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Contributing Columnist  
Sometimes, It Really Is Brain Surgery

By  
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(HealthNewsDigest.com) - A favorite cliché these days, when trying to convince someone that a particular task or concept is simple and straightforward is to say—with plenty of sarcasm—that "It's not exactly brain surgery." The implication here, of course, is that brain surgery epitomizes an endeavor that is anything but simple and straightforward.

Widely considered the most demanding of all surgical specialties, medical historians have identified it as perhaps the very first to be performed.

Archaeologists have found evidence of successful brain surgery procedures dating back to at least 7000 BC, and note that the practice occurred in ancient Europe, Africa, Asia, and the Americas.

During the late 19th century, principles of general surgery were modified to be applicable to brain procedures, and pioneering Scottish physician William Macewen achieved the astounding record in 1893 of curing 18 of 19 brain abscess patients—at a time when the mortality rate for such surgeries hovered around 100 percent. However, it would be a brilliant American doctor, Harvey Cushing, who—starting in 1905—would consolidate neurosurgery as a specialty, and perform breakthrough operations.

To gain access to the targeted surgical area, Cushing developed and utilized a series of so-called blade retractors. Beyond improvements in malleability and geometry, though, these devices are little changed since Cushing's day. Problems with these devices include difficulties in their adjustment, as well as all sorts of side trauma that can be introduced as the brain tissue is moved around. When one considers the dramatic advances in nearly all branches of medicine, especially surgery, in past decades, the relative lack of progress here is hard to countenance.

Two friends who felt this way recall an encounter at a New York hospital cafeteria in 2005. Medical device company exec Heather Vinas was talking to neurosurgeon Dr. John R. Mangiardi. Vinas, no stranger to brain surgery procedures, had been following the saga of her older sister afflicted with a pituitary tumor since she was a young girl. Mangiardi showed her a sketch, created on a napkin, for a simple but radically different self-retaining brain retractor.

Vinas took the idea to her boss at time, and he liked the concept, but decided against pursuing it since it was outside the company's core competency. Not to be discouraged, she founded Vycor Medical [[www.vycormedical.com](http://www.vycormedical.com)] on the basic challenge that "There must be a better way." Vycor's premier product, the ViewSite™ Brain Access System, embodies a refinement of Mangiardi's idea by medical device manufacturing experts.

The ViewSite system consists of an introducer and a working channel port that allows the surgeon a seamless entry to the targeted site, while distributing brain tissue evenly in a 360°

dispersion pattern. Owing to its construction of clear polycarbonate, the system facilitates superior visibility both in and around the surgical site.

Listen to Dr. David Langer, the first neurosurgeon to use the device in the US...

"The newly designed retractors will allow neurosurgeons to have more precise access to the surgical field, as well as increased binocular vision of underlying tissue during brain surgery. Consequently, by using Vycor's new surgical access system, it will greatly reduce retraction injuries and other complications that can occur when surgeons are locating tumors."

Commercialized only last year, Ms. Vinas reports that the system is currently being used by more than 50 hospitals, with another 100 medical centers evaluating the device. Future products will target spine and other surgical applications.

Vycor touts improved surgical outcomes and lower costs with this product. As such, this might be just what the doctor ordered.

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