SANS NEWSLETTER



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The 4th Newsletter – Our 1st year completed !

The editorial board is very pleased to introduce the 4th issue of SANS Newsletter. We would like to express our sincere gratitude to individuals who have lent their support to the creation of the four issues. We try to capture the essence of SANS, and this publication will enable you to share your insights with a wider audience.

To ensure you don't miss out on our next newsletter in 2021, please visit our **website**

Until next time !

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Issue's Message

Welcome to the 4th issue of SANS Newsletter. In this issue we launch a new section, entitled "**Neurosurgery in Saudi Arabia.**" This section highlights key moments in the beginnings of Neurosurgery in Saudi Arabia. We cordially invite you to participate and share your knowledge about all aspects of Neurosurgery at your place.

Neurosurgery in Saudi Arabia section features a contribution from Professor Sherif Elwatidy, who takes us on a journey to the beginning of Neurosurgery at King Khalid University Hospital (KKUH).

New in this issue is the "**Neurosurgery Training**" where authors provide a full description of the programs to encourage medical students to learn about what is covered in a neurosurgeon's training. We take a glimpse into the Skull Base Surgery fellowship program in Saudi Arabia.

Resident's Corner is the perfect section for residents to share their knowledge and experience. Residents are welcome to submit their papers on issues related to Neurosurgery.

As always, we welcome your contributions and topic suggestions on this and future issues of SANS Newsletter. Please click HERE to contact us about submitting an article.



Be Part Of It

We are glad to announce that SANS Newsletter will issue **Certificates of Contributions** for residents. The final decision on what gets published and who earns a certificate is with the editorial board members.

Neurosurgery in Saudi Arabia

The Establishment and Development of Neurosurgery at KKUH: More than 30 years of Healing, Teaching, and Research

By: Professor Sherif Elwatidy Professor of Neurosurgery, Neuro-oncology & Skull Base Surgery King Khalid University Hospital | KKUH Riyadh

IN THE BEGINNING

The story of King Khalid University Hospital (KKUH) began 38 years ago, in 1982 (1402 H). During its first year, the hospital was operating as outpatient clinics at King Abdulaziz Hospital, formerly known as Prince Talal bin Abdulaziz Hospital in Al-Malaz District.

Dr. Abdel-Hai Mousa Ph.D. (1982-1983) was the Consultant Neurosurgeon at the time, and he was responsible for providing clinical and teaching services. In 1983, the College of Medicine moved from Al-Malaz area to the building in Diriyah. King Khalid University Hospital (KKUH) became a fully operating teaching university hospital.



PICTURE 1. Francis John Gillingham

1982

Professor Francis John Gillingham, FRCS(1982-1983) was the first neurosurgeon at KKUH (Pic. 1). Prior to this (1980), Dr. Gillingham was the president of the Royal College of Surgeons of Edinburgh.

The dean of the college at the time, Dr. Fahad Al Abduljabar, hired him to establish the Neurosciences Department. The project consisted of Professor Gillingham, Professor Astrom (neuropathologist), and two neurologists (Professor Panatopolus and Professor Anderson).

1984

Dr. Alexander Paterson (United Kingdom), Dr. Naim Ur-Rahman (Pakistan), and Professor Jacob Abraham (India) were among the first neurosurgeons appointed in the hospital.



PICTURE 2. Zain Alabedeen Jamjoom

1985

Professor Zain AlabedeenJamjoom (1985-2015) joinedKKUH by the end of 1985 (Pic.2). He is considered the realfounder of Neurosurgery atKKUH. He emphasizeddiscipline and commitment inpatient care.

Neurosurgery at KKUH Continued

He established education and training in the division. Professor Zain Alabedeen Jamjoom has also established state-of-the-art operating room for Neurosurgery capable of dealing with complex neurosurgical procedures including vascular, skull base, Paediatrics, Spine, Trauma, etc. He introduced Neuronavigation in 2002. Professor Zain Jamjoom was the lead founder of the Saudi Association of Neurological Surgery (SANS) in 2006.



