

the Connection

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Radiology & Earlier Diagnosis of Acoustic Neuroma

by Dr. Brian Tress

Brian Tress, MD, FRACR, FRCR is Professor of Radiology at The University of Melbourne and Director of Radiology at the Royal Melbourne Hospital, Melbourne, Australia. His talk from Acoustic Neuroma Association of Australasia meeting has been edited for reprint.

Radiology has yet to chalk up its first century of existence but it is perhaps the most rapidly developing specialty within medicine. Let's take a walk through the radiological history of acoustic neuroma investigation.

In 1895 Wilhelm Roentgen discovered by accident that invisible penetrating rays, capable of exposing photographic film metres away, could be produced by bombarding a tungsten target in a vacuum tube with high voltage electric current.

Within months plain skull x-rays were used for diagnostic purposes. Enlargement of the internal auditory canals holding the 8th cranial nerve could be detected if x-rays were taken at the appropriate angle. Because this sign of acoustic neuroma presence occurs in only approximately half of sufferers and other things can cause the enlargement, the procedure was relatively non-specific and limited.

In 1917, American neurosurgeon, Walter Dandy injected air into fluid-filled ventricles of the brain via a brain needle and performed skull x-rays. Disturbance of normal asymmetry of the ventricular system provided indirect evidence of abnormalities such as large acoustic neuromas. A refined procedure injected air into the

fluid space surrounding the spinal cord via a lumbar puncture in the low back. With the patient sitting, injected air was induced to pass into the brain ventricles outlining the brain's surface. It more exactly demonstrated abnormalities but was extremely uncomfortable and unpleasant with significant complications including death.

In the 1940's and 1950's, Australian neurologist, Dr. Graeme Robertson refined the technique

"The greatest single advance in acoustic neuroma diagnosis has been Computed Tomography (CT, CAT)."

using less air and relying entirely on positioning the head in different attitudes to obtain appropriate anatomical information. He became a world authority and his book about pneumoencephalography was the "bible" for those practising the technique.

In 1927, Portuguese radiologist, Moniz found by cutting down on the carotid arteries in the neck and injecting sodium iodide solution, he could perform skull x-rays immediately after injection and show "dye" or contrast medium in the brain blood vessels. Vascular tumors were directly demonstrated because of their abnormal blood supply. Even when the blood supply was not detected, tumor presence was deduced by displacement of adjacent

normal brain blood vessels. It, too, was not without hazard as the death rate approached 30% in Moniz' first ten patients. Still used today, cerebral angiography has been infinitely refined using different materials, less contrast media and radiation, and adding a computer to the system.

The greatest single advance in acoustic neuroma diagnosis has been Computed Tomography (CT, CAT). It made pneumoencephalography obsolete.

In 1973 British inventor, Godfrey Hounsfield found by rotating an x-ray tube around a patient's head and replacing photographic film by various detectors to convert emerging x-rays into electric currents, he could hook up a computer to the scanner and calculate the density of every piece of tissue in individual thin horizontal slices through the whole head. Density calculations were converted into a television image with dense areas (white) and low density areas (black). Initial calculations, now

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Acoustic Neuroma Association of Canada

Your comments, ideas, suggestions and financial support are needed and welcome.

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"The Hope is Recognition and Treatment"

Radiology

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two seconds by computer, originally took 36 hours by hand.

Further information about the vascularity of abnormalities were obtained by injecting iodine-containing contrast media into the patient's veins. The iodine leaked into areas of abnormality rendering them much denser than the surrounding brain. Acoustic neuromas of approximately 1 cm were detected.

Smaller tumors were detected with the technique variation of injecting a few ccs of air via a low back lumbar puncture into the fluid space around the spinal cord. The patient was positioned so air bubbled up into the fluid space around the brain, particularly around the acoustic nerve. In normal patients air could be induced to bubble into the bony canal through which the acoustic nerve passes. Very thin scans through the base of the skull could then detect whether small tumors prevented air bubbling into the internal auditory canal. This technique, however, produces pain in about half the patients and headaches which can last days.

