

# Christianity and the Brain: Patients Stories



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## *DEDICATION*

*STORIES OF PATIENTS; SHARING THEIR ILLNESS JOURNEY  
EXPERIENCES*

*GREAT MEMORIES FROM PATIENTS THAT I LOVE MOST*

*MANY HAVE GONE THROUGH BRAIN AND SPINE SURGERIES  
AND TASTED DEATH*

*“EVERY PATIENT IN HIS OR HER OWN WAY HAS A GOOD STORY  
TO TELL AND TO INSPIRE AND TEACH”*

*TO ALL MY PATIENTS THAT GOD THE ALMIGHTLY AND OUR  
LORD JESUS HAS KINDLY PLACED ME IN THEIR PASSAGE.  
TO THOSE CURRENTLY LIVING AND WHO LEFT US FOR NOW  
TO ALL WITH ILLNESS  
THANK YOU  
MY SINCERE PRAYERS AND RESPECT TO YOU  
GOD THE ULTIMATE HEALER BE WITH YOU*



# PREVIEW

*We commonly forget that our patients are the customers of healthcare and to whom we owe our care to. In fact, we concentrate on what healthcare providers and news media tell us, rather than what the patients tell us about their care . This book represents the stories of 100 patients that underwent brain, spine and carpal tunnel release surgeries, what worked, what did not work and what advice they have for other patients. It is the opportunity and foundation of patient voices and their experiences. It also includes some sincere recommendations and biblical words of comfort to join their illness journey.*



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The brain, what a sacred pearl! It weighs 1.5 kilograms, the smallest, most complex, interactive organ, constantly working through many neural network wiring and wireless connection to mankind to him, outside world and beyond. Each region has a job to do, roughly speaking, the front for personality, the sides (temporal lobes) for speech and memory, middle sides above the ear (posterior frontal and parietal lobes) for movements and sensations for the other side of the body (right side of brain controls left side of body), back of the brain (occipital lobe) for vision (right visual field controlled by the right occipital lobe, the lower part of the back of the brain (cerebellum) for balance and equilibrium and the brainstem lower front part going to the spinal cord connects the brain with the entire body and face for movements, sensation, orientation, and position. A silent looking organ but it represents everything to mankind. What a magnificent organ! Praise the Lord to his gift to our nature.



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The spinal cord and nerves supply the entire body below the head and it connects the brain inside the skull with the entire body. It travels through bony canal to keep it safe from outside forces; it is a fragile and sensitive structure. The spine consists of seven cervical vertebrae (spine of the neck portion), twelve thoracic vertebrae (spine of the upper back), five lumbar vertebrae (spine of the lower back) and five sacral vertebrae (spine of the pelvis) between one vertebrae and another, there is a disc that works like a cushion, and at each level, there is one nerve that exists at each side to supply the appropriate region of the body. The spine model represents the skeleton where spinal cord and nerves travel through below the head once it leaves the base and back of the skull.



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## CHAPTER ONE

# *PREFACE*

### **NO ONE TO TALK TO, NO ONE TO TELL, I WAS LEFT ALONE**

THE ILLNESS JOURNEY AWAY FROM HOME;  
WHAT A STORY TO TELL; WHAT AN EXPERIENCE!

### **IN THE MIDST OF BUSY EMERGENCY ROOM**

As a neurosurgeon, I was called to save a life of a patient with massive brain hemorrhage. The patient was lying comatose in a hospital bed and the family was on their way. The emergency room physician and staff were assessing the condition, yet no one knew the patient and he is one of many at that night lying unrecognized, away from home and away from his neighbors. What was in his mind and what went on with his family members and visitors.

### **TO THE OPERATING ROOM**

Tears and cries overwhelmed the scene as the family arrived and the patient was rushed by the neurosurgeon to take the hemorrhage away and control the brain bleeding before permanent brain strangulation occurs. It was once called the decade of the brain and the fast track to care for patients with brain stroke, yet the line was not moving as fast as it should be.