PICTURE 3. Waleed Rida Murshid

PAEDIATRIC NEUROSURGERY

Professor Waleed Rida Murshid, FRCS-SN, (1985-2005) was the first certified Paediatric Neurosurgeon at KKUH (Pic.3). Professor Waleed Rida Murshid was appointed as an instructor in 1985. In 1993, he was appointed as a Consultant Neurosurgeon after the completion of his neurosurgery fellowship in the UK. Professor Waleed introduced endoscopic surgery, complex Craniofacial Calvarial reconstruction for Syndromic Craniosynostosis, and he established spina bifida clinic.

90s

The 1990s was a period where clinical referrals intensified from all regions of the Kingdom. For instance, In 1997 alone, 100 cases of aneurysm clipping were performed.

2000 era

The new millennium started with advancing Neurosurgery locally and at the level of the country. There was an active involvement of KKUH unit's consultants in the Neurosurgery training program and the establishment of the Saudi Association of Neurological Surgery (SANS); thanks to the great efforts by professor Zain Alabedeen Jamjoom.

Towards the second decade, more specialization in services advanced coupled with advancing intra-operative Neurosurgery technology. Equipped with intra-operative MRI, Intraoperative CT scan and O-arm, there is full capacity to accommodate a myriad of cranial and spinal diseases; both in adults and paediatrics.

Neurosurgery Consultants at KKUH from 1985:

- Zain Alabedeen Jamjoom FACHARTZ (1985 2015) Professor and Consultant in Neurosurgery
- Naim-Ur-Rahman FRCS(SN) (1984 2001) Professor and Consultant in Neurosurgery
- Abdulhakim Jamjoom FRCS(SN) (1990 2001) Professor and Consultant in Neurosurgery
- Waleed Rida Murshid FRCS(SN) (1993 2005) Professor and Consultant in Neurosurgery (Paediatrics)
- Sherif Elwatidy FRCS(SN) (2001 Present) Professor and Consultant in Neurosurgery
- Essam Elgamal FRCS(SN) (2003 2012) Professor and Consultant in Neurosurgery (Paediatrics)

• Amro Al-Habib FRCS(C) (2008 - Present) Associate Professor and Consultant in Neurosurgery (Spine)

- Ikhlas Altweijri FRCS(C) (2011 Present) Consultant in Neurosurgery (Paediatrics)
- Abdulrazzag Ajlan FRCS(C) (2014 Present) Associate Professor and Consultant in Neurosurgery (Skull Base Surgery)
- Abdulrahman Aldakkan FRCS(C) (2019 Present) Assistant Professor and Consultant in Neurosurgery (Vascular and Endovascular)
- Fawaz AlMotairi PhD (2020 Present) Assistant Professor and Consultant in Neurosurgery (Spine)

Neurosurgery at KKUH Continued



Right to Left: Dr. Ali Basalamah (Intern), Dr. Jawad Arif, Dr. Safdar Malik, Dr. Jehad Ahmed, Dr. Abdulaziz Abobotain, Dr. Ikhlas Altweijri, Professor Sherif Elwatidy, Dr. Amro Al-Habib, Dr. Abdulrazzag Ajlan, Dr. AlBara Alfadeel (Resident), Dr. Anas Bardisi (Intern), Dr. Ibrahim Al Zahrani (Resident), Rotating interns

OR: First Operation in the Brain Suite at KKUH Professor Zain Alabedeen Jamjoom, Dr. Abdulrazzag Ajlan, Dr. Ashwag AlQurashi, Dr. Maher Hassonah





Front row: Mr. Nihad AlWehidi (sitting 2nd from right) Health Unit Coordinator. Rest were rotating medical interns and allied staff **Second row:** from left to right; Dr. Adham Alhakami (Register), Dr. Miraj U-alseraj (Senior Register), Professor Sherif Elwatidy (Associate professor), Professor Zain Alabedeen Jamjoom, Dr. Amro Al-Habib (Demonstrator), Dr. Ayman Yaqoub (Senior Register)

