SANS NEWS LETTER

Volume 5 | August 2024

NEWS INSIDE

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Our SANS newsletter is meant to keep everyone in our Neurosurgery family up to date on latest news from around the SANS world and beyond. We send it out to all active members and post it on to our website. We ask that you share this letter and keep our entire SANS family informed. Please send your contribution to our editor **Atika** at: **SANS.newsletter@sans.org.sa**

EDITORIAL

Welcome to our August 2024 issue of SANS Newsletter

This month, we're diving deep into critical topics shaping our field. Prof. Abdulhakim B Jamjoom alerts us to the dangers of predatory publishing, while Dr. Aimun A. Jamjoom explores innovative approaches in cranial surgery.
Don't miss our exclusive interview with Dr. Hassan Jaber and gain insights from Dr. Abdulrahman Sabbagh on addressing paediatric head shape abnormalities.
We're also proud to share a patient story from Dr. Sherif Elwatidy's clinic, offering a personal perspective on neurosurgical care.
Lastly, join us in celebrating our 2024 Neurosurgery Board Graduates!

Stay informed, stay inspired.
Together, we're advancing neurosurgery in Saudi Arabia.

Happy reading!

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NEUROSURGERY IN SAUDI ARABIA

RESEARCH AND EDUCATION

The Rise of Predatory Publishing: Beware of Worthless Journals

By Prof. Abdulhakim B Jamjoom
King Abdulaziz Medical City | KAMC
Jeddah, Saudi Arabia

Phishing is defined as a type of online scam that targets consumers by sending them an email that gives the impression of being from a good source. As healthcare providers and researchers, we are constantly confronted with phishing emails from fake journals.

One surgeon found that a third of all emails he received over a 6-month period were predatory in nature. Alberta Health Services' Information Technology department estimated that an average of 21 million out of 31 million emails sent to their 120,000 different users were blocked by firewalls each month. Considering that of the 10 million emails that get through these firewalls, possibly a third are phishing emails. The cost of storage, administration, downtime and lost productivity from receiving these emails can be significant in large organisations. I personally calculated that in the last 3 months I have received over 300 emails from dubious journals in my National Guards Health Affairs (NGHA) inbox that had nothing to do with the field of neurosurgery. This prompted me to write this article to make our readers aware of predatory journals and how to recognise and avoid them.

• The origin of predatory journals

With the development of high-speed internet in the 1990s, the open access model for biomedical publications was introduced and became a strong trend, competing with the traditional model where readers have to pay per order. Open access allowed publishers to maintain quality control and remain profitable while making scientific work easily accessible to the community. A "corrupt" form of the open access model also emerged in the form of predatory journals that charged authors for article processing charges but did not engage in the customary robust review process.

• Definition of predatory journals

Predatory publishing refers to the for-profit publication of scholarly content without the mandatory checks such as peer review and plagiarism checking. Even if the work is formally reviewed, experts in the field of the study are usually not involved. As a result, methodological biases, data interpretations and conclusions remain unchecked and unchallenged. These journals approach authors directly and offer them the benefits of open access and rapid publication, often for a not insignificant publication fee. Advertising for these journals is usually done by email, and the targets are usually authors who have already published other work in conventional journals. This predatory practice is considered unacceptable as it leads to a deviation from the standard ethics and clarity in scholarly publishing.

• Lists of predatory journals

The number of predatory journals in the medical field has grown exponentially over the past decade. In 2008, Jeffrey Beall was the first to draw attention to journals with fraudulent practices. By the mid-2010s, Beall's list included nearly 4,000 potentially fraudulent journals and publishers that were "blacklisted". Its counterpart, the "whitelist", was also created and lists publishers that are considered safe and acceptable. The Beall's list attracted much criticism and controversy and was closed in 2017.

After its closure, similar lists were introduced. These include Cabell's Predatory Report, a paid subscription database of nearly 12,000 predatory journals. A comparison between the two blacklists (Beall's and Cabell's) and the two whitelists (Directory of Open Access Journals and Cabell's) confirms that there is overlap between the journals on the blacklists and the whitelists. The two are not as clearly separated as black and white should be, which means that some of these

journals are in a grey area. Therefore, knowing how to identify predatory journals by their characteristics is probably more informative than knowing where these journals are listed.

- **Reasons for publishing in predatory journals**

Many medical researchers are aware of the predatory nature of a journal and still publish in that journal because they are under pressure. Many young and inexperienced researchers deliberately use predatory journals to enhance their CVs, find employment, obtain research funding, get grants and even get promoted in their careers. The lower publication costs can be enticing for authors around the world, but for those from low-income countries, they may be even more attractive. It was estimated that the average cost for predatory journals ($420) was lower than for reputable journals ($2,900). In a recent review of research in developing countries, University World News identified Nigeria, India, Pakistan and China as the main patrons of predatory journals. However, the notion that fake publishing is a developing world problem has been challenged by qualitative studies at Western universities, which found that experienced researchers from developed countries publish in predatory journals mainly for the same reasons as researchers from developing countries: Lack of awareness, speed and simplicity of the publication process, and the chance that a published work will be rejected elsewhere. A recent report on the prevalence of predatory orthopaedic journals found that 56% are based in the United States, 14% in India, 7% in the UK and 3% in Canada.

- **Disadvantages of publishing in a predatory journal**

Predatory journals are not indexed in the major databases such as PubMed, Medline, Web of Science or Scopus. To avoid potential conflicts of interest and to allow the publication of plagiarised articles without peer review, predatory journals restrict the accessibility of articles published in these journals by encrypting them and thus making them inaccessible to search engines. Therefore, in many cases, these articles cannot be traced. Legitimate articles published in predatory journals are publicly accessible via internet search. However, because they are not indexed, they are inaccessible to the larger academic community and may be considered worthless in the scholarly world. This not only leads to a loss of motivation for young researchers, but also means that they do not receive the recognition they deserve.

Manuscripts published in predatory journals can also become inaccessible, as these journals do not survive for long. In addition, the dissemination of easily accessible predatory literature to the public and patients carries the risk of misinformation and confusion, as laypersons may not be able to discern whether a source is credible.

- **Few predatory journals are indexed in reputable databases**

Predatory journals try to look reputable, and few of them are indexed in reputable databases. Some of them get access to databases by buying slots for a certain number of articles. In the fields of neurology and rehabilitation, 14 out of 87 and 7 out of 59 potential predatory journals were indexed on the Beall list in PubMed. An analysis of the indexing of 944 journals classified as likely predatory found that 9 were indexed in the Science Citation Index Expanded database, 28 in the Emerging Sources Citation Index, 56 in Scopus, 5 in MEDLINE, and 3 in EMBASE. In another study that identified 225 possible predatory orthopaedic or musculoskeletal journals based on Beall's list, 20 were found to be indexed in PubMed. This suggests that indexing alone is not sufficient to determine whether a journal is predatory or not.

> *KNOWING HOW TO IDENTIFY PREDATORY JOURNALS BY THEIR CHARACTERISTICS IS PROBABLY MORE INFORMATIVE THAN KNOWING WHERE THESE JOURNALS ARE LISTED*

Recognise the predatory journal: The warning signs

1. Phishing e-mails

- Frequent and contain grammatical errors.

