

Lakeland Neurosurgeon Performs Unusual Procedure

Christian Sikorski, MD, of Lake Michigan Neurosurgery, recently completed an awake craniotomy on Mitchell Cross, 17, at Lakeland Regional Medical Center, St. Joseph.

The patient presented with a seizure to **Johnathan Osburn, MD**, of Southwestern Medical Clinic's Bridgman, Michigan offices, who immediately referred him to Dr. Sikorski. After CT and MRI scans revealed a juvenile pilocytic astrocytoma (JPA), Dr. Sikorski advised that a craniotomy was necessary. Because the tumor was located in the left inferior posterior frontal lobe, anesthesiologist **Thomas Mattice, MD**, kept the patient awake during parts of the surgery to make sure that his speech would not be affected by removing the tumor.

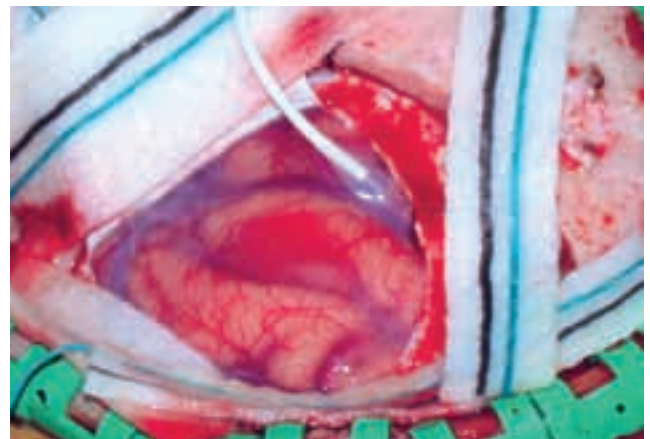
Keeping the patient in deep sedation, Dr. Mattice used Propofol intravenously, instead of a general or inhaled anesthetic. After Dr. Sikorski removed part of the skull, about an hour and a half into the surgery, Dr. Mattice stopped supplying the patient with Propofol.

While the patient was awake, Dr. Sikorski removed the tumor, while evaluating whether speech was disrupted. "It was helpful, because I was able to take out all of the tumor, being more aggressive in some spots and less aggressive in others. When I stimulated his brain in certain areas, his speech would stop," said Dr. Sikorski.

The patient was awake until Dr. Sikorski closed his skull, a total of four hours. Dr. Mattice had the challenge of providing suitable conditions by keeping the patient still and co-operative, without