In the 1970's, the Magnetic Resonance Imaging (MRI) was being developed. It is the most accurate and least invasive technique, but its early images were so inferior to the CT scan that it gained little publicity. In 1981 the medical community in the world took notice when

researchers at Hammersmith Postgraduate Hospital, London published images of the brains of patients with multiple sclerosis in the prestigious medical journal, *The Lancet*. Its development has since been rapid around the world and it has become the mainstay of neuroradiological diagnosis.

This technique consists basically of placing a patient in a very strong magnetic field produced by an electromagnet. Hydrogen in the water of the body, 70% of the body weight, has a very weak magnetic field normally undetectable. Energy pulses in the form of FM radio waves are transmitted into the body and the hydrogen in the water molecules is induced to a higher state of excitement and more or less line up with the external magnetic field.

When the excitatory pulses are removed the energy absorbed by the hydrogen is emitted in the radio waves. A sensitive antenna around the patient picks up these very weak emitted radio signals. A computer reconstructs an image based on the distribution of the water molecules in a signal which differs according to the nature of the neighbouring tissues. For instance, the excess water accumulation, or oedema, commonly found around the periphery of tumors, produces a much brighter signal and is seen much easier than with CT scan.

It is very easy to reconstruct images from any angle with the patient subjected to no disturbance

other than repetitive noises produced by the radio energy pulses. If a dye with strong magnetic properties is injected into the bloodstream, tumors as small as 2 mm can be detected, even deep in the bone of the skullbase. The magnetic dye used is the safest in my experience with only a minuscule portion of the population suffering any allergic reaction.

Thus, in less than 100 years, developments in diagnostic imaging appropriate for detection of acoustic neuromas has undergone astonishing development. One hundred years ago the only available answer was exploratory surgery. Now, when a range of sophisticated tests indicate further examination, extremely accurate diagnosis of very small tumors can be obtained with negligible danger to the patient.

These developments have not happened without significant cost: an MRI scanner may cost in the region of AUS\$3 million and individual scans between AUS\$600 and \$1,000. Nevertheless, despite these costs, investigation for acoustic neuroma by MRI is considerably more cost-effective than plain x-rays, CT scans with and without intravenous dye, and CT scans with air injected. It will remain the procedure of choice for the foreseeable future.

Early detection of small tumors raises the hope of preservation of facial and hearing nerve function by the sophisticated microsurgical techniques now available.

President's Corner



Virginia Garossino

The role of ANAC is changing.

The vision of the founders was to provide support and information to those with acoustic neuroma and their families in addition to promoting early recognition and treatment.

Now, the expectation of the "public" is that in addition we should recommend treatments, search for new treatments, keep abreast of medical advancements, as well as lobby for facilities, funding and to financially support research. This is a natural evolution in a maturing organization. However, funds are limited and our efforts must be

directed to the "sweat equity" activities.

With the current fiscal atmosphere of medical cost-cutting, ANAC must continue its important role of being impartial and maintain its primary purpose of providing factual information, practical assistance and personal support.

By doing so, ANAC will continue as a balanced information source for both the medical community and ANAC members.

Top Priority: Your Membership and Donations

Did you know most of your yearly ANAC membership fee goes toward the cost of producing and sending you four issues of the Connection?

Membership is one sure way of showing your approval of ANAC and its work. The feedback, support and assurance to the Board of Directors and other volunteers shows we are continuing to meet the needs of its people.

A large active membership adds credibility, raises ANAC's profile and enables a more positive approach to funding sources such as corporations, foundations, grants, etc. It also gives a balanced picture to medical professionals when approaching them with questions and for support.