- Invitation to submit manuscripts for upcoming "special issues

- Invitation to become a conference speaker, editor or reviewer

- The email address comes from free providers such as gmail.com and yahoo.com

2. Journal

- The journal covers a wide range of topics and is not focused

- The name of the journal contains attractive words or places such as Research, Global, International, Universal, American, British and European.

- Lack of guidelines for authors

- Use of mimicked names with and without mimicked websites

3. Editorial board

- Members are fake or listed without their permission

- Members are from all over the world

- Missing information about the name and affiliation of the members

4. Publisher

- Unknown, headquarters or exact location is not given and is not searchable.

- Has an extensive portfolio, over 100 journal titles, most new or without content.

5. Submission, processing and fees

- Request for submission by e-mail and not online

- Promise of a short and fast review cycle of one day to one week against payment of additional costs, i.e. usually within 1 month

- Lack of transparency on fees

- Article processing charges are low compared to reputable journals

- No or poor proofreading of published articles.

6. Impact factor (IF) and indexing

- Claiming falsely high impact factors, especially false or falsified impact factors such as Scientific Journal Impact Factor (SJIF), Global Impact Factor (GIF) and Journal Impact Factor (JIF) instead of the original impact factor issued by Clarivate Analytics or Universal Impact Factor (UIF)

- Falsely claiming indexing in various reputable indices such as PubMed, Medline, Directory of Open Access Journals (DOAJ) or Web of Science by imitating the logo and placing it on their own website, even if the journal is not indexed.

- Fraudulent use of International Standard Serial Numbers (ISSNs) and the Committee on Publication Ethics (CPE) logo.

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The Life of a Neurosurgeon

We had the pleasure of interviewing a very prominent neurosurgeon in Saudi Arabia Dr. Hassan M. Jaber. we are appreciative that he was able to spend a few minutes with us answering some questions related to neurosurgery and the profession in general. Here's the interview:

SANS Newsletter (SN): What are you most proud of personally?
Hassan Jaber (HJ): Islam

(SN): Describe yourself in three words.
(HJ): Honesty, Happy, Caring.

(SN): What are you passionate about?
(HJ): Knowledge.

(SN): How do you handle stressful situations?
(HJ): Pray, Analyse, Rethink it over

(SN): most overused phrase!
(HJ): Nothing more could be done.

(SN): What was the best advice anyone ever gave you?
(HJ): Do no Harm

(SN): If you not a neurosurgeon, what career would you choose?
(HJ): Historian, Engineer

(SN): What is your favourite movie?
(HJ): Mutiny On The Bounty

(SN): How do you spend your spare time?
(HJ): Reading

(SN): What got you interested in neurosurgery?
(HJ): The only specialty that looks at the human as a whole

(SN): We are wondering about what is your genetic background. Do you have doctors in your family? How do your children look at you as a dad and neurosurgeon?
(HJ): There is no genetic background. Anyway, my siblings are doctors. My children see me as DAD

(SN): Which neurosurgeon (living or deceased) most influenced your neurosurgical career
(HJ): Professor Makakis, Germany

(SN): As a successful neurosurgeons, how did you strike a balance between duties?
(HJ): Yes, with the wife and family understanding. I wish I spent more time with my kids.

(SN): Can you describe your journey during residency? Any lessons learned.
(HJ): You are dealing with people whose interaction could help or block you. It is YOUR responsibilities to learn.

(SN): What is your first experience actually working on the brain surgically, and do you remember it. How did you feel about it?
(HJ): Your first encounter as a resident is usually traumatised brains. You realise how precious the brain is and how costly some mistakes and bad decisions.

(SN): What was the majority of your surgical practice?
(HJ): mainly cranial and spinal neural Tissue

(SN):Do you have a specific case that sticks with you?
(HJ): Cases of children where the parents are seemingly helpless and want to do everything for their child, but are unable to do so. If the child is doing well, they are truly happy.

(SN):How did you feel about taking responsibility for choices that you know will profoundly affect your patient's life?
(HJ): Obtain all necessary information, make an informed decision, be impartial and choose only what is best for the patient. Then do what you think is right.

(SN):What future do you envision in neurosurgery?
(HJ): Technology would provide more tools to improve accuracy and achieve better results.

(SN):What is important in neurosurgical training?
(HJ): Safety, education and decision making

(SN):What advice would you give to students who aspire to be in neurosurgery?
(HJ): Be dedicated!

(SN):Thank you for talking to us, and we are very proud of your achievements. Is there anything you can tell us that might surprise people reading the article?
(HJ): Neurosurgery grew steadily in Saudi Arabia. It started with three Saudi neurosurgeons. I was the first and only Saudi neurosurgeon in Jeddah and in the western region of Saudi Arabia. Currently, we have a significant number of Saudi neurosurgeons.
The pioneers put forth a lot of effort to establish the programs, system, setup, and services. It makes me happy to see more neurosurgeons and people served.

SUCCESSFULLY IMPLEMENTING AN ENHANCED RECOVERY PROTOCOL FOR CRANIAL SURGERY USING A THEORY-BASED APPROACH

By Dr. Aimun A.B. Jamjoom FRCS(SN) PhD
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Department of Neurosurgery, Queen's Hospital, Romford, London, UK

Enhanced Recovery Protocols (ERPs) are evidence-based treatment pathways that aim to improve patient recovery after surgery through a multimodal, multidisciplinary approach. ERPs include interventions such as patient education, minimally invasive techniques, optimised analgesia and early mobilisation. These protocols are widely used across surgical specialties and have been shown to reduce complications, length of hospital stay and costs compared to traditional care pathways. While ERPs are becoming increasingly popular in other fields, they are relatively new to neurosurgery. The potential benefits of using an ERP for cranial surgical patients have sparked interest from neurosurgical teams in adopting these protocols. However, it can be challenging to successfully integrate a complex, multidisciplinary procedure such as an ERP into routine practice.

At our institution, we have developed an ERP for cranial surgery based on the latest evidence and input from a range of stakeholders, including neurosurgeons, anaesthesiologists, nurses and others involved in preoperative care. Core elements of the ERP included a scalp block for regional anaesthesia, standard analgesia and antiemetic regimens, early removal of urinary catheters, and mobilisation on the first postoperative day. Our first attempt at implementation was unsuccessful. An audit showed that there was very little uptake of the ERP elements once they were introduced. Between 10-25% of eligible patients received the core elements of ERP, including scalp block, recommended medications, catheter removal and early mobilisation. The average length of hospital stay was 6.3 days.

