

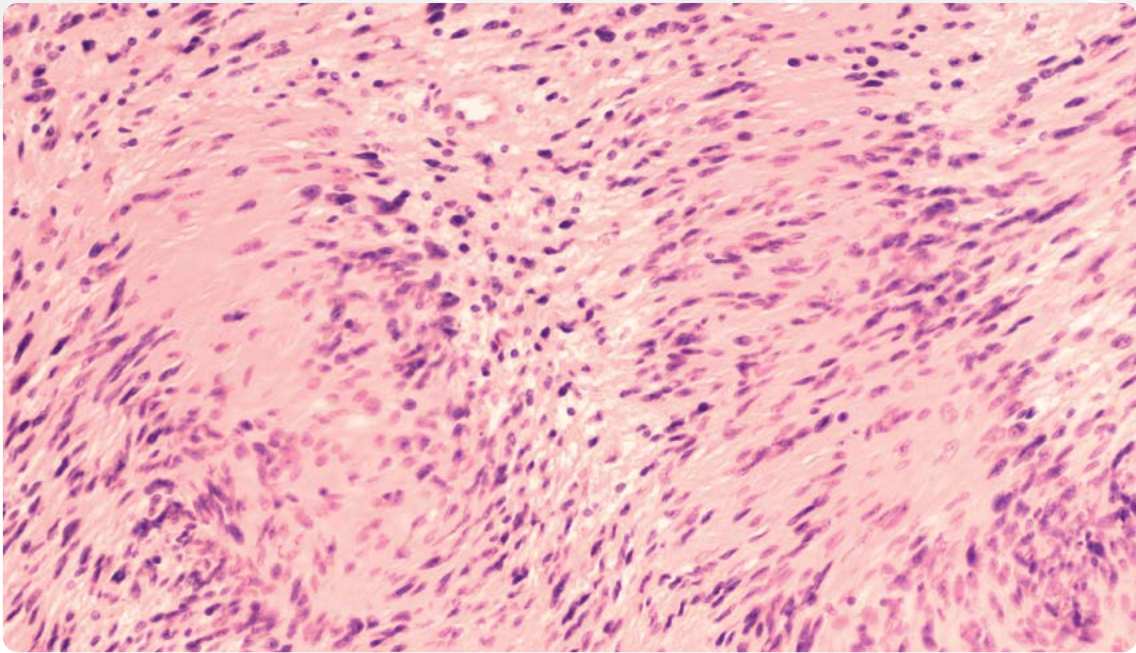


DR VANESSA SAMMONS
NEUROSURGEON



Guide to
SCHWANNOMAS

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KEY FACTS

- Schwannomas are tumours that develop from cells in the peripheral nervous system, they can be located on any nerve
- Schwannomas generally develop spontaneously without a diagnosable cause, though genetic disorders may play a role
- Symptoms include pain, a visible lump, muscle weakness
- Surgery is typically performed to remove schwannomas, with support treatments including immunotherapy and chemotherapy sometimes used
- Depending on the tumour size and location, patients return to their regular activities in four to six weeks

WHAT ARE SCHWANNOMAS?

Schwannomas are tumours that develop in the body's Schwann cells. They are also referred to as neuromas, neurilemmal, and neurolemmomas. Schwannomas can be found:

- In the peripheral nervous system
- At the root of a nerve where it leaves the spinal cord
- In cranial nerves
- In the nerve that connects the brain to the inner ear (Vestibular schwannoma or acoustic neuroma)

Schwannomas are generally benign in nature and discovered when they put pressure on the nerves that surround them.

WHAT ARE THE SYMPTOMS OF SCHWANNOMA TUMOURS?

Schwannoma symptoms begin when the tumour(s) place pressure on nerves in the peripheral nervous system. The symptoms will reflect the location of the tumour and include:

- Aching, burning, and sharp pains
- Pins and needles
- Numbness
- Muscle weakness
- Visible lump

Schwannomas that develop in the ear may cause these unique symptoms:

- Hearing problems
- Problems with balance
- Tinnitus (ringing in the ear)

Schwannomas that affect the facial nerve may cause:

- Disruption of taste sensations
- Eye movement problems
- Facial paralysis
- Problems swallowing

Large schwannomas can compress nearby structures such as muscles or blood vessels and cause symptoms including:

- Bladder dysfunction
- Bowel dysfunction
- Impaired nerve function
- Paralysis

WHAT CAUSES SCHWANNOMAS TO DEVELOP?

Schwannomas frequently develop spontaneously, with no identifiable cause. Some genetic disorders may also cause their growth. It is most commonly diagnosed between the ages of 20 and 50, with women at a slightly higher risk for their development.

WHEN SHOULD I CONSULT A DOCTOR?

