

# Cerebral Odyssey

What I learned going from a bad ear to brain surgery

BY JOHN JEANSONNE

**O**ld but good advice: Listen to your body. And should you become aware that you are beginning to hear, in only one ear, whatever messages are available, pay attention. It could be telling you that an acoustic neuroma has come into your life and that a translabyrinthine craniotomy is in your future.

Personal experience: I was going deaf in one ear. I had a brain tumor. It was benign. Didn't feel a thing during eight hours of surgery. Everything is fine.

But here's the cautionary tale: An earlier diagnosis, or a bit more urgency when occasional vertigo cropped up five years earlier and when hearing started to dim in the left ear, might have meant dealing with a smaller tumor. Which might have meant allowing surgeons to yank the thing out of my head without having stretched the No. 7 nerve so badly that it never bounced back.

Because the tumor turned out to be larger than suspected, the procedure—I love the medical term, “translabyrinthine craniotomy”—knocked out the use of the No. 7 nerve, which controls the left side of the face. That partial facial paralysis necessitated two more operations—a quick-hit 45-minute job a month later to insert a tiny gold weight in my left eyelid allowing me to close the eye and then, a year later, a five-hour nerve-replacement deal restoring muscle tone to the left side of my face and now permitting me the hint of a grin. The nerve-replacement operation was coupled with minimal plastic surgery (just pulling up the skin a dab on that side) and has pretty much straightened the line of my mouth.

Bottom line: Life is good. I quickly returned to work as a newspaper reporter and, almost as quickly, got back into a normal daily routine which includes driving, mowing the lawn, taking out the garbage, and morning runs at a modest speed. I sometimes am aware of a low-grade dizziness. No big deal. I can't hear out of my left ear. No big deal.

I was out of work for three months following the craniotomy, but I never was in any pain whatsoever. And if

someone wanted to see the scar from my brain surgery, I could show the 2½-inch mark near my bellybutton where surgeons harvested blubber to plug my head closed and keep my brain from leaking. This recalls the old George Burns–Gracie Allen joke about her brother's appendectomy in which George noticed a scar near the brother's neck and Gracie explained that he was “ticklish down there so they had to go in” near his tonsils. Why show people the 2-inch crescent-shaped cut behind my ear, which I can't see anyway, when instead I could reveal my “brain surgery scar” on my abdomen?

Anyway, here is some 20/20 hindsight: Though I did check out original symptoms of dizziness in the spring of 1999, a series of doctors couldn't find anything untoward and, for some reason, never did an MRI. I soon noticed diminished hearing in my left ear but, again, standard hearing tests—no MRI—led to the wishy-washy diagnosis that I merely was getting older (mid-50s then).

It wasn't until late 2003, after complaints that my tin ear was becoming more annoying, that my wife insisted I see another primary care physician, who cited asymmetrical hearing loss as a red flag and immediately put me onto a better ear specialist, who immediately ordered an MRI, which immediately spied the tumor.

Two specialists' opinions and three weeks later, a team of five surgeons at New York–Presbyterian Hospital were doing their rocket science inside my head. It turned out that the tumor, which doctors said could have been 10 to 15 years old, was starting to press on my brainstem. In retrospect, that was the scary part, because when the brainstem goes so does the patient.

I thought of an old country-music lyric: “I'd rather have a bottle in front of me than a frontal lobotomy.” But listen: If something about your body doesn't sound right, make sure the medics keep looking for the cause. I'd rather have a translabyrinthine craniotomy than a neuroma coma. NN



Good thing John Jeansonne listens to wife Donna's advice.