Neurosurgery Training

Skull Base Surgery Fellowship

Dr. Abdulrazzag M. Ajlan, FRCSC Program Director

The speciality of Skull Base Surgery is relatively new and becoming widely accepted as a subspecialty in neurosurgery that requires special training. The complexity of the skull-base region demands advanced knowledge of the surgical anatomy and surgical skills that are not usually acquired during residency training programs. In line with the Saudi Vision 2030, The Kingdom of Saudi Arabia is becoming a pioneer in neurosurgery in the Middle East, which requires the presence of well-trained neurosurgeons in all subspecialties, including skull base surgery. **Description**

Our Program initiated in 2018. This program is unique; it provides pathology-oriented rather than specialty-oriented training emphasizing the role of all modalities (surgical and non-surgical) and the multidisciplinary approach. The program accepts one trainee per year to experience this unique learning opportunity and gain comprehensive knowledge of this subspecialty.

Vision

To develop skull base programs in the region, train neurosurgeons and improve patient care. **Program Goals**

This program offers the highest quality of modern training and ensure that trainees completing the training have achieved the required level of skills and competencies (outcomes). Upon completion of the training, the fellow will gain the required expertise in this field by spending adequate time in multiple, well-staffed and equipped centres that will allow him/her to develop appropriate competence during the suggested period. Graduates of this program should be able to perform complex skull-base procedures, have complete knowledge of the latest treatment guidelines, and possess detailed knowledge of all treatment modalities for skull-base pathologies.





Skull Base Surgery Fellowship Continued

Duration

This program consists of two years of fulltime structured supervised training in skullbase surgery. It is 24-months, and the rotations are divided as follows: 14 months in Neurosurgery 2 months in Radiation Oncology 1 month in Rhinology (ENT) 1 month in Rhinology (ENT) 1 month in Otology (ENT) 1 month in Head and Neck (ENT) 2 months of Research 3 months of Electives in any of the accredited national or international centres/ sub-specialties

Evaluation Process

The applicants to the program will be evaluated according to the regulations of the Saudi Commission for Health Specialties (SCFHS).

Program Certifications

Upon successful completion, the fellow receives a subspecialty training (fellowship) certificate from the SCFHS.

Current Fellow

Dr. Ashwag AlQurashi is the first fellow who just completed her first 10 months in the training. Despite the COVID-19 crisis, she managed to participate in more than 140 cases, more than 80% are skull base procedures (40% Endoscopic).

How To Apply

The application process follows the SCFHS guidelines, and it is done through the SCFHS website.We recommend contacting the program directors ahead of the application period.

For additional information regarding the fellowship and application process , please click **here**



Neurosurgical Guidelines

Guidelines for Diagnosis and Treatment of Low Back Pain

By: Dr.Yaser Babgi King Fahad Medical City | KFMC Riyadh

Developed from the North American Spine Society (here)

Low back pain is defined as pain of musculoskeletal origin extending from the lowest rib to the gluteal fold that may at times extend as somatic referred pain into the thigh (above the knee).

Grades of Recommendation:

GRADE A	Good evidence (Level I studies with consistent findings) for or against recommending intervention. (Recommended)
GRADE B	Fair evidence (Level II or III studies with consistent findings) for or against recommending intervention. (Suggested)
GRADE C	Poor quality evidence (Level IV or V studies) for or against recommending intervention. (May be Considered)
GRADE I	Insufficient or conflicting evidence not allowing a recommendation for or against intervention. (Insufficient or Conflicting Evidence)

Clinical Question	Recommendation
Diagnosis	
In patients with acute low back pain, are there history of physical examination findings that would predict that an episode will resolve within one month?	It is recommended that psychosocial factors and workplace factors be assessed when counseling patients regarding the risk of conversion from acute to chronic low back pain. Grade of Recommendation: A
	It is recommended that pain severity and functional impairment be used to stratify risk of conversion from acute to chronic low back pain. Grade of Recommendation: A
Imaging	