Dr. Aimun A. Jamjoom

Optimising Cranial Surgery Using a Theory-Based Approach

To understand the barriers to implementation, we used the NoMAD questionnaire, which is based on Normalisation Process Theory (NPT). The NPT provides a framework for examining factors that promote or inhibit the routine incorporation of complex interventions into practice. The NPT proposes 4 constructs that represent different types of work that people do in relation to adopting a new practice: Coherence (the work required to make sense of the intervention), Cognitive Engagement (the relational work required within an organisation to establish and sustain the intervention), Collective Action (the operational work of organising and preparing the care environment to implement the new practices required to deliver the intervention), and Reflective Monitoring (the evaluative work people do to assess the acceptability and utility of the intervention). There are a further 4 sub-constructs to each construct (**Figure 1**). The questions in the NoMAD instrument can be mapped directly to these individual sub-constructs, allowing you to identify barriers to implementation.

Core construct	Definition	Components
Coherence	Sense-making work done individually and collectively during operationalization of a set of practices	• Differentiation • Communal specification • Individual specification • Internalization
Cognitive participation	Relational work done to build and sustain a community of practice around a new practice	• Initiation • Enrollment • Legitimation • Activation
Collective action	Operational work done to enact new set of practices	• Interactional workability • Relational integration • Skill set workability • Contextual integration
Reflexive monitoring	Appraisal work done to assess and understand the effects of new practices on themselves and others around them	• Systematization • Communal appraisal • Individual appraisal • Reconfiguration

Figure 1: Normalisation process theory constructs. Figure taken from *Huybrechts et al (2023), Primary Health Care Research & Development*

In our study, we identified four key NPT substructures that hinder ERP implementation:

1) Lack of common understanding about the purpose of the protocol (communal specification)

2) Insufficient integration with existing procedures and resource allocation (contextual integration)

3) Training issues related to the new skills required (workability of skills)

4) Disruptive impact on traditional roles and working relationships (relational integration)

Based on these findings, we have developed a three-pronged implementation intervention:

(1) Comprehensive training for all stakeholder groups, focusing on the impact of ERP on their role and collaboration. (2) Promotion through brochures and posters. (3) Simplifying the implementation of ERP by integrating its elements into electronic templates for operational reports.

Dr. Aimun A. Jamjoom

Optimising Cranial Surgery Using a Theory-Based Approach

After this intervention, re-testing showed striking improvements in all ERP core components compared to baseline: scalp blocks increased from 12.5% to 76.2%, recommended analgesia from 25% to 100%, recommended antiemetics from 12.5% to 100%; trials without catheter from 13.6% to 88.9%, and mobilisation on postoperative day one from 45.5% to 94.4%.

It is noteworthy that the average length of stay in hospital fell from 6.3 to 4.2 days, without more complications or readmissions. A follow-up survey of NPTs showed that the implementation intervention had successfully improved the "common specification" barrier, indicating that stakeholders now had a shared understanding of the purpose of the ERP (**Figure 2**).

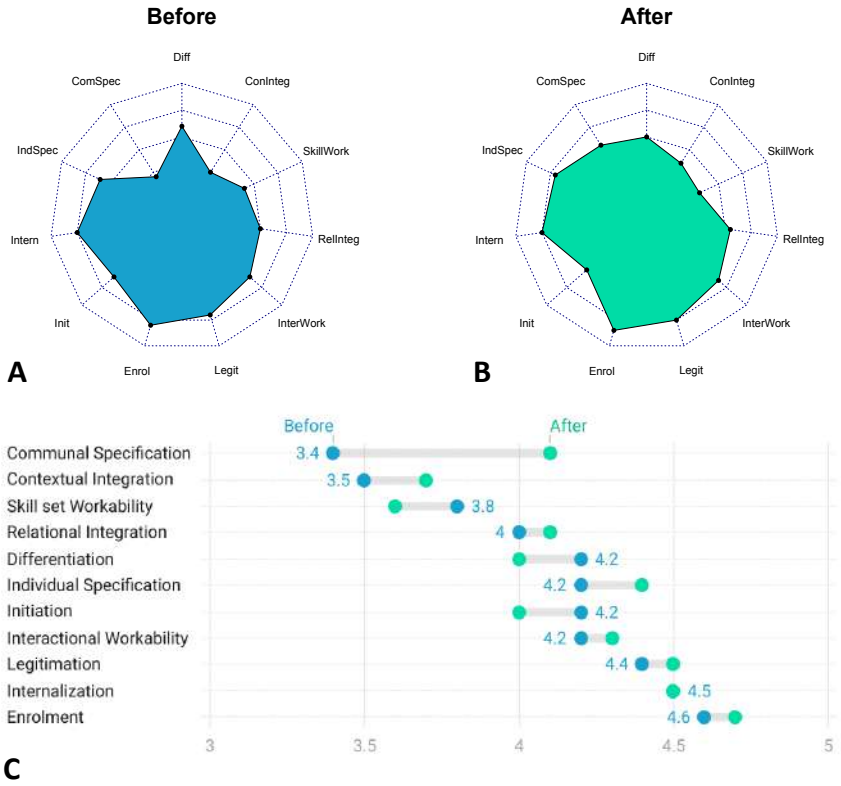

Figure 2: *Radar plots representing 11 NPT subcontracts for before (A) and after (B) the implementation intervention. A range plot (C) showing degree of change before and after the intervention*. . Figure has been aken from *Jamjoom et al (2023), Neurosurgical Focus*

ERP OPTIMISE CRANIAL SURGERY RECOVERY

The study demonstrates the successful implementation of an ERP for cranial surgery using a structured, theory-based approach. By identifying obstacles and developing an intervention targeting these issues, the ERP performance improved significantly and the length of stay reduced. This systematic implementation strategy can guide other teams adopting ERPs in neurosurgery to optimise patient recovery.

Reference: Aimun A B Jamjoom, Olivier J J Sluijters, Thomas C H Yeung, Jack Wildman, George P Malcolm, Constantinos Charalambides, Venkat Iyer, Neil U Barua. Theory-based implementation of an enhanced recovery protocol for cranial surgery. Neurosurg Focus 2023 Dec;55(6):E2.

THE EXPERT'S LOUNGE

IMPROVING LIVES THROUGH UNDERSTANDING: Addressing Head Shape Abnormalities Children

Dr. Abdulrahman J. Sabbagh
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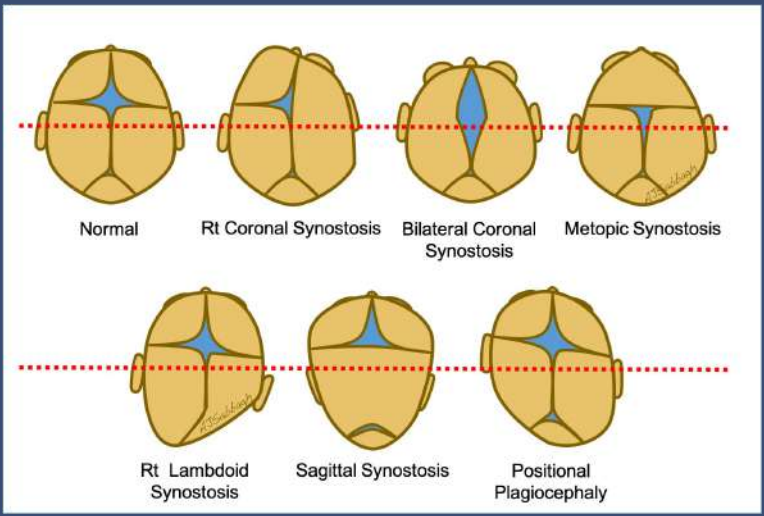
A few years ago, a patient with Crouzon's disease and bicoronal synostosis presented to my clinic as she approached her third decade of life. She told me how much she had suffered in her childhood and adulthood because of her appearance.

