total joint reconstructive surgery, I do not accept the trend that total joint surgery should be considered a commodity. We can always improve design, surgical technique and delivery of the reconstructive surgical procedure.

As we improve the technical aspects of medical care, we must not forget the importance of nursing care that takes over after the surgical procedure. In my opinion, nursing care has and continues to suffer. This critical element of medical care is suffering because nurses are being used more and more for documentation and management, while more non-medical personnel are involved in making medical decisions. Unfortunately, I don't have any answers, but to say that we all need to stay involved with both our financial resources, and more importantly our energy, to ensure the best and brightest enter the medical field.

Finally, I am grateful to all my orthopaedic friends and colleagues all over the world for their continued support and prayers for Cathy and her recovery. My family and I have been very blessed.

Timothy McTighe, Dr. HS (hc)  
Executive Director, JISRF