## **TO THE INTENSIVE CARE UNIT**

The surgery was stressful and patient was taken to the intensive care unit and it was his temporary home for two weeks and the family room with chairs and couches were the home of many family members. Tubes, lines and dressings and linens are covering the patient and visitors coming back and forth and various staff members caring for the patient, yet it is a foreign land. Talks about life and death, minute by minute, the fear of the eventual death gets closer and closer. A nurse to follow another and a physician to follow another and chaplain follow another and the patient was lying unresponsive in his bed away from home. The monitors are alarming; the printer was printing pages of labs and the day passed without the sun in the room and the light shining at night.

## **TO THE INTERMEDIATE UNIT**

Some of the tubes came out and the patient was weaned from the machines but yet he was not awake. He still needed to be fed and maximum assistance. He needed help in every aspect and the help was not enough. He was like a child- wanted all the attention and care -but yet he was not speaking and could not verbalize his concerns.

## **LEAVING THE HOSPITAL**

Once the patient was declared stable by his doctors and hospital officials, now he needs to go. The insurance will stop paying and the hospital already made its part. The discharge planner and social worker with the case manager, patient advocate and financial officials were in close contact. A nursing home accepted the patient because he was not accepted in rehabilitation unit. He was not able to carry at least three hours of active participation as a prerequisite. Once again the patient and family found themselves in another place and not welcomed any longer in the hospital. It is an anxious time. The reality is not sinking in yet. What we are going to do about work, bills, home, kids, paper daily duties and many more were going through. Who we can share with, who can give us an honest opinion?.

## **TO THE NURSING HOME**

In the nursing home, things are radically different than the hospital, one nurse is caring for thirty patients and the calls are not returned. The family was staying with the patient as he is waking up. What he is saying -what he is doing. No one can give us an answer. Perhaps, no one knows what goes into the mind as the brain recovers and person is waking up.

## **TO THE REHABILITATION HOSPITAL**

As the patient is waking up, he asks what I am doing here. The family looked around; it is depressing to be here. Many of the patients are helpless here. The family asked to be reevaluated to go to a rehabilitation unit since he was waking up. Yes, he got accepted to go to acute rehabilitation hospital. Much more goes on in the rehabilitation unit. Many therapists and staff are attending to the patient. The patient starts to be aware of things.

## **TO HOME AND OUTPATIENT PROGRAM**

Four weeks in rehabilitation, his insurance and rehabilitation unit can keep him only for that time. Now the patient finds himself in his home but a different person and different scenario. Many things need to be explained, wounds to be healed, explanation to be given. The reality is still not sinking in. Arrangement was made to take him three times a week for daily therapy program.

## **VOCATIONAL REHABILITATION AND GRADUATION**

As soon as patient was declared at a plateau, with no further significant improvement, another team started with a goal to graduate him and to see where he can fit in the society.

## **FINALLY HOME**

After the winds and storms pass by, now the new place where he has ended to be will be the new home and the new friends are his friends. Some support groups are structured to help, but are not for all and the patient is at home -his new home away from his original home. What is the impact beyond the recovery remained unrecognized by many?

## **NO PERSON TO TALK TO AND NO EAR TO LISTEN**

I looked and wondered about the entire illness path of the patient and his family. I realized, there was no ear to listen to the patient or his family. There was no heart to feel what they are going through. There were no eyes to see what we are seeing, no mouth to speak for us, no hands to reach us the extra mile and no feet to take us to where we want to be. There was no one to talk to. Everyone was running after what they are supposed to do to complete the job that they were trained to do. But with it, the patient and family remained distant and far away. The family could not talk much. To whom would they talk and what to say?. We are in shock and we do not know what to anticipate

or even what to ask. We are afraid we may step on someone's toe or say inappropriate things and hospital staff will get upset and they will not care as well for our patient. We will just be silent throughout.

### **THE REALITY MAY NEVER SINK IN EXCEPT TOO LATE**

I wonder how much the patient and family realize the impact of the illness. The full awareness of the entire journey and the lasting change and sequence of the condition -does this really finally sink in and when.

### **THE FOURTH BOOK: THE VOICE OF MY PATIENTS WHOM I LOVED MOST**

For that, I wrote this book in order to help many and to prepare many for the illness journey. The book represents the voice of patients, inspiration of patients to patients. You are not alone and we will never leave you alone but will stand by you.