She was bullied at school, did not have many friends and had a hard time finding a career or getting married because of her disfigurement.

Unfortunately, she was not treated appropriately in her childhood.

Recently, a child came to my clinic with marked sagittal synostosis that had developed into a full-fledged scaphocephalic head shape because the parents had been assured by a health professional that the problem would improve on its own and a wait-and-see approach was the best way forward. Unfortunately, both patients missed the optimal time for the necessary surgical intervention.

We thank the Almighty that our multidisciplinary team operated on both patients with reasonable results, despite the unnecessary predicaments and serious difficulties, particularly in the adult patient. I have encountered adults and older children who suffered from missed treatment opportunities in their early childhood, mainly because they were not diagnosed in time or their families were wrongly informed that their conditions would resolve themselves. These omissions have led to lifelong deformities and psychological suffering due to bullying and social stigmatisation. These stories highlight the profound impact that early detection, appropriate referral, proper counselling and decision making have on the lives of these patients.



Abdulrazaq A. Alojan et al. (2023) highlights the significance of evaluating the gaps in craniosynostosis knowledge, attitudes, and current clinical practices among Saudi Arabian physicians in order to improve early diagnosis along with rapid treatment.

To read more, click Here

My personal experiences with patients and the discussions in our community emphasise the urgent need for greater awareness and better intervention strategies. Conditions such as craniosynostosis, in which the skull sutures fuse prematurely, require timely intervention to avoid unfavourable outcomes. These can be associated with cosmetic and/or neurological problems. On the other hand, microcephaly, which is due to brain atrophy or congenital causes, for example, is not a surgical condition. Patients with a small or closed fontanel who have normal head growth and follow the appropriate centiles on the growth chart do not require surgical referral or intervention. Conversely, patients with severe plagiocephaly may require helmet therapy if they do not respond to physiotherapy and multi-positional stimulation. Such therapy is expensive and has a time window that should be utilised. Even among healthcare professionals, there are still misconceptions about the above conditions, often leading to delayed or unnecessary referrals that compromise the effectiveness of the required treatments in a timely manner.

Our referral system sometimes fails to do justice to these conditions. Patients with correctable abnormalities are often seen too late, while others are referred without actually requiring surgical intervention. Nevertheless, we need to be on the safe side and ensure that all potential cases are reviewed by paediatric neurosurgeons to avoid misdiagnosis and missed opportunities for intervention. Another important consideration is that paediatric neurosurgeons often have issues with insurance for abnormalities of head shape that require surgery, such as helmets for positional plagiocephaly or surgical correction for craniosynostosis. It is often difficult to obtain insurance cover for these treatments. All too often, procedures for head shape abnormalities are denied because they are classified as cosmetic procedures. We need to advocate for these conditions to be recognised, as they not only have a significant impact on patients' quality of life, but also on the potentially high intracranial pressure in multi-sutural and syndromic patients. In addition, absorbable plates can be quite expensive and require financial protection. We should work together through our Saudi Society of Neurological Surgeons (SANS) to improve our understanding of the gap in awareness among pediatric healthcare providers to improve referral patterns for abnormal head shapes in children, develop better awareness among healthcare providers, establish clearer referral guidelines, and work with insurance carriers to ensure that necessary treatments are accessible in the hope that every patient receives the treatment they deserve.

ADDRESSING HEAD SHAPE ABNORMALITIES

It is important that we address the common misconceptions and suboptimal referral patterns that surround issues such as craniosynostosis, closed fontanel, microcephaly, macrocrania, and positional plagiocephaly.

Together we can make a real difference to the lives of those affected by head shape abnormalities.