Contact your doctor whenever you experience pain or changes in how your body is functioning. Early diagnosis leads to early treatment which can help ensure a good resolution of the problem, whether it is a schwannoma or something else.

HOW ARE SCHWANNOMAS DIAGNOSED?

Schwannomas grow slowly, making them difficult to diagnose before symptoms are painful. Additionally, the symptoms of schwannomas are similar to other conditions and may be miss-identified. A doctor experienced in nerve disorders like Dr Sammons is a good place to start your journey.

During a tumour consultation, Dr Sammons will discuss your symptoms and medical history, and perform a complete physical examination. Beyond these diagnostics, Dr Sammons may also recommend these tests:

- MRI scan to create detailed images
- Ultrasound
- Nerve conduction studies and EMG to record electrical activity
- Nerve biopsy to rule out conditions that mimic nerve tumours
- Tumour biopsy to identify malignancy
- Hearing test to assess audio function
- Balance test to assess motor function

These tests are primarily non-invasive and easily tolerated by patients. The information they provide is used to develop a targeted treatment plan.

WHAT ARE THE TREATMENTS FOR SCHWANNOMA TUMOURS?

Dr Sammons will recommend treatment based on:

- Tumour type
- Tumour location
- Tumour size
- Patient age
- Patient health

Surgery is generally the treatment of choice for both benign and malignant schwannomas, depending on their size. The surgery focuses on a sheath surrounding the nerve, so permanent nerve damage is rare. The exception is surgery on vestibular schwannomas where hearing loss is common.

- If the tumours are small, Dr Sammons may recommend that the tumours simply be monitored.
- “Malignant... tumours require immediate surgical removal because they are very aggressive,” reports the department of neurosurgery at Johns Hopkins Medicine in their article on nerve sheath tumours.

WHAT IS SCHWANNOMA SURGERY?

Schwannoma surgery is performed to remove the schwannoma from the nerve without compromising nerve function. An incision is made to allow the surgeon to view, assess, and detach the tumour from within the nerve where it is causing compression. The tumour is inside the nerve and the nerve itself must be opened and the tumour is excised from within. When surgery is complete, the incision is closed with dissolving sutures.

Surgery is performed under general anaesthesia. Surgery takes under an hour for small tumours but can take up to 5 hours for larger ones, followed by a two-hour stay in the recovery room. Some patients require an overnight hospital stay.

WHAT CAN I EXPECT AFTER SCHWANNOMA NERVE DECOMPRESSION SURGERY?

You will be taken to a recovery room after surgery where your progress will be monitored by a member of your surgical team. You will awaken feeling drowsy and possibly numb or uncomfortable at the incision site. After approximately two hours, most patients are ready to return home in the company of a friend or family member.

WHAT SHOULD I DO AFTER SURGERY?

Patience and following your doctor's orders are the keys to a successful recovery. Dr Sammons will provide you with a list of guidelines to help you in the days and weeks after surgery. Among the things you may be asked to do:

- **Self-monitor** – Call Dr Sammons immediately if you experience an increase in pain or swelling prior to your follow-up appointment
- **Keep your wound dry.** Cover it when you shower for the first week after surgery
- **Avoid running and aerobic exercise** for at least six weeks

Every patient heals at his or her own pace after schwannoma surgery. Symptoms related to surgery should resolve quickly, while full recovery of nerve sensory and motor function may take six months or longer.

SHOULD I FOLLOW UP WITH DR SAMMONS AFTER SURGERY?

Yes. A practice nurse will call you during the first week of your recovery to schedule a follow-up appointment for 4-6 weeks after surgery. At that time, Dr Sammons will check on your wound and overall recovery. Over the long term, routine post-operative surveillance imaging may be appropriate, particularly for patients with rare malignant tumours.

Should any concerns arise prior to your follow-up, do not hesitate to contact Dr Sammons for guidance.

DO SCHWANNOMAS COME BACK AFTER DECOMPRESSION SURGERY?

Non-malignant schwannomas removed by surgery have a low recurrence rate. Cancerous tumours removed by surgery may recur and should be monitored on a regular basis.

Please call our rooms if you have any additional concerns or questions.



Hello!

I'm a Neurosurgeon at North Shore Private Hospital, Gosford Private Hospital, Brisbane Waters Private Hospital and the Sydney Adventist Hospital. I treat all neurosurgical conditions, but with a particular interest in Peripheral Nerve Surgery. I pride myself on providing personalised and thoughtful patient care and utilising my skills to achieve the best outcome possible.

I believe that a great neurosurgeon will ensure you feel listened to, will ensure that you understand what your surgery involves, and should also work together with your GP to achieve the best outcome for you.

Dr Vanessa

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