

# The Horrifying Thought of Trying to Find a New Neurosurgeon

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# Conflict of Interest

While I have a consultation contract with Codman Corporation I do not perceive any conflict of interest in this presentation

Personal prejudice: I do not equate pediatric neurosurgery with neurosurgery in a children's hospital

# Statement of the Problem

There are now fewer neurosurgeons who provide care to both children and adults

Because of the distinct pathophysiologies of hydrocephalus that begins in childhood the skill set and knowledge base of pediatric neurosurgeons may not be available to adults

Somewhere between the ages of 18 and 25 almost all patients with hydrocephalus cared for in children's hospitals will require adult centered care

# Thoughts on the Present and Future of Pediatric Neurosurgery

Essay for the 25 meeting of the International  
Society of Pediatric Neurosurgery

# The Players

The patient and the family  
The pediatric neurosurgical team  
The general neurosurgical team

# What We Know About the Significance of the Problem

Of Patients 20-45 years of age with a shunt  
73% will have been shunted in the first year of  
life

40% of these (29% of total) have chronic daily  
headaches

20-25% have threateningly high intracranial  
pressure without increase in ventricular size at  
time of shunt failure

# Transition From Patient Perspective

Independence and responsibility for healthcare is  
the most important goal

Understand the condition and especially the  
unique nature of that condition in you

Prepare a written document regarding challenges  
of healthcare

Durable medical power of attorney

Maintain records and studies (Follow Me™)

HA has an excellent template

# From the Perspective of the Pediatric Neurosurgeon

Practice in Children's hospital  
Are usually underwritten by those systems  
Are being produced at less than 10/year in US  
Are often hard to find  
Over 80% have identified an adult neurosurgical  
practice to refer their transition patients to

# Continued Involvement of the Pediatric Neurosurgeon

1 in 5 are willing to continue to see and care for  
their own patients now adults

Almost none are willing or able to take on new  
adult patients

40% are willing to give non face to face advice to  
old patients

Over 80% are willing to give advice to adult  
colleagues.

# The Perspective of the General Neurosurgeon

Shunts are not interesting surgery  
Reimbursement and payer mix are terrible in the  
treatment of hydrocephalus  
Problems require thought which is not reimbursed  
Problems occur inconveniently

# What You Can Expect from the New Neurosurgeon

“Yes of course I will take care of you when your shunt fails. Come to the EW and have the resident call me.”

“You are too complicated, I cannot care for you”  
From the front office staff “just go to the EW and the person on call will care for you”

# What You Cannot Expect

- That he or she will be willing to peruse moving boxes or thumb drives filled with records and scans
- That he or she will believe that a shunt can fail without increase in the size of the ventricles
- That he or she is likely to take orders from other neurosurgeons

What's the Answer  
Where's the Hope

Be Prepared

# What Does It Mean to Be Prepared?

Begin preparing today for the ultimate need for transition of care regardless of age

Be involved and make certain you understand what is happening, why it is happening and what you have in your head

Everyone is different and affected by hydrocephalus, It is essential to understand as much as possible how you are affected as an individual

# What You Must Know

What kind of shunt do you have and when was it  
last revised?