The Patient's Voice

Threads of Hope: The lady who embroidered Hope

A story from Dr. Sherif Elwatidy's clinic

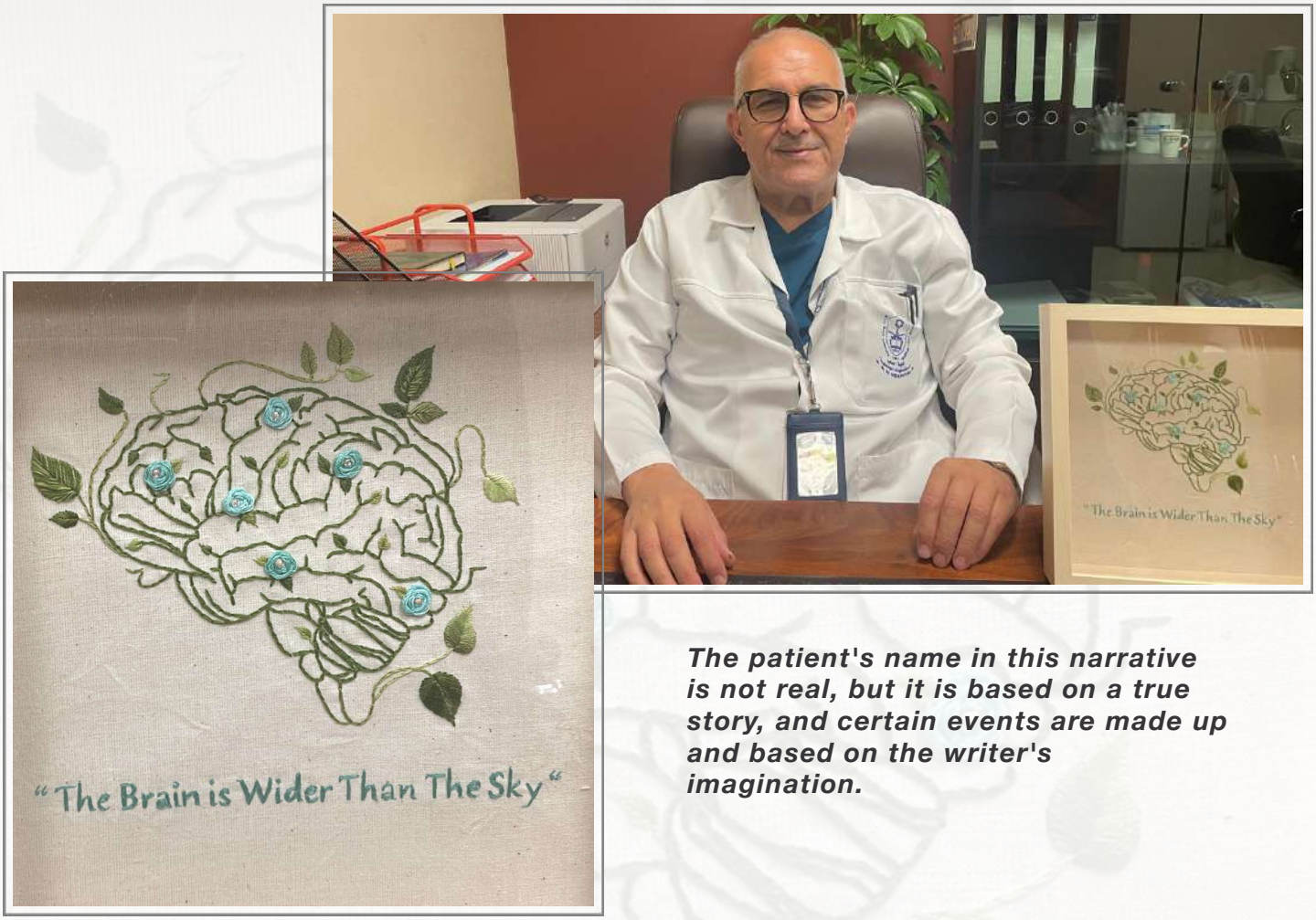
Written by Atika Al Sudairy

With a world full of experiences, the fragility of life and the strength of the soul coexist in a tapestry of events. It is Asha's voyage into the unknown.

It was one of those days when Asha felt like something was wrong with her body; by this, I mean that we all have a "mini-doctor" inside of us who warns us when something isn't quite right and that we need to find out why. She sat nervously in that office waiting for the doctor to come. As the door closes behind her, the world narrows, and Asha finds herself confronted with the weight of uncertainty. There were certificates all over the wall while she was staying there. There is a lonely, massive book on the desk that seems to be begging to be picked up and hugged.
“Stay calm, it’s gonna be all right” reassured Asha.
It is in these moments when gloom is hanging over you, your mind seek out a glimmer of light, or hope, to guide you through the situation.
Dr. Sherif stared at the MRI scan noticing the unwelcome visitor in Asha’s brain. After breaking the news and discussing treatment options, Dr. Sherif couldn’t skip what he saw in Asha's eyes. That uncertainty look that every doctor tried to overcome.
"Asha," he said gently, "while we fight this together medically, I want you to fight it mentally too. While I am working on your brain, Find something to calm your mind.”
Weeks passed. Asha underwent treatments. Some days she felt that she can conquer the world, other days she barely could get out of her bed.
One day, Asha went to her favourite coffee shop. At table 7, amidst the usual coffee shop chatter and phone-scrolling, a girl was busy in an unusual activity. She skilfully wove threads into cloth, and created a multi-textured tapestry. That was when Asha recalled D. Sherif’s words” Keep your mind calm”.
"EMBROIDERY is my tool for healing," Asha said to herself.
Each stitch was a sign of her bravery in the face of pain. But slowly, the coloured threads blossomed under her fingers. In the hospital waiting rooms, in the quiet hours of sleepless nights, Asha stitched.
Months later, Dr. Sherif welcomed Asha into his office with a grin on his face. "Asha. You're responding well to the treatment.”
With tears in her eyes, Asha sobbed out of relief. Quietly, she presented Dr. Sherif with a little, wrapped package. On the inside was a detailed embroidery of a brain, but not the lifeless kind from medical textbooks. The vivid blossoms sprouting from it gave it a burst of colour.
Dr. Sherif's breath caught in his throat. In the bottom corner, in tiny stitches, were the words: "the brain is wider than the sky”
That echo the truth that the brain is indeed "wider than the sky," a universe of possibilities waiting to be explored.
“7 is a truly a lucky number, and that’s why I stitched Emily Dickinson’s seven words” Asha said.
Asha left the clinic, and the embroidered scene remained on Dr. Sherif's desk, a living reminder that the powerful medicine is not always found in a prescription but rather in the hope that we can weave together, stitch by stitch.

The Patient's Voice

A story from Dr. Sherif Elwatidy's clinic



The patient's name in this narrative is not real, but it is based on a true story, and certain events are made up and based on the writer's imagination.

The Healing Power of Art

That the human spirit can discover courage despite overwhelming challenges is a lesson we can all take away from Asha's story. Her art was a beautiful reminder that healing involves more than just medical intervention. It's about finding ways to cope, and to connect with our own strength. Let Asha's journey inspire you to explore the healing power of art in your own life.

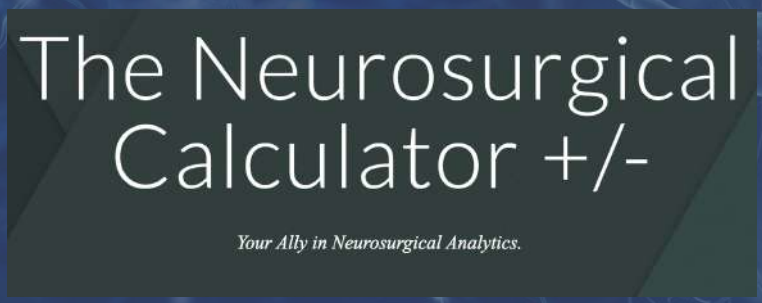
*Asha comes from the Sanskrit word for hope or desire

Dr. Omar Al-Juhani
Sixth-year medical student
King Abdulaziz University
Jeddah

Introducing NeuroCalcs.com: a Leap Forward in Neurosurgical Calculations

With my great passion for neurosurgery and commitment to improving patient care through innovation, I set out to create something that I believe will have a great impact on our specialty: NeuroCalcs.

What is NeuroCalcs?
NeuroCalcs, short for The Neurosurgical Calculator, is an initiative to provide a comprehensive library of the most important scales, scores, and calculations commonly used in neurosurgery.
My goal was to create a user-friendly, open-source tool that is accessible from any device with an internet connection. NeuroCalcs currently contains 34 different scales, from the NIH Stroke Scale to the Canadian CT Head Rule and many more.



Your feedback and input is critical to the continuous improvement of NeuroCalcs.

Whether you have suggestions for new scales, changes, corrections or other suggestions, I invite you to contact me. Together we can ensure that NeuroCalcs remains an accurate and valuable resource for all users.

e Stock | #170601825

WHY USE NEUROCALCS?

Accuracy: NeuroCalcs ensures reliable information for important decisions and helps to improve the precision of our clinical assessments.

Time Efficiency: Time is of the essence for both emergency and routine examinations. NeuroCalcs saves precious minutes by streamlining the process of finding and using the right scale.

User-friendly: I designed NeuroCalcs to be intuitive and easy to use, whether you are a seasoned expert or a new learner. Each scale comes with clear instructions, interpretation guides and relevant references.

NeuroCalcs

WHY USE NEUROCALCS?

Educational value: NeuroCalcs is not only a tool, but also a learning resource. It provides explanations and guidance for each scale, enriching our understanding and application of these measures.

Comprehensive: From grading systems for haemorrhages to classifications of spine injuries, NeuroCalcs covers a wide range of neurosurgical needs, making it a versatile tool in any clinical setting.

Accessibility: Available online, anytime, anywhere. Whether you're in the hospital or on the go, NeuroCalcs is just a click away.

Reduces errors: By automating calculations, NeuroCalcs minimises the risk of human error, resulting in more accurate patient assessments.

