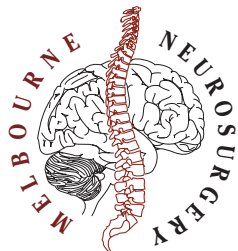


INFORMATION LEAFLET

BRAIN TUMOUR (Unconfirmed)



WHAT IS HAPPENING ?

You or your relative have been found to have an abnormal area on your scan. It will not be certain what this is.

WHY WAS IT FOUND ?

You may have had some symptoms that led your doctor to perform a scan. The usual ones are:

Severe headache.
Weakness in an arm or leg.
Seizure (fitting)
Confusion or loss of memory
Bumping into things or unsteadiness in walking.
Persistent Nausea or Vomiting.
The scan was done to look for something else and this was found by accident.

WHAT COULD IT BE ?

This may be difficult to tell on the basis of the initial pictures that you have had. Some lesions are typical and your doctor or the radiologist (X-ray doctor who reads the films) may be able to tell with some certainty. If it looks like a tumour you will be told this. There are many different types of tumour some are benign and some are malignant (cancer).

It is important to remember that even lesions that look to be tumour may turn out to be infection or something else when they are investigated further.

The commonest types of lesions are

Benign

Meningioma

Pituitary

Malignant

Secondary Tumour

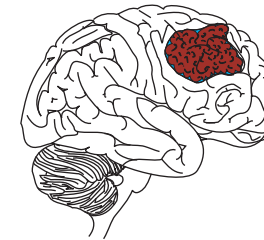
Glioma

Lymphoma

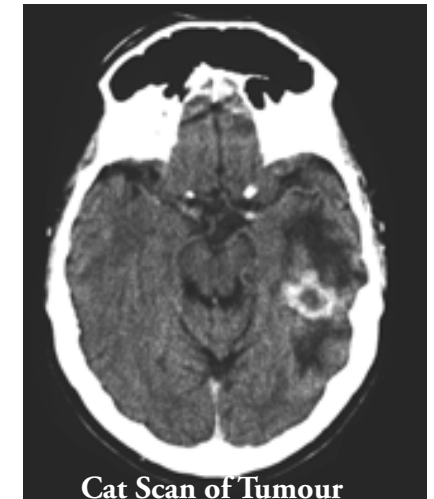
Infection

Bacterial brain abscess

Blood vessel anomalies.



**Meningioma
pushing into brain**



Cat Scan of Tumour

WHAT IS THE NORMAL PROCESS ?

You have normally been seen by your local doctor and he has organised a CT scan otherwise you have presented to the emergency department. If your local doctor discovered the lesion in the brain he will send you for an opinion. At this stage it is only presumed that the lesion is a tumour (it could be infection or something else).

If there is swelling around the lesion you are started on DEXAMETHASONE. This is a steroid drug that will reduce the swelling around the tumour. Some of its side effects are to make you hungry and also to give you the hiccups. Your symptoms of e.g. headache / weakness usually improve on these.

The other drug we may give you is an ANTI - EPILEPTIC. This is because the tumour may irritate the brain and cause a seizure (fit). The fit may have been the reason the lesion was found in the first place.

The specialist will talk to you and go through the X-rays with you. He will then probably organise a M.R.I. Scan (see Leaflet) This will give a better idea of what the lesion may be.