Guidelines For Low Back Pain Continued		
What is the association between low back pain and spondylosis on routine radiography?	There is insufficient evidence to make a recommendation for or against an association between low back pain and spondylosis using routine radiography.	
	Grade of Recommendation: I	
Treatment		
In patients with low back pain, is pharmacological treatment effective in decreasing duration of pain, decreasing intensity of pain, increasing functional outcomes of treatment and improving the return to work rate?	Antidepressants are not recommended for the treatment of low back pain. Grade of Recommendation: A	
	Non-Selective NSAIDs are suggested for the treatment of low back pain. Grade of Recommendation: B	
	It is suggested that the use of opioid pain medications should be cautiously limited and restricted to short duration for the treatment of low back pain. Grade of Recommendation: B	
Does topical treatment like cream or gel effective in patient with low back pain?	Topical Capsicum is recommended as an effective treatment for low back pain on short term basis (=<3 months) Grade of Recommendation: A	
In patients with low back pain, does cognitive behavioral therapy or psychotherapy help patient coping with his pain?	Cognitive behavioral therapy is recommended in combination with physical therapy, as compared with physical therapy alone, to improve pain levels in patients with low back pain over 12 months. Grade of Recommendation: A	
Physical Therapy		
What is the effectiveness of the following different modality in treatment of low back pain?	It is suggested that the use of heat for acute low back pain results in short-term improvements in pain. Grade of Recommendation: B	

Guidelines For Low Back Pain Continued				
	In patients with chronic low back pain, ultrasound is not recommended to improve functional outcomes.			
	Laser acupuncture provides no short term or medium-term benefit over sham treatment for patients with chronic back pain. Grade of Recommendation: A			
	In patients with subacute or chronic low back pain, traction is not recommended to provide clinically significant improvements in pain or function. Grade of Recommendation: A			
Interventional Therapy				
What is the diagnostic utility of intra articular lumbar facet injection for patient with low back pain to predict the clinical response?	In patients selected for facet joint procedure using diagnostic criteria of physical exam and response to a single diagnostic intra-articular injection with 50% relief, it is suggested that intra-articular injection of steroids provides no clinically meaningful improvement at 6 months. Grade of Recommendation: B			
Does Thermal Radio-frequency Ablation effective in treating patient with low back pain due to lumbar facet joint arthropathy and improve functional outcomes?	Thermal Radio-frequency Ablation is suggested as a treatment for patients with low back pain from the zygapophyseal joints. The outcomes of this procedure is durable for at least six months. Grade of Recommendation: B			
Does intradiscal injection help in treatment of low back pain and improve return to work?	Intradiscal steroids are suggested to provide short term improvements in pain and function in patients with Modic changes Grade of Recommendation: B			
Does intradiscal electrothermal therapy or biacuplasty decrease the low back pain and improve the functional status of the patients?	Intradiscal electrothermal annuloplasty is suggested to provide improvements in pain and function at up to two years. This treatment is limited in its effectiveness with roughly 40-50% of patients receiving a 50% reduction in pain. Grade of Recommendation: B			
	Biacuplasty is an option to produce clinically and statistically significant improvements in pain at 6 months in patients with discogenic low back pain. Grade of Recommendation: C			

PUBLIC EDUCATION

Travel Safety Precautions During COVID-19



CLINICAL CHALLENGE

By: Dr. Mohammed Bafaquh King Fahad Medical City | KFMC Riyadh

- ≥ 28 Year Old Male
- Left handed, non-smoker
- Presented with first time seizure

- Describe the MRI?
- List three differential diagnosis?
- Name the structures labeled in figure 4?
- In three points describe the NAA wave in figure 6?
- Outline the management of this patient in five points?



Neurosurgery During the COVID-19 Crisis

The COVID-19 Saudi Neurosurgery Group Experience

The current pandemic affected the way health care services are provided worldwide. Governments and organizations collaborated to study the virus and how it impacted our health care systems in an effort to optimize patients care during the crisis.

In a national collaborative initiative, the COVID-19 Saudi Neurosurgery Research Group (CSNRG) was created. This included 22 centres from major geographic areas in the kingdom of Saudi Arabia, including 32 surgeons. A total of 1200 surgical cases were collected over a span of 12 weeks. Among many observations from our study, we concluded that following the Ministry of Health (MOH) guidelines and protocols and developing clear COVID-19 pathways for surgical cases were major safety factors for both patients and health care providers. The virus infection rate in our operated cohort was less than 1%. We did not notice a change in complication rates during the pandemic when compared to previous months. A significant finding was the decrease in number of surgical cases during the initial weeks. This was followed by a slow but progressive increase in number of surgical cases during the crisis. We believe that stability of our health care system was a major contributor for our findings. National collaborations by government and public sections, including our CSNRG effort, are clear example of a country working in harmony to help the nation and the people of Saudi Arabia during difficult times.