Helps with prognostication: With accurate calculations, NeuroCalcs helps predict patient outcomes, facilitating better-informed clinical decisions.

About me...

In addition to my clinical work, I am heavily involved in medical research and am constantly looking for new insights and advances in neurosurgery. My commitment to the open source community drives me to develop software solutions that are not only accessible, but that invite collaboration and make a difference.

The development of NeuroCalcs has been a labor of love, driven by my desire to simplify and streamline the use of important neurosurgical scales and scores. This tool is designed to help healthcare professionals make informed decisions about diagnosis, treatment and patient management. My experience in website and app development allows me to focus on developing user-friendly applications that improve clinical workflows and patient outcomes.

Thank you for your support and for joining me in my quest to improve neurosurgical practice through innovation and technology

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FROM MEMBER TO MEMBER

NEWS

DISTINGUISHED NEUROSURGEON DR. MOUTASEM AZZUBI HONOURED WITH SAUDI CITIZENSHIP FOR PIONEERING CONTRIBUTIONS

Dr. Moutasem Azzubi, a renowned Consultant Neurosurgeon and Pediatric Neurosurgeon, has been awarded Saudi citizenship in recognition of his outstanding contributions to the field of neurosurgery and his invaluable service to the Kingdom of Saudi Arabia.

Dr. Azzubi's illustrious career began with his graduation from Damascus University in 1998, followed by extensive training in neurosurgery in Syria and Saudi Arabia. He holds the prestigious Arab Board Certification in Neurosurgery and a Clinical Fellowship in Pediatric Neurosurgery from the University of Ottawa, Canada.

As the leader of the Paediatric Neurosurgery Division at King Abdullah Specialised Children's Hospital, Dr. Azzubi has made significant contributions. He has been instrumental in the hospital's first epilepsy surgery program, establishing the Paediatric Neurosurgery Division, and taking a successful cranial deformity surgery program to the next level, performing more than 300 successful surgeries in recent years. In addition, he leads the surgical team for the separation of craniopagus twins, a program that has earned Saudi Arabia worldwide recognition.

Dr. Azzubi's academic and educational achievements are also noteworthy. He was instrumental in establishing the paediatric neurosurgery fellowship program and is the director of the joint training program for paediatric neurosurgery in Saudi Arabia.

The Royal Decree of the Custodian of the Two Holy Mosques granting Dr. Azzubi Saudi citizenship is a testament to his unwavering dedication, pioneering contributions and outstanding leadership in the field of neurosurgery. His achievements have not only changed the lives of countless patients, but have also elevated the medical landscape in Saudi Arabia and the region.

FROM MEMBER TO MEMBER

NEWS

CONGRATULATIONS TO OUR 2024 NEUROSURGERY BOARD GRADUATES!

We are thrilled to celebrate the accomplishments of our neurosurgery residents who have recently passed their board certification exams. Earning board certification is a significant milestone that represents years of dedicated study, hard work, and commitment to providing the highest level of patient care.

Dr. Abdullah AlTowim

Major Dr. Abdullah Alsahli

Dr. Abdulellah Alturkistani

Dr. Afra Alsuhaymi

Dr. Ala Arab

Dr. Fatima Fakhroo

Dr. Ismaeel Albishry

Dr. Israa Sader

Dr. Jamal Abdullah

To our recent graduates: if you did not find your photo, feel free to send it to us, and we will be happy to include it in a future edition. We made every efforts to reach out all graduates.

Congratulations to Our 2024 Neurosurgery Board Graduates!

Dr. Maryam Alshanqiti

Dr. Razan AlMufarriji

Dr. Saad Alobaysi

Dr. Sara Alaqel

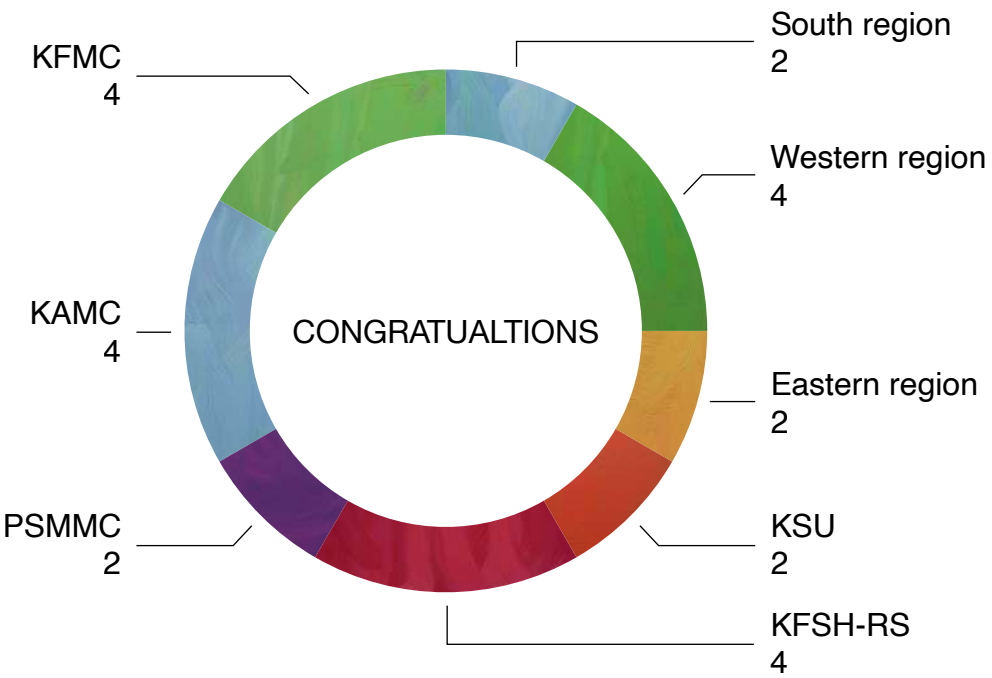
Dr. Sultan Albalawi

Dr. Thana Namer

Dr. Thunayyan Almasoudi

Dr. Waseem Yaghmoor

Dr. Yazid Maghrabi



UPCOMING EVENTS

المؤتمر الـ14 للجمعية العربية للجراحة العصبية
The 14th Conference of the Panarab Neurosurgical Society
Riyadh 1-4 November, 2024 الرياض

Dear Esteemed Colleagues,

It is our distinct honor and pleasure to welcome you all to the upcoming 14th Pan Arab Neurosurgical Society Conference to be held in Riyadh 1 - 4 November, 2024. Our society was established in Riyadh 1996 by neurosurgical leaders from The Arab world at the time. We are celebrating the 14th conference of our society from Riyadh again. We selected a theme of "A NEW START WITH PASSION". We are delighted to have our guests from all over the world with our hands and hearts opened to everyone to join us in this memorial event. The meeting is hosted by the Saudi Association of Neurological Surgery. Our organizing and scientific committees are working hard to ensure your trip to Riyadh is a very fruitful one. Our list of guest speakers is growing rapidly with eminent speakers from all over the world.