### **EVERY ONE HAS A STORY TO TELL**

This book is written by patients telling their story. Many patients wished to share their story with others. Many wanted to inspire others and prepare the way as their fellow men and women about to go through the illness journey. Many lessons are learned and the room for improvement is great. Many wished to leave an everlasting memory. Some are alive and some left us for now while their story and blessing are in this book. They all had gone through brain or spine and nerve surgery. The experience had changed permanently their lives. They all gathered in this book to inspire many, to teach us and give us their prospective into things. Many are wishing to change the current system for our future generation. All had neurosurgical procedures by the author. All- I love them most. It is a delicate field in surgical subspecialty, the surgery on the nervous system. Neurosurgical patients are known to suffer a great deal and longer with ever lasting impact and change on the entire person. In this book, the patients are categorized by the neurosurgical procedure had done to each; brain, spine or peripheral nerve.

The reader can be a patient or family member just starting in their illness experience or going along the way. We are with you. Some may already have gone in similar experience, hopefully the book will be of support and inspiration to them and the message, you are not alone. Some may never go through the illness passage but we thank you for reading about your fellow men and women. It is a book for all. It is the voice of my patients whom I operated on over the last two decades.

## **LOOKING AT PATIENTS' GIFTS AND LETTERS MAY LEAD US TO UNDERSTAND**

Over the years, patients brought gifts, letters, statues and many more precious items. Exploring all of these may lead us to go into the depth of what goes on during their illness journeys. A chapter is designated to explore the contents of letters and gifts over the years.

## **WHEN HEALTHCARE STAFF HEARS THE CONCERNS AND FEEDBACK OF THE PATIENT VOICE**

This book may let healthcare staff reconsider their way of approaching the patient and treating him or her. When medical care provider treats a patient, he does not treat the patient by himself but the entire family and dependents. As the bible mentioned we are all one body, one limb gets hurt, the entire body suffers. (St Paul). Patients are the focus, but also the center. We do many things in our daily businesses to promote the products to the customers and many surveyors get involved. They are all centered on customer satisfaction. The current book provides to each one of us the voice of patients. Let us have the ears to hear and the eyes to see.

## **THE BRAIN EXPLORES WHAT IS IN THE BRAIN**

Can one's brain explore his own mind and search for the truth of things. In the daily living, the brain does not stop working, yet during the rest hour, perhaps the mind organizes things and "regroups" in time in subconscious. It is great to see God talked to His people in "dream" while asleep. It is also awesome that the Almighty creates our brain, a master engine, to search within the engine itself for the truth.

## **THANK YOU FOR EACH STORY WRITTEN IN THIS BOOK**

In this volume, a writer interviewed all patients that underwent neurosurgical procedures over the years. There was no bias of selection, all patients who accepted were interviewed and shared their story of the illness and neurosurgical journey. A scholar-editor, named Marilyn Olson, experienced in medical stories and wrote many for newspaper and magazines. I got to know her 10 years ago when she interviewed me and my patients with the neurosurgical care. Highly ethical, she is always dedicated to the truth, she accepted to be neutral and interview each patient separately and write what they tell her without the influence of their physician, including myself. Then, I wrote the clinical summary with their history independently as well. So for

the reader, each story starts by Dr Ghaly, clinical case summary and followed by patient insight and interview.

I applaud all the patients that accepted to participate in the book with their stories sharing with readers from all over their experiences and recommendation. They did it to help their fellow patients. It is meant for patients to be an advocate to their fellow patients, share their experiences and inspire many for years to come. Thank you for doing so. There was no single financial compensation given to the writers or patients. We realized that in many patients it is not easy “to live again through the emotions and memory and to come of their neurosurgical illness journey”. Perhaps, one of our ways is “not to live in the past and keep looking for what is today and what to come”

Nonetheless, it was hard for Marilyn Olson to interview each patient without tears and emotional flashbacks. It was not easy to live again what each patient and family went through. Hours and hours were spent in each story.

