



# PRECISION NEUROSURGERY

**Date:** 2 February, 2011 Mrs Soula Mantalvason  
**Surgeon:** Prof Peter Teddy 3C/26 Wellington Street  
**Assistant:** Dr Nick Schaerf Collingwood 3066  
**Anaesthetist:** Dr Andrew Rubinfeld **GP:** Mr Roy Carey  
**Hospital:** MELBOURNE PRIVATE HOSPITAL **DOB:** 17/11/69

Clinical A/ Professor Richard G. Bittar  
MBBS (Hons), PhD, FRACS  
Neurosurgeon and Spinal Surgeon  
Dr Warren Boling  
MD, FRCS  
Neurosurgeon and Spinal Surgeon  
Professor Peter Teddy  
DPhil, FRACS, FFPMANZCA  
Neurosurgeon and Spinal Surgeon

Soula had an excellent response to her trial of peripheral field stimulation, reporting near total pain relief in the coccygeal region and excellent pain relief in the sacral area. After the electrodes were withdrawn, her pain returned. On this basis, it was felt reasonable to proceed to implantation of a permanent system.

### Operation performed:

Insertion of permanent peripheral field stimulating electrodes (two) and IPG (St Jude Medical).

### Preoperative note:

We again carried out a careful preoperative check with the patient to identify the exact sites of her most severe pain and measured these accurately with a ruler and confirmed that they were precisely as previously indicated. Her sites of maximal pain were marked out on the skin and it was agreed that the IPG should be placed over a buttock, the side to be determined at operation. Eventually, I elected for a left-sided IPG positioning as her pain was more on the right and it was just possible that she may get some interference from the implant.

### Operative note:

With the patient under GA and prone on the Wilson frame, two small stab incisions were made much as before but one to the right of the midline and the other more-or-less on the midline, such that the leads could be tunnelled 9 cm caudad and 6 cm cephalad as before. These leads were then tunnelled through a left upper buttock incision, where a pocket was fashioned for the IPG, the connections made, the leads secured under the stab incisions to prevent migration and the coils of the lead placed behind the IPG. This entered the subcutaneous pocket easily and, after thorough irrigation, the wounds were closed in the usual layers using Vicryl with subcuticular Monocryl to skin.

### Postoperative Orders:

1. Nurse: 30° head up.
2. Vital signs as charted.
3. St Jude Medical to program over the next 24 hours.
4. Mobilise freely.
5. May go home when programming complete.
6. See in six weeks.

**DICTATED BUT NOT SIGHTED**

### Professor Peter Teddy

MA, DPhil, FRACS, FFPMANZCA  
Neurosurgeon

PT/A-hmc

cc: Mr Roy Carey, Suite 34, Level 3, 166 Gipps Street, EAST MELBOURNE VIC 3002

cc: Dr Kathy Yu, Melbourne Sports Medicine Centre, 250 Collins St, MELBOURNE VIC 3000

cc: Medical Records, Melbourne Private Hospital, Box 2150, RMH Post Office, Parkville VIC 3050

Surgery for Brain Tumours  
Complex Spinal Surgery  
Functional Neurosurgery  
General Neurosurgery  
Peripheral Nerve Surgery  
Epilepsy Surgery

### CONSULTING:

Melbourne City  
Berwick  
Box Hill  
Fitzroy  
Frankston  
Geelong  
Knox  
Mildura  
North Melbourne  
Prahran  
Ringwood  
Traralgon  
Sydney  
Burnie  
Devonport  
Hobart  
Launceston

**TEL:** 03 9821 5718

**FAX:** 03 9821 5386

**PAGER:** 03 9387 1000

**WEB:** [www.precisionneurosurgery.com.au](http://www.precisionneurosurgery.com.au)

**EMAIL:** [info@precisionneurosurgery.com.au](mailto:info@precisionneurosurgery.com.au)

**POSTAL:** Suite 5, 4<sup>th</sup> Floor  
517 St Kilda Road  
Melbourne VICTORIA 3004  
Australia