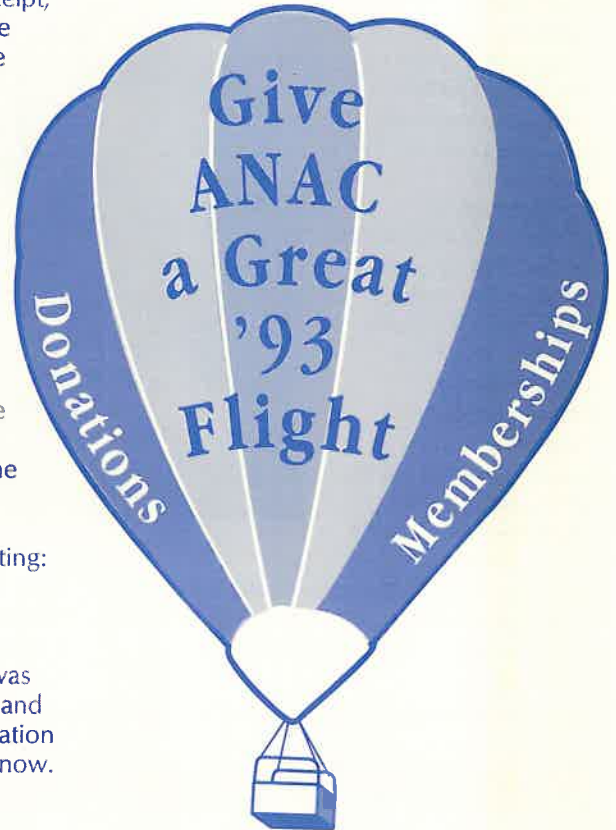
Have you considered LIFE membership? Pay it once and never again! You are freed from the yearly reminders, guilt of not paying, and will always receive ANAC information and newsletters. An income tax receipt is issued for a LIFE MEMBERSHIP.

Donations are important for ANAC's existence and future development. As a contributor, you

will receive an tax-deductible receipt, and the confidence that you have donated to an active, progressive charitable association.

Individuals can donate in a number of ways; a donation with your membership, a separate donation part way through the year, monthly post-dated cheques, employee deductions through the United Way, memorials, wills naming ANAC as beneficiary, life insurance policies. If you give 'in honor or in memory' of someone else, a card will be sent to the family or person so honoured. The amount of the gift will not be disclosed. Information on any of these can be obtained by contacting: ANAC National Office, Box 369 Edmonton AB T5J 2J6.

Remember when you were seeking information and ANAC was there for you? Your membership and donations will ensure that information is available to those who need it now. **CONSIDER HOW YOU CAN SUPPORT ANAC IN 1993.**



Bilateral Link

by Frank Fusca

'A long, long time ago, I can still remember how that music used to make me smile...'

That sounds like it could have come from me but it was Don McLean who sang out those words in his 1972 classic, **American Pie**. It was indeed a long time ago. I was in my last year of junior high school in 1972. Late in the school year our English teacher decided to add a twist to the curriculum by discussing the lyrics of what proved to be the most popular song that year. Shakespeare, Dickens and Hemingway would all have to wait.

We analyzed **American Pie** line-by-line and it was fascinating for everyone - most of all for the teacher because it was the only time in the year he had our full attention. The words actually meant something and I will be forever indebted to that

English teacher for making me realize it for the first time.

Many nights afterwards I would stay up late listening to music, often waking up the next day entangled in pair of headphones. The words were poetry to me. I learned many songs by heart and can still recite some with a great deal of accuracy.

I have spent much time looking for the equivalent to music in a deaf world but there doesn't appear to be any, and if there is, I have not found it. I can feel loud music, watch the performers and read through the words, but all that feels empty compared to the music I had known.

I once saw The Flying Fingers - you guessed it, sign language singing performers. They were interesting but did not provide the music I was longing for. I did not find whatever it was I had been looking for but I think it's been inside of me all this time.

I have not heard any music at all for 7 years but I still 'hear' music just about every day. It's like I have an old jukebox in my head. The songs may

be a little old and some are a bit scratchy and tattered but there are a lot of classics up there. I still recall many with much vividness and I think all those nights with the headphones are now paying dividends.

