



Teamwork, not Turf Lines: Working together to help patients with brain aneurysms

In most places, how a patient with a ruptured brain aneurysm gets treated depends mostly on which subspecialist sees him first.

Not at Mission St. Joseph's. Here, patients with this life-threatening emergency are seen by two subspecialists, a neurosurgeon and an interventional neuroradiologist -- and sometimes by other physicians as well. Together, along with the patient and family, they decide on treatment based on what's best for the patient. And that's unusual, say the physicians involved.

Aneurysm Repair

Right now, there are two main ways that brain aneurysms are treated. The "tried and true" method is surgical repair. This means a complex and difficult surgery to "clip" the base of the aneurysm. This treatment has a very low risk of the aneurysm returning, or ever bleeding again, but it does carry some risk due to the surgery itself.



Left: Interventional neuroradiologist Jonas Goldstein, MD, performs an endovascular brain procedure in Mission St. Joseph's special procedures lab.

The second method of aneurysm treatment is newer. It is called "coiling" of the aneurysm. It is performed from within the blood vessel by an interventional neuroradiologist. This procedure is also delicate and complex. It involves filling the aneurysm with soft metal coils. These coils cause a clot to form in the aneurysm and stop blood from flowing through it. Recovery is usually quicker than from "clipping," and the long-term results are being studied.

A recent study published in the medical journal *Lancet* compared these two types of treatments. The results suggest that, if the physicians (an interventional neuroradiologist and a neurosurgeon) feel that surgical clipping and endovascular coiling are both therapeutic options, the outcome in terms of the patient being alive and free of disability one year afterwards is better with endovascular coiling. More study is needed to see what the longer term outcomes with endovascular therapy will be. Repeat bleeding is uncommon with both procedures.



Teamwork at Mission St. Joseph's

Which brings us back to how we treat people with brain aneurysms at Mission St. Joseph's. In most medical centers, turf lines tend to keep doctors prescribing treatment within their own subspecialty. We may be one of a handful of hospitals where it is standard protocol for these two subspecialists to routinely confer with each other about treatment.

“This kind of team effort is fundamental to offering each patient the appropriate treatment,” said Dr. John Short, interventional neuroradiologist. “There can be no ‘cookbook’ type recommendation, as these are complex problems and unique situations. No two aneurysms, or patients, are the same.”



“We’re fortunate to have a good relationship between the two specialties,” said neurosurgeon, Dr. Hal Pikus. “We get along very well. There’s no turf war between us as there is in so many hospitals. The interventional neuroradiologist does the angiography. Then we sit down together, review the study, and decide which is better for the patient. The model this hospital puts forth is the way aneurysms should be treated everywhere.”

“It shows the need and value to go to a center where you have surgeons working together,” said Dr. Short.

Note: The information for this story was provided by Mission St. Joseph's staff physicians John Short, MD, interventional neuroradiologist, and Hal Pikus, MD, neurosurgeon. Dr. Pikus is in practice with Mountain Neurological Center. Dr. Short is in practice with Asheville Radiology Associates.