Summarized by: Dr. Abdulrazzag M. Ajlan, FRCSC



Bajunaid, K. et al. (2020). 'The longitudinal impact of COVID-19 pandemic on neurosurgical practice'. Clinical Neurology and Neurosurgery. 198, 106237. Available from: https://doi.org/10.1016/j.clineuro.2020.106237.

Bajunaid, K. et al. (2020). 'Neurosurgical Procedures and Safety During the COVID-19 Pandemic: A Case-Control Multicenter Study'. World Neurosurgery. Available from: https://doi.org/10.1016/j.wneu.2020.07.093

Resident's Corner

Residency During a Pandemic

Residents' reflections on COVID-19: A partial snapshot of the impact of COVID-19 on our trainees



Dr. Ahmad Alsayegh PGY-4 Neurosurgery Resident McGill university, Montreal Canada

On January 27, 2020, the first case of COVID-19 had been reported in Canada. At that point

in time, there has been much speculation among different individuals about how this novel virus could potentially affect the world as we know it. There were a few cases here and there, but not to a point where it was alarming to most. It was not

until March 2020 where the number of infections was frightening, around mid-March all Canadian provinces declared a state of emergency after confirming several outbreaks in many communities across Canada. I grew up in Jeddah, Saudi Arabia, and I went to Montreal, Quebec to join the neurosurgery residency program at McGill University. As a resident , there is no doubt that we all had to adapt to the sequelae of COVID-19. I was on my spine rotation

during March when the national emergency was announced, and all elective cases were canceled, and the clinics were shut down as well, hospitals were only open to patients with medical emergencies, this led to a profoundly diminished surgical exposure from a training perspective. My main concern (and I'm sure everyone's) during this pandemic was protecting myself, and more importantly the people I love ; my wife Maha and my two toddlers Yasmin and Yousef. Being a neurosurgical resident like any other medical profession, requires greater sacrifice to face this invisible enemy. It was a daily challenge to develop a safe routine to go and come back from the hospital. I could only hope that I devoted the best of my efforts to follow the necessary precautions to keep my family safe (after Allah's will).

During the peak of the COVID-19 pandemic, enormous shortages in medical doctors led to the generation of a redeployment program where residents from different specialties participated in working shifts caring for COVID-19 patients in specialised centres. I had the pleasure of working





with many consultants and residents

from various medical and surgical disciplines in one of these centres. All of them had one noble goal, saving lives. It may be true that COVID-19 has changed the way we live; one can easily perceive these circumstances as discomfort or misfortune. I try to remind myself frequently that subjecting my mind to pessimistic thoughts will only weaken my soul and will not change the current reality. As a medical resident, I remain positive and hopeful, for the

sake of my own family and my patients. I reframe the negative situation into something that actually offers positives.I had more free time during regular working hours as a consequence of closed clinics and fewer surgeries to do, which gave me more time to focus on theoretical knowledge (AKA Greenberg). I got to spend more time with my family and taught my kids to ride their first bike. Also, I invested in watching YouTube cooking videos, and I think I can cook! (ask my wife).

Resident's Corner

Residency During a Pandemic

Residents' reflections on COVID-19: A partial snapshot of the impact of COVID-19 on our trainees



Dr. Abdulrahman Albakr PGY-3 Neurosurgery Resident The University of Calgary, Canada

COVID-19 has affected many aspects of human endeavour. The World Health Organization

(WHO) declared the COVID-19 outbreak as a pandemic on March 11, 2020. Since then my neurosurgical training took a different path. The hospital where I have been training has reduced elective surgeries, performing only urgent and semi-urgent cases. Less urgent cases such as spine cases, benign tumours, unruptured aneurysm, functional cases, and other cases have been postponed.

Surgeries were limited to one or two residents to reduce the risk of exposure to COVID-19. That led to reducing hands-on surgical experience of residents.