The memory of the music I once heard will always be very important to me. I frequently think back to that Don McLean classic. It seems ironic now but listening to music always made me smile and, in many ways, it still does. An ear-to-ear smile is out of the question but over the years, I have learned from all of you that a smile really comes from the heart and only shows up on the face. My smiles get stuck in my heart but they will often show up as little grins. After all these years of deafness, music still does manage to make me smile and I don't think that will ever change.

Music or no music, there is a part ANAC has in this that helps keep us all smiling. **A Bridge Over Troubled Waters**, you say? Yes, yes, I think that's it. But that's another story and I hope to get to it someday.

Hats Off to Catherine Hartwell

In 1987 Catherine Hartwell had her AN surgery in Toronto. She continued to work full time until two years ago for the Ministry of Transportation (Ontario Government) as an administrator. Although no longer employed out of the home, she is busy with her family, helping at the day care centre and working with children who have reading disabilities. She also is a volunteer sign language translator and is active with school and church functions. Her hobbies are sewing and gourmet cooking.



Catherine is married with two children, Russell Jr. and Sara. She and husband, Russell, are enthusiastic volunteers of the 1993 Toronto Symposium Planning Committee, and as well, she finds time to speak with AN people on the telephone, visit in hospitals and often invites patients to her home.

As one of the constants in the ANAC Toronto Chapter we thank her for her continuing participation and support. Our hats are off to you, Catherine.

Join Us In June: Toronto-Pronto!

ANAC's 1993 Symposium, 'Visions of the Future', June 19 & 20 promises to be a wealth of information and an excellent opportunity for sharing and comparing with others who have 'been there'. It will also be of interest to family members, those with facial palsies, medical and rehabilitation professionals.

Toronto, described as the most "civil, civilized city in North America", is renowned for its multicultural flavour reflected in the many shops, restaurants and special sections of the city. On June 19 & 20, at McDonald's Place, those from across Canada and the US with an interest in acoustic neuroma will gather to share ideas and listen to eminent medical specialists provide information, discuss acoustic neuroma, its treatment options, post-treatment rehabilitation and other issues. Questions directed to the panel of guest speakers are requested in advance of the weekend. Please submit them to Henry Kitts (address below) as soon as possible to ensure a complete response.

To celebrate the 10th Anniversary of our Association's beginnings, the founders will be honoured Saturday evening at a gala dinner banquet and

awards ceremony in the beautiful roof-top dining room. The evening will provide a great opportunity to acquaint and re-acquaint with those attending the weekend.

The Radisson Hotel - Toronto Don Valley (ph: 416-449-4111), one block south of McDonald's auditorium, has reserved a block of rooms at a special rate for our delegates, and our hospitality suite there will welcome you on Friday evening.

In conjunction with the conference, ANAC is sponsoring a one-day Facial Neuromuscular Retraining Symposium. The Sunday meeting is a 'first' of its kind and will be of interest to professionals involved in this field of rehabilitation. Because it is also being held at McDonald's Place, anyone attending is encouraged to register for the whole weekend.

Further information can be obtained by contacting:

Henry Kitts, Symposium Chair, 21 Keewatin Ave, Toronto ON M4P 1Z9 416-487-1479

ANAC National Office, Box 369, Edmonton AB T5J 2J6, 403-428-3384

Facial Neuromuscular Retraining Symposium: Shirley Entis, 139 Fairview Ave, Dollard des Ormeaux, PQ H9A 1V5 514-683-9959

Mailbag

Mailbag letters express personal opinions and experiences only. ANAC does not endorse any product, treatment, physician, procedure, or institution. When a brand name occasionally appears it is for purposes of education. Always consult your physician before using any over-the-counter product.

Dear ANAC,

I have been a member of ANAC for over two years since I was diagnosed with an acoustic neuroma. Since then I have been an active participant with the Toronto Chapter and I am currently involved with the preparations for the upcoming conference in June. When I was diagnosed with the condition I set out to find out all I could about the options available for the treatment. Needless to say I was quite distressed by the prospects of microsurgery as I am sure many patients are.