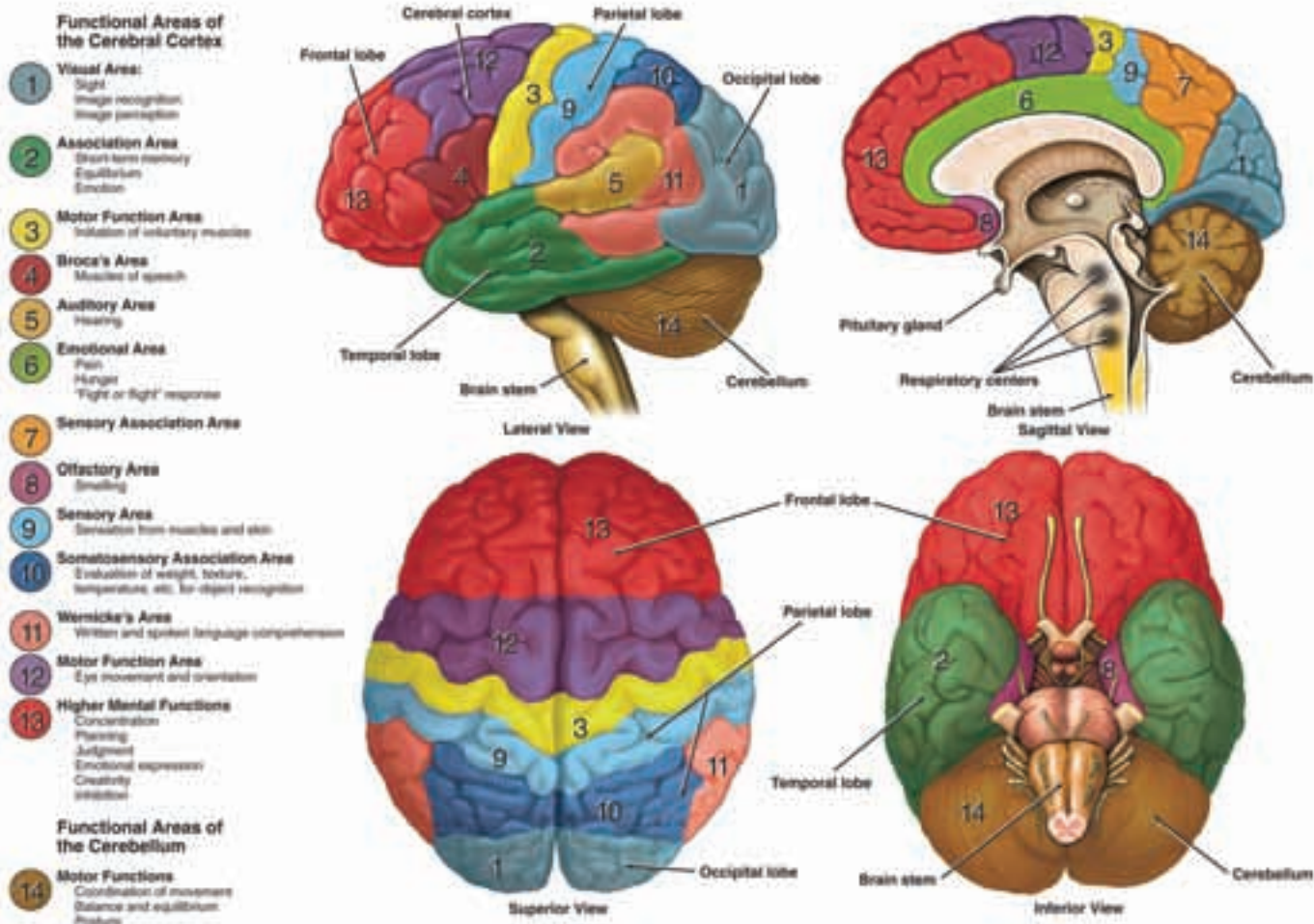
During the craniotomy, the patient was awake a total of four hours in order to evaluate disruption of speech.



Electrodes, pictured here in the speech center of the patient's brain, were used to conduct brain wave recordings.

Dr. Christian Sikorski (pictured left), the patient's mother, Annette Cross, patient Mitchell Cross, and the patient's father, Wally Cross.





The patient's tumor was located in the left inferior posterior frontal lobe, in the speech center of the brain, indicated by the illustration in region 4.

jeopardizing a safe and comfortable procedure. "It takes a mature person to be calm while his head is kept in place with surgical pins, a surgeon is working on his brain, and he is wide awake," said Dr. Mattice.

"The patient trusted Dr. Sikorski and I, and we trusted the patient to hold still. Everybody had a sense of calm and the substantial belief that we could do this – that's where the surgery turns into a success," Dr. Mattice concluded.

Wally Cross, the patient's father, stated, "Dr. Sikorski told us that Mitch could receive a second opinion in Chicago, but Mitch decided he wanted to have his surgery here. Looking back from a father's perspective, Mitch was never scared and was always confident, even though it seemed like everything happened so fast."

The day after the surgery, the patient was able to go home, where he spent a week recovering before returning to high school. Because the tumor was benign, the patient had a very good prognosis, said Dr. Sikorski. The patient has experienced no speech problems since the surgery, and follow-up MRIs have revealed no regrowth.

"An awake craniotomy is an uncommon operation, even at large hospitals," said Dr. Sikorski. "Lakeland had everything that the patient needed for a positive outcome, in his own community."

Dr. Christian Sikorski's office, Lake Michigan Neurosurgery, is located at the Lakeland Health Park in St. Joseph. For more information or to refer a patient, call (269) 556-1990.