

Introduction

Acoustic Neuroma /Vestibular Schwannoma (VS) surgery continues to be debated at all neurosurgical meetings. A wide array of issues is discussed and surgical steps are now fairly standardized. Yet there are number of controversial and contentious issues and some of the interesting statements made at these meetings by authors and audience alike are listed and our views supported by our experience over 1000 cases debated in this paper

Methods

Our study of over 1000 cases of acoustic schwannoma surgery was taken into consideration

Results

Some of controversial or strange views are:

- 1 Pre-op shunt when there is hydrocephalus
- 2 Subtotal or staged removal is better for patients
- 3 lift the large tumor and pass a cotton patty between its lower pole and lower cranial nerves at the outset
- 4 not necessary to open the internal auditory canal(IAC)
- 5 using a hook to deliver the portion lying laterally in the incompletely or unopened ICA
- 6 do not bother about the eighth nerve
- 7 eighth nerve preservation responsible for intractable tinnitus
- 8 gamma knife preferred to microsurgery

Conclusions

Surgery for VS remains the most challenging chapter of neurosurgery. Experience in microsurgery and intraoperative monitoring have lead to very superior results with almost zero mortality and minimal morbidity which, if any , is mostly restricted to malfunction of 7th and 8th cranial nerves

Learning Objectives

This paper is meant to put the microsurgery of VS in the right perspective and thereby learning the nuances of the surgery

References