In my communications with specialists a mention was made of an experimental procedure which involved radiation. This was not considered to be in any way an option and I wasn't about to make myself the subject of an experiment. Fortunately one specialist happened to mention ANAC and I decided to contact ANAC for support. In my conversation with you I expressed an interest in knowing more about this procedure. I was hoping and praying for an alternative to brain surgery and you were so kind in sending me some information on Gamma Knife.

Needless to say this opened doors to more information and the more I probed the more I was convinced that this experimental procedure was perhaps more proven and successful than what was offered in Canada. I was further convinced by the firsthand experience of Gamma Knife patients.

I was determined that Gamma Knife was the best alternative for treatment and I proceeded to follow the steps required for OHIP funding. It was a long and difficult battle and in the end I was fortunate enough to be listened to by some understanding and knowledgeable individuals.



Eventually I received Gamma Knife treatment and two years later the prognosis of success is excellent. I should mention that up to the point of treatment MRIs indicated a steady accelerated growth of the tumor.

The point I wish to make is that I am certain I made the best choice in treatment since I'm assured that the tumor has been successfully stopped and I'm experiencing no side effects from the radiation. I dare say that if I accepted the determination of the members of the Canadian medical establishment unquestionably I would likely be experiencing the same permanent difficulties as most of the acoustic neuroma patients I have met. My wish is that all acoustic neuroma patients have the opportunity to take a part in choosing the best medical procedure for them. But this cannot be done unless all the options are explained to them with all the relevant data. Acoustic Neuroma patients deserve nothing less. Many who have had microsurgery wish they had known about Gamma Knife. Unfortunately it has become far more difficult for a patient and doctor to choose a treatment which is offered outside the country even when all indications are that it is the best thing to do. Gamma Knife patients and patients wishing to be treated with Gamma Knife seem unable to sway the powers that be because after all it is only a layman's opinion.

I think ANAC has always offered excellent support service to its members and I certainly hope this continues. I feel, however, that there is a need for an independent Canadian study regarding a comparison between the pros and cons of the use of Gamma Knife and open micro surgery. It seems the data already available is not taken seriously because it is not Canadian. It is pointless to persuade through the legal and political route. What is needed is an impartial professional study, hopefully funded by ANAC which will provide future patients with the information to choose the best options with his doctor. The

Ministry of Health would likely welcome such a study to help it make decisions regarding the feasibility of obtaining Gamma Knife in Canada.

Admittedly, I expect the study would show in favour of Gamma Knife over microsurgery or LINAC (strangely the latter is being proposed as an alternative even though data to its effectiveness is almost non-existent). However, I hope to keep an open mind regardless. I hope to see more mention of Gamma Knife in future articles of ANAC newsletters. After all, the title of the conference is 'Visions of the Future'. Perhaps, if a study could be made the newsletters could report on Gamma Knife more confidently.

Fedele Pinto
55 Elmbrook Cres.
Etobicoke, ON
M9C 5B3

Dear ANAC,

As per your column in the Dec 1992 issue of the Connection you wanted to hear from successful AN patients.

I had my operation on May 10/89 at the House Institute in L.A. ie. the Otologic Medical Group. The operation was done by a young ENT doctor, Dr. Shelton and neurosurgeon Dr. William Hitselberger. I went there because after checking in Vancouver I was not given a chance to save my hearing, the mortality probability was 5%. After 9 months of research I found L.A. so far advanced with respect to this operation I decided to go there. They gave me a mortality rate of less than 0.5% and a 50-50 chance to save my hearing, this was after they tested me several times. Vancouver did not even have a facial nerve monitor at the time.

The operation went well - about 4 hrs. The tumor was about 1 cm. They used a retrosigmoid approach and got the whole tumor including the dome. I never had any problems whatsoever with my facial nerve, eyes, taste; nothing changed except I was dizzy after the operation. They saved my hearing and I was back at work within 8 weeks of the operation. My headaches, lasting about 6

months, were not too bad and are history now.

I am presently renovating my son's house at nights and on weekends. I have no trouble on a ladder or on a roof. I am 55 years of age.