## **MEDICAL CARE GIVER TO LEARN**

Over the years, I learned much from my patients. I learned how to care for them, what works and what does not. In this book, patient comments are written unedited, so also patients letters. Patients are the center of care, the customers and for them, healthcare industry exist. Patient advocacy in its real meaning should be served to the full. We hope that medical care giver at all levels find this book insightful in this aspect



A neurosurgeon and physician after medical school and an average of 7 years residency training, has every year to attend other medical seminars, workshops and conventions to keep up the skill and learning. My mother always said that a physician is always a student. Despite the degrees and certificates, there is no special text that tells what the right thing is for this particular patient. Skill, experience and divine guidance are needed. The picture in the middle indicates our lord Jesus guiding the neurosurgeon's hands during surgery.



As education continues, the neurosurgeon will earn a medical school diploma after completing medical school successfully, certificate of successful completion of neurosurgery residency, board certification after completing the written and oral examination, and two years of successful practicing as a neurosurgeon, awards and certificates for postgraduate training, good work and achievements. The neurosurgical training does not stop by completing the residency; in fact the life as a neurosurgeon has just begun. The mission is to serve patients better and to do the best of our ability and not to hurt anyone through treatment received.

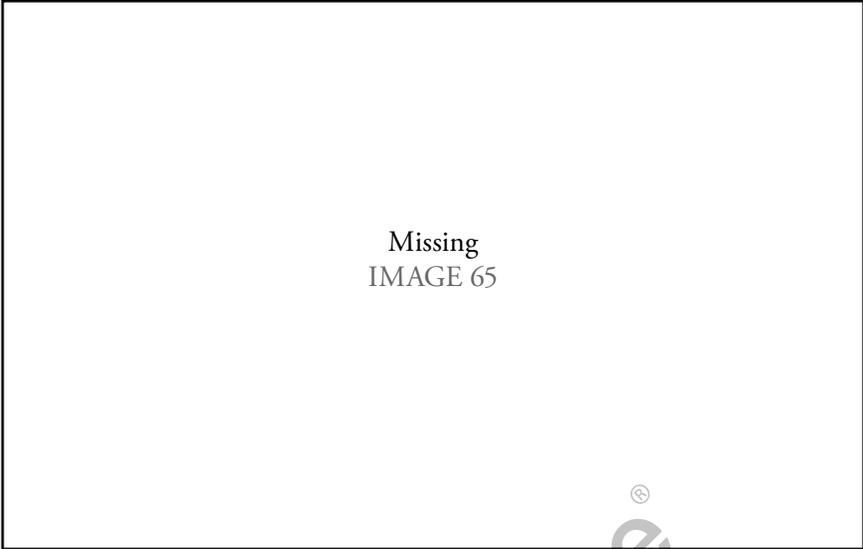


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The church leaders like all the Christians believe strongly that medical care is a sacred vocation handed to us honorably by God himself to help one another. Jesus Christ when he came in the flesh, he demonstrated an example to us to heal the full mankind, body, soul and spirit. Faith and medicine when together represent a great tribute to each other. As the Pope wrote "Invoke abundance of divine graces in each medical care provider to heal his fellow patient." Thank you Pope Benedict the Sixteenth, May God keep your papacy and your health for many years in peace, joy and prosperity.



Patients are searching for great dedicated physicians and they will speak up for them. The extra mile care with compassion adds tremendously to the knowledge and skill acquired. Patients represent body, mind and spirit, while suffering today and need help to ambulate and talk and care for them, tomorrow they will be talking, walking and caring for themselves and others. They were cases today, became stories later and now they are in history and what remains are the beautiful memories that God made us part of their healing.



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The story of illness journey for each patient from the beginning to the end is presented on the wall of the neurosurgeon's office. Patients come and read and spend time to read and learn from others. Hat a great honor to represent the great stories of healing of patients! It continues to humble us as we treat patients. The impact being imprinted into our patients is for life and the everlasting memories. These stories are testimonial to other patients and help many more. The experiences that the patients talk about are endless. Medical care providers can learn from these stories. An outstanding physician should be a patient and family partner. As God taught us, while he is a master, he was a servant, so all of us should be to one another, including medical care providers and physicians.