As we convene in Riyadh, a city known for its rich cultural heritage and progressive spirit, we believe it provides the perfect setting for this special event. I would like to personally extend a heartfelt welcome to all of you and to express my sincere gratitude for your contribution to the success of our meeting.

Looking forward to having you all in Riyadh.


Prof. Ahmed Alkhani
Chairman
Organizing Committee


Dr. Ahmed Al Oraidi
Chairman
Scientific Committee

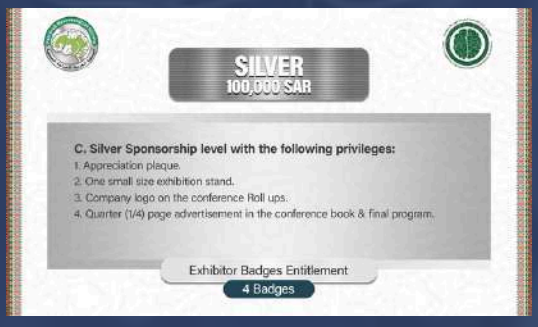

Prof. Ali Almaashani
President
PANS

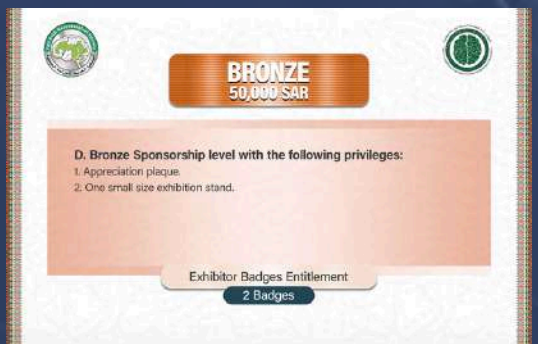

Prof. Abdulrazag Ajlan
President
SANS
Local Host

Abstract Submission:
Start: 1 June, 2024
Close: 1 Oct, 2024

Early Registration:
Start: 1 July, 2024
Close: 1 Oct, 2024

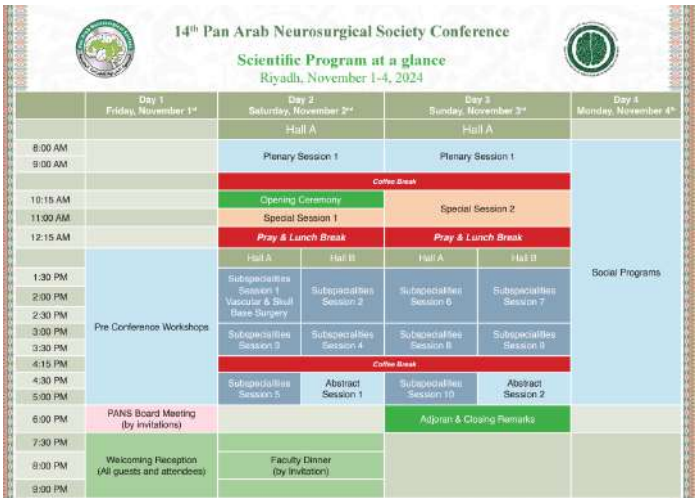
Pan Arab Society:
SPONSERSHIPS





Riyadh to Host 14th Annual Pan Arab Neurosurgical Society Conferences in 2024

The upcoming 14th Annual Conference of the Pan Arab Neurosurgical Society promises to be an exceptional gathering of the region's leading neurosurgical experts and innovators. The 4-day event, which will take place in Riyadh, Saudi Arabia from November 1- 4, 2024, will offer a robust scientific program covering the latest advances in the field of neurosurgery.



The conference will begin with an opening ceremony, followed by a series of plenary sessions, subspecialty workshops and abstract presentations. Participants can look forward to in-depth discussions on current topics such as vascular and skull base surgery, spinal interventions, functional neurosurgery and more. Renowned physicians and researchers will share their expertise and groundbreaking findings, promoting a valuable exchange of knowledge.

In addition to the academic program, the conference will also host several social events, including a welcome reception and faculty dinner, providing ample networking opportunities. Attendees will have the opportunity to forge new collaborations, explore partnership opportunities and gain insights that will improve their clinical practice and patient outcomes.

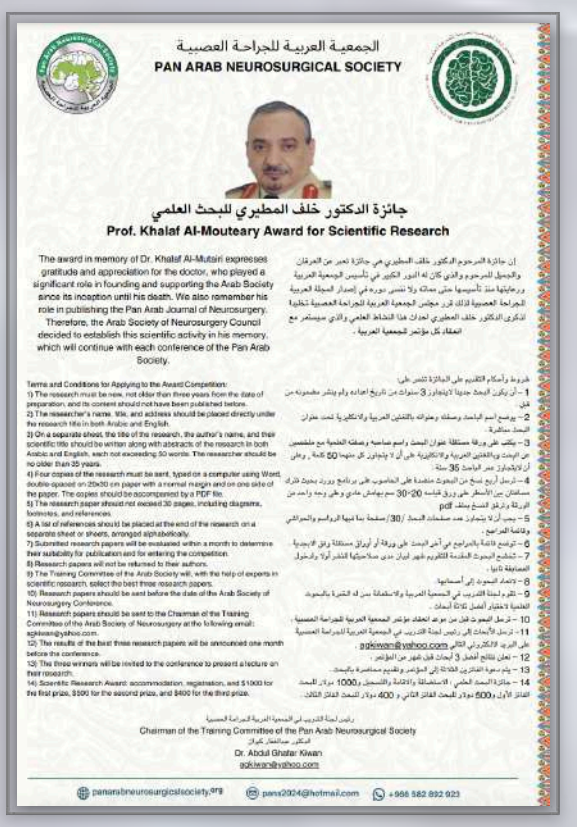
The conference organisers have put together an exceptional lineup of speakers and topics to provide an enriching and engaging experience for all attendees. I encourage interested neurosurgeons and healthcare professionals to visit the official conference website at **pans2024.com** to learn more about the registration process and program details.

PAN ARAB SOCITEY 2024

The Pan Arab Society 2024 Conference promises to be an insightful event with the impressive lineup of confirmed faculty speakers, representing experts from across the Arab world and beyond.

The Pan Arab Society is honouring the esteemed Prof. Khalf Al-Mouteary with a prestigious award for his significant scientific contributions and role in founding and supporting the organisation over the years.

The 14th conference of Pan Arab Society underscores the society's commitment to fostering collaborative advancement in the field.



الجمعية العربية للجراحة العصبية
PAN ARAB NEUROSURGICAL SOCIETY

جائزة الدكتور خلف المطيري للبحث العلمي
Prof. Khalaf Al-Mouteary Award for Scientific Research

The award in memory of Dr. Khalaf Al-Mutairi expresses gratitude and appreciation for the doctor, who played a significant role in founding and supporting the Arab Society since its inception until his death. We also remember his role in publishing the Pan Arab Journal of Neurosurgery. Therefore, the Arab Society of Neurosurgery Council decided to establish this scientific activity in his memory, which will continue with each conference of the Pan Arab Society.