Hearing or seeing some of our colleagues getting infected or being isolated, the possibility of redeployment somewhere else, or further disruption of our research and clinical activities made us stressed and anxious.

Rounds and daily duties were performed on a rotating basis to limit resident-patient exposure, keeping the rest of the team away and at home while other are designated as a backup in case any trainee becomes sick.

I remember having one to two days off a week on average; this made me anxious about my training and surgical skills. Our high inpatient volumes have decreased. Clinics were either canceled or

moved to telephone-based models, changing our clinical landscape drastically.

Our medical education has transitioned to online platforms. Weekly half-day, neurosurgery rounds and grand rounds were held virtually using available technologies including video conferencing softwares.

Our program started holding more sessions in order to compensate for the significant reduction of surgical exposure. Thankfully, many webinars, guest lectures, and other pre-recorded videos were available to enhance our training and fulfil the deficit. Most, if not all, in-person academic conferences and courses were canceled, making advanced planning impossible.

> COVID-19 pandemic has affected our well-being and mental health. Not only I am worried about my own health, I'm also concerned about the safety of families, friends, colleagues, and patients. Planning to go back home and see my family has become

impossible with the new travel restrictions and quarantine rules.

For the first time, I have no choice but to wait and see.

CLINICAL CHALLENGE: THE ANSWER

1. Describe the MRI?

Right insular/basal ganglia intra-axial complex mass with solid and cystic component (necrotic), that causing mass effect on the adjacent tissue and moderate subcortical edema is noticed.

2.List three differential diagnosis?

- High grade glioma (glioblastoma)
- Low grade glioma (Pilocytic Astrocytoma versus Ganglioglioma)
- Lymphoma.
- 3.Name the structures labeled in figure 4?

The Genu of the corpus callosum

The internal capsule

The Optic radiation

- 4. In three points describe the NAA wave in figure 6?
- NAA (N-Acetylaspartate) Second most abundant metabolite in the CNS
- Functional significance still not well understood
- It involves in neuronal Osmolyte and fluid balance in the brain and it is a Source of acetate for lipid and myelin synthesis

5.The Management:

- Seizure control
- Edema and ICP treatment (i.e., Dexamethasone)
- Surgical resection
- Adjuvant therapy (radiation and chemotherapy)
- Psychosocial support

Category: Neuro-oncology Level of Difficultly: PGY-3 Neurosurgery Resident Reference: Cortese I, Nath A. Case 11: a young woman with ring-enhancing brain lesions. MedGenMed. 2006;8(1):3

NEUROSURGERY COMMUNITY

A HEARTY WELCOME TO OUR NEWLY JOINED NEUROSURGEONS: We would like to extend our enthusiastic congratulations on their hard work. We look forward to the contributions they will make to our specialty, and the improvements they will bring to patients' lives.

- Board Certified Neurosurgeon
- 2019-2020 Fellowship in Advanced Endoscopic and Minimal Invasive Skull base Surgery, University of Ottawa
- ▶ 2018 Board Certified Neurosurgeon
- 2018-2019 Fellowship in Endoscopic and Open Skull base Surgery, University of Ottawa
- 2009-2016 Residency in Neurosurgery, Prince Sultan Military Medical City, Riyadh.
- Medical School : Umm Al-Qura University
- ▶ Volunteered in different hospitals

Dr. HUSSEIN KHESHAIFATI KAMC Makkah



Dr. FAWAZ ALMOTAIRI KKUH RIYADH

- 2018-2020 Fellowship in Complex Spine Surgery, University of Ottawa
- 2017 Board Certified Neurosurgeon
- 2011-2017 Residency in Neurosurgery, University of Gothenburg, Sweden
- Medical School : King Saud University
- Obtained his Phd in Neuroscience
- Speaks three languages-Arabic,English and Swedish.





- 2018-2020 Fellowship in Cerebrovascular/Endovascular Surgery, Swedish Neuroscience Institute, Seattle,USA
- ▶ **2017** Board Certified Neurosurgeon
- 2017-2018 Fellowship in Skull Base, University of Colorado, USA
- 2011-2017 Residency in Neurosurgery, Mcmaster University, Canada
- Medical School : Gulf Medical University, UAE
- Won many prizes, including Neurosurgery Distinguished Intern Award (2010).