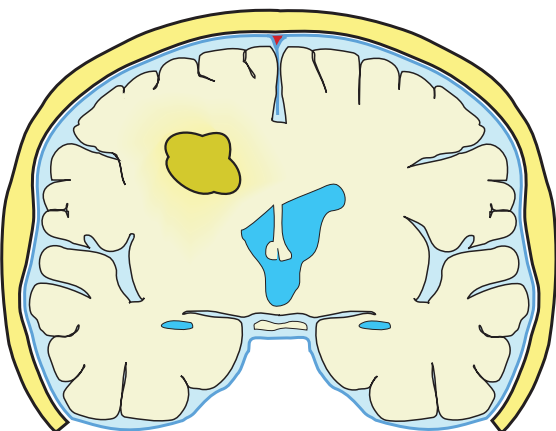
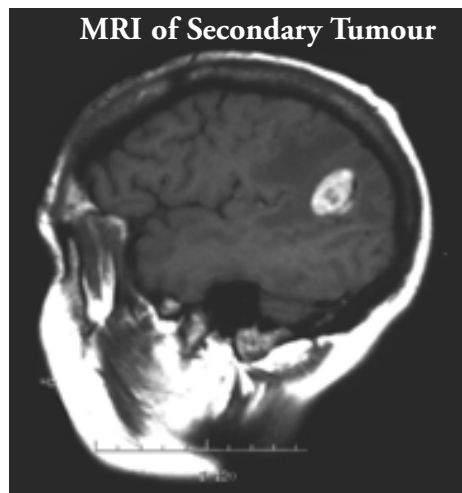
What happens next depends on the suspicions from the M.R.I. scan. If it is thought to be a tumour. Then we usually like to either remove it if possible or at least to get an accurate diagnosis by taking a biopsy. If it is clearly a benign lesion we may choose to watch and see if it grows with serial scans over months.

Surgery is nearly always needed to find out exactly what the lesion is and the best way to treat it. You may either have a biopsy or total removal of the lesion depending on where it is in the brain.

After the M.R.I:

(i) If the lesion is near the surface, in a relatively silent area of the brain and can be reached then surgical removal is planned.

(ii) If it is difficult to reach and remove safely then we would plan a stereotactic biopsy (computer guided needle biopsy) to confirm the diagnosis.



Drawing of Small Tumour

HOW DO TUMOURS GROW ?

Some tumours grow as a lump (like a golf ball) and push the surrounding brain out of the way. Others have a tendency to also spread out into the surrounding brain. This can be likened to an octopus and its tentacles. How they grow is typical of each tumour type. We like to know which type the tumour is to predict its behavior.

WHY SURGERY ?

The first step is to find out what type of tumour you have.

The more that we can remove the less there is to treat with other methods.

In benign and some malignant tumours complete removal may occur with surgery.

If the tumour is large it may be compressing the brain to cause either weakness or drowsiness. Hopefully any weakness that you have is from compression and not invasion of the important parts of the brain.

In some tumours because of the nature of the tumour and the way it grows the aim is to remove what is safe.

The bulk can be removed and this will remove the pressure on the surrounding brain. With this the swelling in the brain goes down substantially. If your weakness is due to pressure this usually gets better in the next few days after the surgery.

The Surgery is usually a Craniotomy and Excision of the tumour (see Operation Leaflet CRANIOTOMY FOR REMOVAL OF TUMOUR).

After the surgery

We may have an idea of the tumour type immediately after the surgery but usually have to wait a few days for the pathologist to tell us exactly what it is. We will then discuss it with you and what the next step in the treatment may be. If it is a benign lesion and it has been totally removed then no further treatment is usually needed. If it is malignant the tumour type dictates the therapy that will be needed.

For some tumours radiotherapy may be given. You will be referred to a specialist Radiation Oncologist who will recommend the treatment course. If it is thought that you will need chemotherapy then we will send you to an Medical Oncologist. If the tumour has come from somewhere else in the body and spread to the brain then we will do tests to try and find the original tumour. The steroids are usually reduced to a small dose during your radiotherapy and then we try to remove them completely. It is common to remain on your anti-convulsant.

Who follows you up ?

Normally everybody involved. If you are stable the Neurosurgeon may have the Oncologist look after you but if there are any problems you will be sent back to the Neurosurgeon. You will probably have three specialists watching your brain.

Neurosurgeon
Medical Oncologist
Radiation Oncologist

And your Local Doctor will be keeping an eye on everything else.

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