Name of shunt

?programmable, if so setting

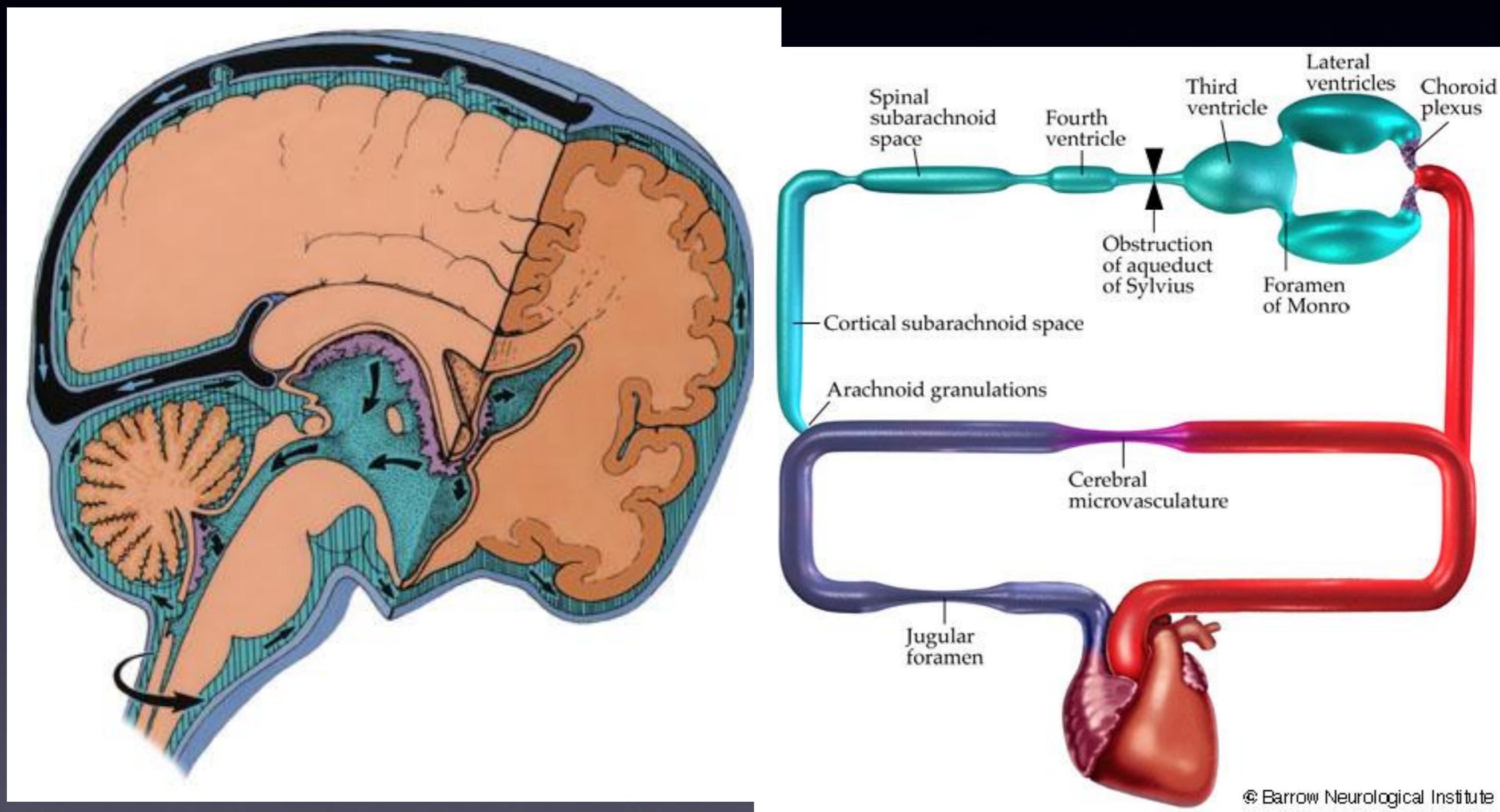
Presence of device to retard siphoning

What were you told was the cause of the  
hydrocephalus in the first place

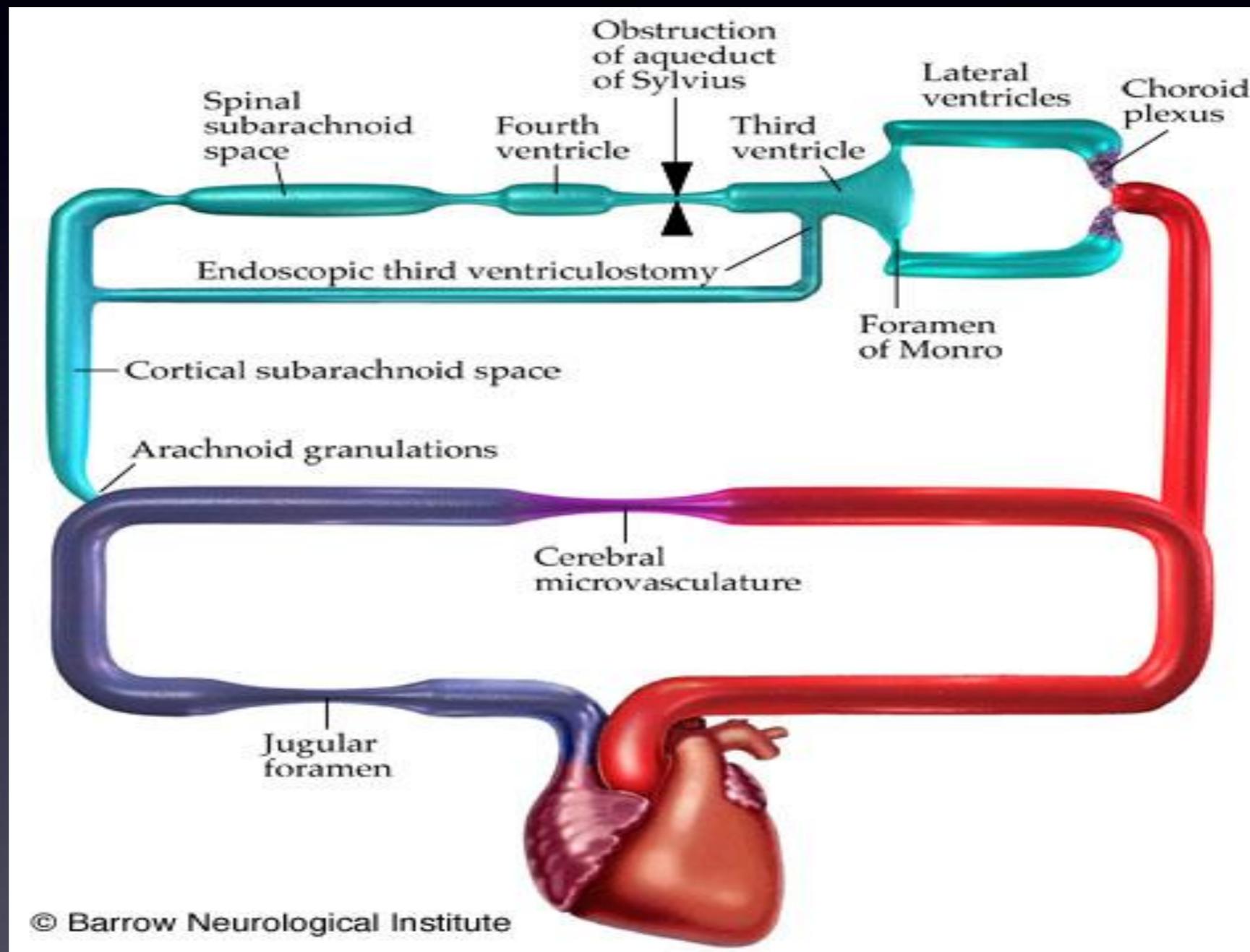
# Probably the Most Important Question

If you have hydrocephalus that began in infancy  
“do your ventricles expand at the time of the failure  
of the shunt?”

If yes you may have trouble convincing the emergency physician or new neurosurgeon that this is so. I strongly recommend a statement from previous neurosurgeon and the use of a **medic alert** bracelet stating this



# What Is Accomplished by Performing an ETV?



Be Prepared  
Know Yourself  
Know Your Issues  
In deciding where  
you will get care  
make certain that  
they will do rapid  
sequence MRIs