Book

DO NO HARM: Stories of Life, Death and Brain Surgery – A Review

Do No Harm HENRY MARSH, MD Orion Publishing Co LONDON 2014



Author: Henry Marsh Country: United Kingdom Genre: Biography/Medicine Media Type: Print (Hardcover) Pages: 291

By Atika Al Sudairy

Do No Harm is an elegant written memoir. It is the memoir of Henry Marsh, a leading English neurosurgeon who has modernised Ukraine's medical system. He uses his forty years of expertise to show how a neurosurgeon can balance between optimism and realism. The author reflects on his perceptual insights regarding mistakes in medicine; to be the central theme of this

book. According to the author, being a neurosurgeon can be incredibly rewarding career, but it comes at a price. In his preface, he says that you will inevitably make mistakes when caring for patients, and you

"The painful truths about neurosurgery that you only get good at doing the really difficult cases if you get lots of practice, but that means making lots of mistakes and leaving a trail of injured patients" behind you"

have to live with the tragic story of these mistakes. Marsh claims that surgeons are reluctant to admit their own mistakes in the field. Most impressively so when he delivered a lecture in America entitled "All My Worst Mistakes" to maximize learning from his mistakes in medicine, and tell the audience 'Success teaches us nothing; only failure teaches" Marsh starts each chapter with a real life case, allowing the reader to draw a picture unconsciously in his/her mind of different operation theatres and patients' rooms. Much of "Do No Harm" takes place at St George's Hospital in London where he created a balcony garden for his patients. It was directly outside the ward; one of his

> greatest achievements in medicine. Although he had to raise large sums of money to make it suicide-proof, he saw it as an opportunity for improving the patients' experience of being in hospital. Cut by cut, he takes us through a journey of risks to tell the reader that what tortures

doctors most is uncertainty. As a surgeon, writing your experiences and failures demands a candour and openness when things go wrong.

Do No Harm has the merit of being both informative and readable, and you can't help but stand in awe of the anatomy of the brain and error!

Obituary



Professor Yousuf Ezzat Akkaya (1950-2020)

Professor Yousuf Ezzat Akkaya passed away September15th, 2020 at the age of 70 in Al Madinah Al Munawwarah. His love for this city was so profound.

Dr. Yousuf was born in 1950 in Samsun, Turkey. In 1975, he obtained his medical degree from Istanbul university. In 1980, he did his training in Istanbul.

In 1981, Dr.Yousuf completed his military service in Adana, Turkey.

Two years later in 1983, he moved to Saudi Arabia and joined King Fahad Hospital (KFHM) in Al Madina as a registrar in Neurosurgery. During the next following years, he established a successful medical practice, and he was one of the founders of neurosurgical services in the Medina Region. In 1990, he was appointed as a Consultant Neurosurgeon.

Dr.Yousuf dedicated his career to caring for his patients as a neurosurgeon, and he was a prodigiously hard worker. By: Dr. Badreldein M. Elshetry Consultant Neurosurgeon King Fahad Hospital | KFHM Al Madina

Dr. Yousuf was particularly interested in Skull Base Surgery, and was exceptionally skilful in the specialty. He had concentrated in the management of patients with congenital, degenerative and neoplastic lesions.

Well recognized for his career as a neurosurgeon, he also took a great interest in training the next generation of neurosurgeons for more than two decades. Dr. Yousuf was a talented tutor, and he was nominated as the head of the department for around a decade.

Dr. Yousuf will be deeply missed by all who knew him.

SANS ACADEMIC ACTIVITES

SANS Academy: 3rd Neurosurgical Boot Camp, Virtual: Oct. 24-25, 2020

In light of the precautionary measures taken during the time of COVID-19 pandemic, 3rd Neurosurgical Boot Camp was conducted as an interactive virtual event.

The boot camp is specially designed for the new and junior residents in neurosurgical training programs national wide. The aim of this course is to help ease junior resident's transition to residency, and provide fundamental knowledge of the general aspects of the specialty and major principles of the encountered and related pathologies.