I don't know if this might be of value but as a child I always had a bad wax build-up in my left ear. It used to plug up badly. When I was about 40 or so and listened to 'music-on-hold' on the phone systems, I found the pitch of the music on higher notes was off in the left ear as compared to my right. In retrospect this was because of the tumor.

Diagnosis is bad here in Canada. In 1985 I found I had trouble walking straight just after dusk. When I went to my G.P. the answer was fluid in Eustasian tubes, ie flu. In '86 I asked for a CT scan. Finally after I insisted, they did one; nothing showed up. Later I found out it was because they did not do it in thin enough slices. In '87 I saw an ENT doctor who gave me a balance test, hearing test, water in the ear. I passed all 100%. In Feb '88 I developed a hiss in my left ear. I was sent to the same ENT doctor. This time I pretended I could not hear in my left ear; when I heard the beep I did not press the button. I was immediately given another scan and bingo the tumor showed up. It was already out of the canal and had mushroomed toward the brainstem. Had it been caught earlier I could have had a mid-fossa operation in L.A. which would have saved my mastoid bone, would have been simpler, and they would guarantee 100% to save my hearing instead of 50%.

Anyway that's all history now. I play tennis, ice skate as I used to play pro-hockey before, bike ride, and do a lot of outdoor activities. The only time I feel handicapped is in times of great speed or if I turn quickly from one direction to another - my one balance nerve is not quite as good as the two balance nerves I once had.

So you see there is hope after surgery and I was blessed with it. Keep up the good work and all the best to you, your organization and your readers in 1993.

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Balance Study Completed and Paper Presented - A Special Thanks to ANAC Volunteers

In April, 1993 Dr. Walter H. Johnson of St. Michael's Hospital, Toronto Ontario presented a paper relating to disorders of balance at the American Otological Society.

Johnson, Director of Research, Department of Otolaryngology, completed a study on the 'Evaluation of Torsional Eye Responses in Diagnosis of Vestibular Disorders'. The abstract is as follows:

A technique has been developed which involves measurement of eye torsion in response to body tilt at a rate which is sub-threshold for semicircular canal stimulation but which activates (by change in body position relative to gravity vector)

responses specifically involving the otolith receptors of the Inner Ear. Resulting counter-rolling compensatory responses can be accurately measured and the results compared from different directions of body tilt. Measurement of the degree of eye torsion responses is accomplished by the use of miniature video cameras coupled to a T.V. monitor and associated computer digitizing equipment which produces a print-out in analogue form of the patient's responses. It is emphasized that the procedure involved the recording of each eye separately and simultaneously thus facilitating the determination of possible CNS

involvement as compared to the responses of patients with peripheral lesions. The average range of normal healthy responses can be superimposed on the patient's responses to facilitate a pictorial comparison.

The presentation will include a brief review of the status of our knowledge concerning the related physiology of otolith function.

Dr. Johnson expresses his appreciation to ANAC for its excellent cooperation in his research which has enabled the development of this new and unique procedure which has resulted in greatly improved diagnosis of the Vestibular components of the Inner Ear.

Readers Share Hints

- Periodically I have tingling and itchy sensations in areas on my face similar to when dental freezing is leaving. It seems to come and go for days, sometimes weeks, and then I experience more movement in that area of my face. I now look forward to those times, but cannot predict them.

- Be honest about your deficits. Don't try to hide, ignore or pass them off as inconsequential. People can work with the problems easier if they know what they are.

- I have had the lower tear duct drain of my affected eye cauterized to keep the tears in the eye longer. It has helped significantly and I do not add extra artificial tears as often now.

