



DEPARTMENT OF NEUROLOGY & NEURO SURGERY



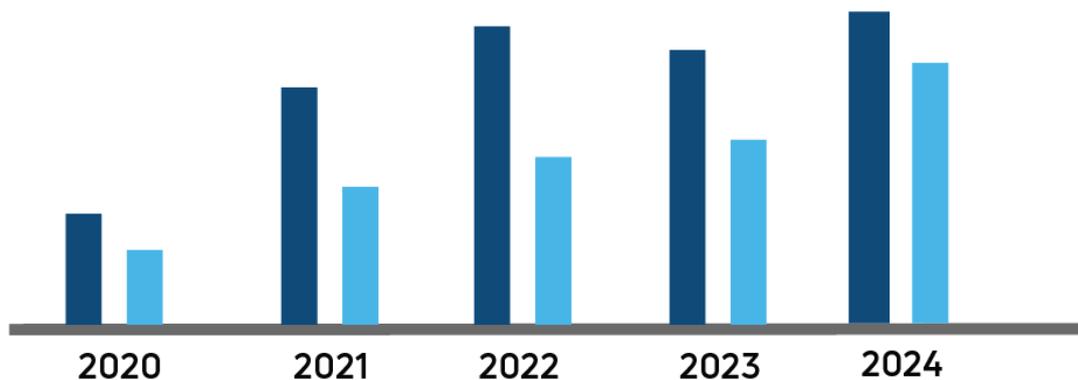
DEPARTMENT OF NEUROLOGY & NEURO SURGERY

The Department of Neurology & Neurosurgery provides round-the-clock specialised super speciality care for all of our elective and emergency (Trauma) patients with all Kinds of neurological problems. We conduct regular OPD and special clinics like seizure clinics, Headache clinics etc, for elective neurological patients. We undertake all types of elective and emergency neuro surgeries including brain and spine trauma surgeries.

Minimally Invasive Brain & Spine care

We also undertake special procedures like, brain and spine endoscopy, neurovascular surgeries like aneurysm clipping and coiling, Neuro Endovascular procedures, and Neuro monitoring services. Centre for fluoroscopic complete removal of complex brain tumours, and Congenital Spinal anomalies / Deformity correction.

PERCENTAGE OF IMPROVEMENT



In Patients

56+

Growth



Out patient

85%

Growth



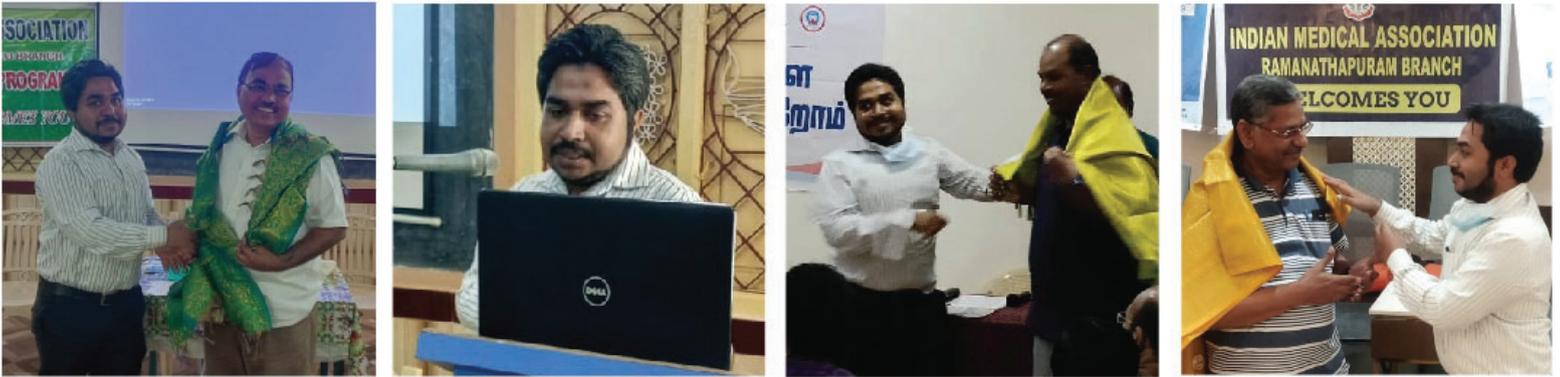


	2019	2020	2021	2022	2023	2024
Craniotomy	17	21	32	37	52	
Cranioplasty	12	18	28	30	31	
<u>Transnasal Pituitary Tumor</u>	1	1	2	2	1	
Brain Tumor Excision	2	2	1	3	2	
Cervical Spine	32	35	45	48	50	
Spinal Tumors	2	2	4	3	3	
<u>Meningomyelocele</u>	1	1	1	2	3	
Tethered Spinal Cord	1	2	1	2	3	





CME CONDUCTED

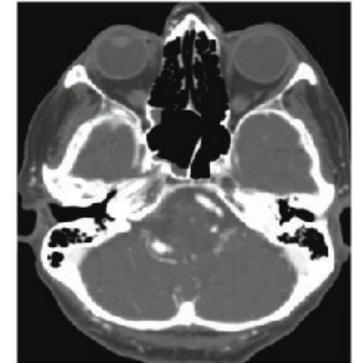


CME Conducted through IMA Cumbum, Theni, Ramanathapuram, Sivagangai & Virudhunagar



Interesting cases

The success story of coiling of vertebral artery aneurysm clipping of multilobed MCA Bifurcation Aneurysm.



Minimally invasive fixation in 70-year-old in cardiac compromise for dorsal spine potts lesion.

Series of successful cases of spinal cord meningomyelocele excision & Detethering of the spinal cord youngest being a 5-month-old baby.



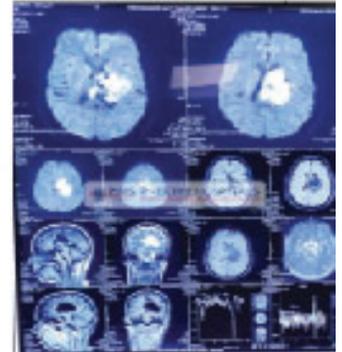


CME CONDUCTED

We operated on a 9-year-old Lipomyelomeningocele with a Tethered cord with gait disturbance with bladder/bowel disturbances in the form of increased frequency. The patient was operated on with dithering of cord with the repair of Lipomyelomeningocele, under Neuro monitoring guidance. Postoperatively pt had improved gait with improved bladder/bowel symptoms.



A 42-year-old female presented with complaints of weakness in the Right upper limb and right Lower limb. Imaging revealed a Left Thalamo capsular, corpus callosal space-occupying lesion with ventricular extension. The patient underwent craniotomy with excision of space-occupying lesion. Post-operatively patient improved well and was able to walk with minimal assistance.



We operated on a patient with an Intramedullary cervical C5C6 spinal cord space-occupying lesion. patient comes back to our hospital, after being diagnosed in a tertiary national centre. We operated under Neuromonitoring, and post-operatively patient recovered well without any neurological deficit.