The two-day course has been accredited by the Saudi Commission for Health Specialties (SCFHS). The Regional Program Directors of the Saudi Board Neurosurgery Training Programs were invited. The course director, Dr. Wisam Al-Issawi welcomed all to the boot camp, and the Chairman of Neurosurgery Scientific Counsel, Dr. Ahmed Alkhani began the boot camp by presenting an introduction to residency and gave a brief pep talk about neurosurgery.

The course was conducted by a number of faculty from different institutions national wide, presenting important talks covering different aspects related to neurosurgery and patient care.

Thirty-five young residents in training programs and neurosurgical service residents national wide participated in the course.

At the end of the course, a special session took place in which neurosurgical cases were discussed with the participants.

Course Director	Prof. Abdulrahman Al-Anazi
Dr. Wisam Al-Issawi	Imam Abdulrahman Bin Faisal University Dammam, Kingdom of Saudi Arabia
lmam Abdulrahman Bin Faisal University Dammam, Kingdom of Saudi Arabia	Dr. Ali Al Hayek
Course Coordinator	Imam Abdulrahman Bin Faisal University Dammam, Kingdom of Saudi Arabia
	Dr. Hosam Al-Jehani
Dr. Khalid Bajunaid King Abdulaziz University Hospital	Imam Abdulrahman Bin Faisal University Dammam, Kingdom of Saudi Arabia
Jeddan, Kingdom of Saudi Arabia	Dr. Mohammed Bafaquh
Dr. Wonammad Alkutbi Prince Sultan Military Medical City Riyadh, Kingdom of Saudi Arabia	King Fahad Medical City Riyadh, Kingdom of Saudi Arabia
Chairman of Nourosurgory	Dr. Nabeel Alnaghmoosh
Scientific Counsel, SCFHS	Dammam Medical Complex Dammam, Kingdom of Saudi Arabia
Dr. Ahmed Alkhani	Dr. Abdulrahman Al-Abdulwahha
King Abdulaziz Medical City Riyadh, Kingdom of Saudi Arabia	Imam Abdulrahman Bin Faisal University Dammam, Kingdom of Saudi Arabia
Regional Program Directors	Dr. Abdulrahman Alturki
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Dr. Abdulkarim Al Rabie	Dr. Husam Alhabib
Prince Sultan Military Medical City Riyadh, Kingdom of Saudi Arabia	Dr. Sulaiman Al-Habib Medical Group Al Khobar, Kingdom of Saudi Arabia
Dr. Ahmed Lary	Dr. Kawther Hadhiah
King Abdulaziz Medical City Jeddah, Kingdom of Saudi Arabia	King Fahad University Hospital Al Khobar, Kingdom of Saudi Arabia
Faculty	Dr. Abdulrazag Ajlan
	King Saud University Riyadh, Kingdom of Saudi Arabia
Prof. Ahmed Ammar	Dr. Abdulrazag Al-Ojan
Imam Abdulrahman Bin Faisal University	Imam Abdulrahman Bin Faisal University



SANS Academy Webinar Series Recordings are available on our YouTube Channel

UPCOMING EVENTS

Due to COVID-19 Pandemic, some events will be held only this year on an online format. Add these important dates to your calendar and plan to be a part of it.

- 4th Saudi Spine Society Annual Conference , Virtual: Nov.7-9, 2020 (Learn more
- SPINE20 Inaugural Meeting: Nov.10-11, 2020 Learn more
- 2020 CCN Review Webinar Edition: Nov.29 Dec.4, 2020 Learn more
- 10th Spine Update Virtual: Dec.18, 2020 Spine Anatomy | 19, 2020 Spine Case Forum

- 15th Annual Meeting of The Saudi Association of Neurological Surgery, Virtual (iSANS: Stay Connected) Mar.18-20,2021
- 2021 AANS Annual Scientific Meeting: Stronger Together-Vancouver: Apr.17-21, 2021 Learn more
- 2021 EANS Congress- Hamburg, Germany: Oct. 03-07, 2021
- 2021 CNS Annual Meeting: Vision for the Future-Austin, Texas: Oct.16-20, 2021 Learn more
- XVII WFNS World Congress of Neurosurgery Bogota, Colombia:

Aug.29-Sep.3, 2021 Learn more





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