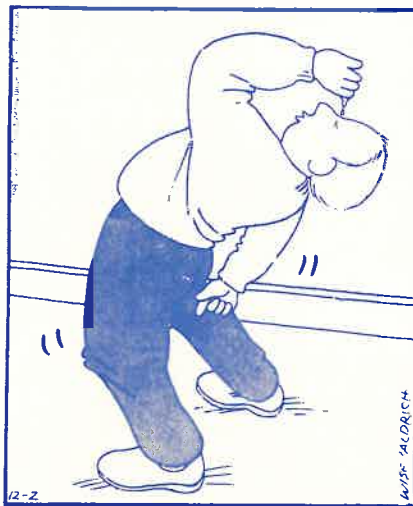
My vision also has improved because less ointment is needed.

- By staying away completely from caffeine and tea I have less problems with tinnitus.

- I learned to monitor my recovery differently than I had expected to. Usually we consider that when the pain has lessened and finally gone, we are recovered. However, I had no pain to go by so I have learned to monitor my fatigue level. There seems to be little or no reserve energy to draw from, so when I am tired I have to stop! This is not a reflection on my stamina but rather a residual result of AN surgery. As time goes on, my frustration with the 'no reserve' has turned to acceptance. I have become more relaxed, patient, have changed my lifestyle somewhat, and my energy level has improved!

- I keep physically fit by turning on some great marching music and taking a brisk march around my basement. It is exhilarating and renews my energy. Music is a wonderful relaxation for me and I look forward to enjoying 'my time' each day.

REAL LIFE ADVENTURES



The I'm-giving-myself-eyedrops limbo.

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- It was rather an astounding revelation to me (I guess I'm a slow learner) to discover that in endeavoring to develop a positive coping style in response to my hearing impairment, I was also becoming more adept at something the world seems eager for...attentive listening.

- I never gave hearing a moment's thought before. Now I stop and really listen, marvelling at how many lovely sounds one ear can hear: my children's voices, Christmas carols, the tinkling wind chimes, the purr of my cat. I am amazed that I endured what, at times, seemed unendurable, and found that a light approach toward my disabilities put people more at ease.

Mail Bag

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P.S.: They have the world's greatest library on AN in L.A. video films, brochures, pamphlets, etc. for the public.

Alex Schatroph
1626 Draycott Road
North Vancouver BC
V7J 1W4

Dear ANAC,

I have a constant headache since my surgery, six years ago. At times I can tolerate the headache and function not too badly, but most of the time the pain is so severe I have to go to bed and put the heating pad to my head.

I have been to the pain clinic at Sunnybrook Hospital in Toronto, as well as at Ottawa General Hospital. I have tried massages, therapy, diets, etc. but nothing helps.

If there is anyone who has any information or advice for relief of headaches, I would appreciate hearing from them, or being provided with a list of names, addresses and phone numbers so I could contact them.

Garnet Johnston
P.O.Box 78
Metcalf, ON
K0A 2P0

Annie's Story

Ann Sjogren was 53 years old at the time of her surgery. She is a registered nurse from the University of Alberta and did post-graduate studies at Ponoka as psychiatric nurse. She has lived in a number of places and is now settled on an Alberta farm with her husband, Helge. She says, "As a nurse I knew what to expect but not how it felt."

diagnosis

I think my trouble with my ears started in 1977 and on.

I was treated for fluid in my ears one or two times.
They then started to buzz later.

Dr. Cook of Camrose, AB referred me to Dr. Cuyler in Edmonton about 6-8 years ago.

He took a hearing test and x-ray: which was okay.

He said "It's probably senile deafness".
At 40 yrs. I wondered.

The buzzing got worse
was more tired
balance still good.

I was referred to Dr. Cuyler again.

This time the hearing was worse
and my ears were actually ringing and
beeping.

I had the Audio-Stem test at the U of A
and could see the circuit was broken.
(1989).

I was then referred to Dr. Oldring
and had a CAT scan
you could see it slightly.

So I had to have dye scan
there it was the size of a cherry
tomato.

You have Acoustic Neuroma.

I was not surprised
I knew of Virginia's case
from her mom, my dear friend.

Yet I thought: it's not happening to me.

Kind of not really worried about it
but sort of still.
Kept in my mind.

The information all helped
and yet some worried me more.