إن جائزة المرحوم الدكتور خلف المطيري هي جائزة تعبر عن العرفان والجميل للمرحوم والذي كان له الدور الكبير في تأسيس الجمعية العربية ورعايتها منذ تأسيسها حتى مماته ولا ننسى دوره في إصدار المجلة العربية الجراحة العصبية لذلك قرر مجلس الجمعية العربية الجراحة العصبية تخليدا لذكرى الدكتور خلف المطيري لجعل هذا النشاط العلمي والذي سيستمر مع انعقاد كل مؤتمر لجمعية العربية .

Terms and Conditions for Applying to the Award Competition:
1) The research must be new, not older than three years from the date of preparation, and its content should not have been published before.
2) The researcher's name, title, and address should be placed directly under the research title in both Arabic and English.
3) On a separate sheet, the title of the research, the author's name, and their scientific title should be written along with abstracts of the research in both Arabic and English, each not exceeding 50 words. The researcher should be no older than 35 years.
4) Four copies of the research must be sent, typed on a computer using Word, double-spaced on 20x30 cm paper with a normal margin and on one side of the paper. The copies should be accompanied by a PDF file.
5) The research paper should not exceed 30 pages, including diagrams, footnotes, and references.
6) A list of references should be placed at the end of the research on a separate sheet or sheets, arranged alphabetically.
7) Submitted research papers will be evaluated within a month to determine their suitability for publication and for entering the competition.
8) Research papers will not be returned to their authors.
9) The Training Committee of the Arab Society will, with the help of experts in scientific research, select the best three research papers.
10) Research papers should be sent before the date of the Arab Society of Neurosurgery Conference.
11) Research papers should be sent to the Chairman of the Training Committee of the Arab Society of Neurosurgery at the following email: agkiwan@yahoo.com.
12) The results of the best three research papers will be announced one month before the conference.
13) The three winners will be invited to the conference to present a lecture on their research.
14) Scientific Research Award: accommodation, registration, and $1900 for the first prize, $500 for the second prize, and $400 for the third prize.

شروط وأحكام التقديم على الجائزة تنشر على:
1 – أن يكون البحث جديدا لا يتجاوز 3 سنوات من تاريخ إعداده ولم ينشر مضمونه من قبل.
2 – يوضع اسم الباحث وصفته وعنوانه بالكامل تحت عنوان البحث مباشرة.
3 – يكتب على ورقة مستقلة عنوان البحث واسم صاحبه وصفته العلمية مع ملخصين عن البحث باللغتين العربية والانكليزية على ألا لا يتجاوز كل منهما 50 كلمة . وعلى أن لا يتجاوز عمر الباحث 35 سنة.
4 – ترسل أربع نسخ من البحوث منضدة على الحاسوب على برنامج وورد بحيث تترك مسافتان بين الأسطر على ورق قياسه 20-30 سم يرفقان مادي وهي نسخة واحد من البحث والنسخ يرفق ملف pdf.
5 – يجب أن لا يتجاوز عدد صفحات البحث /30/ صفحة بما فيها الرسوم والجداول وقائمة المراجع.
6 – توضع قائمة بالمراجع في آخر البحث على ورقة أو أوراق مستقلة وفق الأبجدية.
7 – تخضع البحوث المقدمة للتقويم لتقرير مدى صلاحيتها للنشر أولا وللدخول المسابقة ثانيا.
8 – لا تعاد البحوث إلى أصحابها.
9 – تقوم لجنة التدريب في الجمعية العربية والاستعانة بمن ترى الخبرة بالموضوع العلمية لاختيار أفضل ثلاثة أبحاث.
10 – ترسل البحوث قبل من موعد انعقاد مؤتمر الجمعية العربية الجراحة العصبية.
11 – ترسل الأبحاث إلى رئيس لجنة التدريب في الجمعية العربية الجراحة العصبية على البريد الالكتروني التالي agkiwan@yahoo.com
12 – تعلن نتائج أفضل 3 أبحاث قبل شهر من المؤتمر.
13 – يتم دعوة الفائزين الثلاثة إلى المؤتمر وتقديم محاضرة بالبحث.
14 – جائزة البحث العلمي : الاستضافة والاقامة والتسجيل و1000 دولار للبحث الفائز الأول و500 دولار للبحث الفائز الثاني و 400 دولار للبحث الفائز الثالث.

رئيس لجنة التدريب في الجمعية العربية الجراحة العصبية
Chairman of the Training Committee of the Pan Arab Neurosurgical Society
الدكتور عبدالغفار كيوان
Dr. Abdul Ghafar Kiwan
agkiwan@yahoo.com

panarabneurosurgicalsociety.org pans2024@hotmail.com +966 582 892 923

المؤتمر الـ14 للجمعية العربية للجراحة العصبية
THE 14th CONFERENCE OF THE PANARAB NEUROSURGICAL SOCIETY
Riyadh , Saudi Arabia 1- 4, November 2024

CONFIRMED INVITED FACULTY

Pr. Najia El Abbadi
Morocco

Pr. Ossama Almefti
USA

المؤتمر الـ14 للجمعية العربية للجراحة العصبية
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Dr. Saleh Baeesa
Saudi Arabia

Dr. Hamoud Sidi Mohamed
Mauritania

Pr.Asem Salma
USA

Dr.Alberto Zerbi
Italy

Pr.ahmed Raslan
USA

Pr. Abdeslam Elkhamlichi
Morocco

Pr. Lakhdar Guenane
Algeria

Prof. Imaad kanaan
Saudi Arabia

Dr. Mohammed Ishari
Saudi Arabia

Dr. alistair jenkins
UK

Pr. Eric Massicotte
Canada

Dr. Fahd Derkaoui Hassani
Morocco

Dr. Ibrahim Ewees
Egypt

Pr. Shah Siddiqi
USA

Dr. Abdulghafar Kiwan
Syria

Dr. Samer K. Elbasiuny
USA

Dr.CLAIRE NICHOLSON
UK

Dr. Ezzat Abdul khalek
Egypt

Dr. Tamer Wardan
Syria

Dr. Faisal Farrash
Saudi Arabia

Dr.Ali Ibrahim
Egypt

Pr. azedine medhkour
USA

Dr.Qasim Alasbahi
Yemen

Pr.Fahad Alkherrayef
Canada

Pr.Faisal Ben Taleb
Lybia

AND MORE TO CONFIRM

UPCOMING EVENTS

CNS | 2024 ANNUAL MEETING
HOUSTON, TEXAS • SEPTEMBER 28-OCTOBER 2, 2024

Mark your calendar for the 2024 CNS Annual Meeting and take advantage of plenty of interactive learning opportunities.
For more information click **here**.

EANS2024 Sofia
• INNOVATION
• EDUCATION
• LEADERSHIP
October 13 - 17

Mark your calendar for the 2024 EANS Annual Meeting and take advantage of plenty of interactive learning opportunities.
For more information click **here**.

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Please Submit articles, job changes, promotions, or other member news to: **SANS.newsletter@sans.org.sa**

WELCOME TO RIYADH

19th Annual Meeting of SANS