

INSPIRE

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Saving a Mother's Song

Advanced monitoring during surgery to remove thyroid cancer helped avoid risks to Laurie's vocal nerve



With the fear that her children might never hear her voice again, Laurie recorded herself singing lullabies before going into surgery just days after her diagnosis.

As a mother of three young children with a busy academic career at Emmanuel College, Laurie Johnston, PhD, was blindsided when her doctor discovered a lump in her neck during a routine physical in July 2012. Within a week, she underwent a thyroid ultrasound and biopsy, which confirmed her doctor's suspicion of thyroid cancer.

Although she barely had time to comprehend the gravity of her diagnosis, Laurie was determined to find the best care team available

for her case. She contacted Gerard Doherty, MD, chief of surgery at Boston Medical Center, on the recommendation of her sister-in-law, who works in the medical field.

"Although his schedule was booked, he made time to see me the day after my call. I met with three surgeons during this time, and Dr. Doherty was the only one who reviewed my case before I met with him. It was so disconcerting to watch the other surgeons review my case for the first time while I was watching them," said Laurie of her decision to choose BMC for her care.

With some of the foremost experts in the field, BMC has become a national and international referral center for patients with complicated thyroid disease. BMC's multidisciplinary Endocrine Oncology Clinic provides a new model of treatment, where specialists in endocrinology, surgery, nuclear medicine, radiation physics and pathology work hand-in-hand on each patient's case from diagnosis through recovery.

Laurie believed that she was in good hands, but the risks of surgery, especially nerve damage to her larynx that could permanently damage her voice, were particularly devastating to her. With the fear that her children might never hear her voice again, she recorded herself singing lullabies

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ADVANCES IN SPINE SURGERY OFFER HOPE FOR COMPLEX CASES

As a spine surgery fellow more than a decade ago, Tony Tannoury, MD, felt constantly constrained by the limits of minimally invasive applications to treat spine disorders.

"I thought there must be a more intuitive way for surgeons to approach these procedures, which could hold promise for so many people," remembered Dr. Tannoury.

Today, as attending spine surgeon in Boston Medical Center's Department of Orthopaedic Surgery, he has made that challenge his life's work. As a leading spine surgeon and designer of some of the most advanced surgical instruments and techniques used by surgeons worldwide, Dr. Tannoury is rapidly expanding the scope of spine conditions that can be treated with a less invasive approach and sharing these advances with surgeons around the world.

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BMC spine surgeon, Dr. Tony Tannoury, second from left, accesses a patient's spine through multiple small incisions, which limits tissue damage and blood loss and allows for a faster recovery.

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ADVANCES IN SPINE SURGERY OFFER HOPE FOR COMPLEX CASES

Traditional methods of spine surgery, termed “open surgeries,” require large incisions to access the spinal column, which can severely compromise the soft tissue and supporting muscles of the back. Damage to these supporting muscles leaves patients with longer, more painful recoveries. Minimally invasive operations, by contrast, access the spine through multiple small incisions, limiting tissue damage and blood loss, and significantly shortening hospital stays and recovery periods.

In the past, minimally invasive spine procedures had limited application because of the inability to access essential areas of anatomy. As one of the surgeon designers of the leading minimally invasive spine surgical system, Dr. Tannoury explained that recent innovations to specialized hand

instruments, retractors and implants are allowing experts to undertake more difficult cases requiring multilevel vertebra and disk removals, revisions and fusions, without compromising incision size.

“These advances are good news for all patients as we live longer, more active lives,” said Dr. Tannoury, “and especially for those who would otherwise be unable to tolerate an open surgical approach. Elderly, obese and fragile patients, and patients with weakened immune systems, can now benefit from spine surgery with less risk of blood loss and infection.”

These techniques also benefit younger patients who want to get back to work faster and with less permanent muscle damage.

Minimally invasive techniques can now address the full range of spine disorders, including degenerative diseases, deformities and tumors. Patients suffering from spinal stenosis, disk herniations, slipped vertebrae,

scoliosis and even cancer can benefit from this targeted surgical approach and return to normal activities more quickly without compromising long-term outcomes.

Thomas Winters, MD, FACOEM, medical director of the Research Occupational Health Program at Boston University, often recommends that injured patients consider minimally invasive surgery if they have failed to improve using conservative therapies.

“I have seen my patients have great outcomes with minimally invasive procedures. They require less pain medication postoperatively and return back to full-time work faster,” said Dr. Winters.

Shaunna Mercer, a physical therapist in BMC’s Rehabilitation Therapies, also notices significant differences in recovery. “Patients who have had minimally invasive spine surgery have less physiologic damage and are at a better starting point than patients who have had open surgery. Many of my patients are shocked at how quickly they are out of bed and moving. They are in less pain, and they spend less time in treatment,” she said.

BMC surgeons constantly strive to create simpler more effective means to treat the broadest range of patients with the best outcomes possible. ■