Oh, well, me, brain surgery
never really thought how major it was.

surgery

Oh, well, here I go
but I better make my will out
get E.L.W. president duties in order
plus E.C. Club secretary duties taken
over
bake up and clean house, etc.

Everybody knew when and how etc.
had so much support
and many prayers, etc.

Not bounced 1 week
my cousin was there
and we had to go back for another week
I was happy
because I could go to an Auction sale
I wanted.



L to R: Doug Cullens, Annie's mother and Annie at Forum West, 1991

April 11, 1990: the day.

Came in the day before
for tests, lab, etc.
case history
told me of all the disadvantages: coma,
death, etc.

gee! How are you suppose to maintain a
positive attitude.

Oh, heck!

We visited
Marie & my husband.
Got a T.V. to watch the hockey series
I didn't want a sleeping pill because
I always fight it
had 1/2 valium in a.m.
had a bath, I.V.

here I go

said "Good-bye", and taking my chances.

I was more worried about the babies going
to surgery
than myself.
the anaesthetist says "It's going to be
a long day for us and 'song' for you".
Big Deal!

I was happy they had shaved my hair and did
all the preparation in the OR.

I woke up 13 hrs later.

11 hrs. surgery.
What a shock, felt I was run over by a
truck.

Felt sick, but didn't dare throw up
because I turn myself inside out, and my
head
So I took many deep breathes
I was cross-eyed
couldn't focus.

One thing I didn't think of is a transfusion.
My Gosh, AIDS, but was lucky.

One thing I noticed
I was cross-eyed
couldn't focus.

The next day I looked in mirror: a
straight face

I was so thankful, only deaf
and looked terrible, but already was up
I felt so shallow
but no headaches, and no pain

but I couldn't sleep
They gave me codeine
but I was starting to see things and red
so I quit.

I couldn't walk by myself
staff didn't have time so every visitor
took me for walk.

My husband, 2 sons, daughter & her friend
were my legs; did all the run errands.

I just about choked eating
found out I had to slow down
couldn't taste, still don't taste
equally
my head felt frozen for a long time

speech was altered too
still when I'm nervous, my words get
tangled

but lucky.

My leg-graft was more sore than my head.
It took 2 years to get head down to bone,
so to speak.

recovery

Seven days: I had to give up my bed
go to hostel for 2 days to get my
stitches out

I got around with a wheelchair and
leaned on the walls
got home, did the same.

Everyday in 1 hr I had everything done and
relaxed.

People were good to me
2nd week they had me going to nurses'
tea, meetings, etc.

I didn't care what my head looked like
I was pleased to have a straight face.

One day I picked up the phone
couldn't hear, what a feeling
you idiot, you're deaf
so I changed ears and didn't worry.

Three months later

I was driving
riding a bicycle.
I couldn't ride - like a drunk
haven't tried it again, but will

looking back

One thing, I can't write like use to
gave up secretary duties
now I'm on a flower committee
more fun.

My right arm a little weaker
but nothing stops me
Don't think about it
carry on as usual.

A person will never be the same
but we are still so lucky to be alive
and live a normal life.

Another thing, I did have a metal taste
and a yucky mouth
used a lot of Scope, salt water
still had dry ticklish throat
made me cough and sick
Quit Scope, good now
I was allergic to it.

Also, find I'm more ambitious

my ears still buzz and ring
worst with certain foods
and when quiet.

A major surgery
yet so fairly simple
no pain
or many side affects.

I look the same, and feel the same.

appreciation

Thanks to my husband, Helge
my mom and dad (worried so much but
never dared say)
my sons, Parker (got me a TV), Martin
(who got my meals) and daughter, Sus-Ann
(did a lot of running for me)
my classmates (handy to have these
nurses change my dressings at Hostel)
my cousin Marie for her support.

Thanks to
A.N.A.C.
the doctors, Dr. Oldring, Dr. Broad
nurses and staff
with all your help the whole operation
was easy
support people and high tech - it's all
bearable
and quite comfortable.

Ann Sjogren
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February 1 - April 30, 1993

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