

## a) BRAIN SURGERY

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### 1) SURGERY FOR BRAIN TUMOR

*Dr. Ghaly comments:*

*A diagnosis of a brain tumor can be very frightening for a patient. As soon as they hear that diagnosis, they think they are terminal, without hope. They immediately think this is the end. This kind of despair comes from doctors and hospitals. Patients think once they make a hole in your head, you will never be the same again. It's so scary. Sometimes doctors tell the patient they only want to monitor the tumor for six months. This means patients live in limbo for that time. They worry, they obsess, and they cannot enjoy life. Patients cannot sleep, or do anything.*

*Treating brain tumors is not like treating heart conditions. Surgery on the brain is a relatively new science. We have only been doing it for probably 30 years. Neurosurgery is still in its infancy. They have been doing heart surgery for much longer. Once you have the heart surgery, you can think it is fixed, and go on with your life. Not so with brain surgery.*

*So first the doctor must reassure the patient. Not every tumor is cancer. Not every shadow or suspicious image on the MRI is a tumor. And some tumors can remain the same size for many years without really causing trouble. A common brain tumor, a grade 1 glioma, can stay the same for years. And not all brain tumors leave the brain and migrate to other parts of the body. Brain cancer is not like cancer in other parts of the body.*

*So the surgeon tries to be as radical as possible, removing as much tumor as possible, without harming other parts of the brain. Then radiation and chemotherapy can be more successful. Patients can live many years without any deficit. Age also affects the outcome. Patients of less than 65 years of age usually live longer.*

*The patient does not need to wake up after surgery and find they have some deficit to live with. They can live and enjoy life as if they never had a brain tumor. Something will eventually kill you. We all die sometime. The brain tumor patient has the special challenge of having to enjoy every day, even after surgery, because they will function normally. These patients have quality of life. I see it many times. Do not terminate your life and your enjoyment of life because you know you have something like a brain tumor. Patients will be monitored with MRI's, looking for a return of the tumor, but its return may be 10 years, 20 years, or longer down the road.*

*Metastatic tumors are those that have moved into the brain from another site in the body. Treatment of these tumors begins with treatment of the cancer at the original site. We need to take care of the tumor at its primary source. When that responds to treatment, we remove the brain tumor, and it is unlikely it will return. Then the patient has radiation and/or chemotherapy.*

*If the brain has more than one or two tumors, the outcome is not usually good. After three tumors it can be very difficult to cure the cancer.*

*One of the obstacles in treating brain tumors is early diagnosis. So awareness on the part of the patient is crucial. Everyone is in denial. They do not want to believe they have a problem, especially in their brain. A lot of early symptoms, unfortunately, can be mistaken for other conditions.*

*Common symptoms of brain tumors include:*

- 1. Headaches: some 90 percent of the population has headaches, but these headaches are different. They feel different, and are more severe. Often their onset is sudden.*
- 2. Blurry vision*
- 3. Facial numbness*
- 4. Slurred speech*
- 5. Friends and family commenting the patient is somehow 'different', because of personality changes or other actions*

*More challenge is caused by the fact that these common symptoms are vague. They are not like the classic symptoms, for instance, of appendicitis.*

*The brain has a high tolerance for pathology. It is like a little child. It doesn't feel just 'right', but it cannot tell the patient what is wrong with it. As a result, the tumor has to become large before it causes symptoms.*

*Add to this the fact that people are scared. They do not want to speak up. They do not want to voice their symptoms. There is a lack of objective findings by doctors and nurses, so it is important for the patient to speak up, to be precise and detailed in describing symptoms. The healthcare provider depends on what the patient tells them. The doctors and nurses are always testing theories and diagnoses. We all do that all the time.*

*As the tumor grows, it puts more pressure on the brain. Remember, the brain is encased in the skull, so there is not a lot of extra room for a tumor. As it grows, it puts pressure on various parts of the brain, depending on where it is located. Some advanced symptoms include:*

1. *Nausea*
2. *Vomiting*
3. *Very severe headache*
4. *Seizures*
5. *Blackouts*
6. *Affect to the side of the body, including speech, facial expressions, and movement of the arms and legs. If the problem is with the brain, and not the spine, the affects will encompass the entire side of the body.*
7. *Confusion*
8. *Finally, coma and death*

*The patient with an advanced brain tumor does not recognize these deficits. For the patient this is a blessing. They do not suffer as their condition becomes terminal. They have a blessed lack of insight. But though the patient does not suffer, family members do. The patient gradually drifts off the sleep, then to a coma and death. Without treatment, this usually takes about two years.*

*In essence, the patient becomes like a little child again.*

*But with treatment, you can prolong the length of the patient's life, as well as the quality of their life. We remove as much of the mass as possible, the pressure on the brain goes down, and the patient returns to their previous life. We give drugs to minimize seizures and with early intervention, the patient has good quality of life.*

*Of course, not all brain tumors are malignant (cancerous). Many patients have a common non-cancerous tumor, called a meningioma. With these, we take them out, and you're done. Not all tumors are the same, and not all tumors are in the same spot in the brain. If the tumor is in a delicate place, or is considered inoperable, we can do focus surgery. This new technology provides good control of the tumor and it will generally not grow back.*

*Patients can also have tumors on their skull, or in the coverings of the brain.*

*Brain surgery has advanced over the years. Before surgery we give drugs to control or minimize swelling and seizures. And there are many techniques we use. Patients will have a special MRI the day before surgery to locate the tumor. That data interfaces with a computer and camera in the operating room. Called image guidance, the technology came from the military.*

*We also use ultrasound and a microscope that magnifies the image of the tissues. We can inject a substance that goes only to the tumor tissue and colors it. We use a laser camera to identify tumor tissue, so we can spare the brain tissue.*

*More special technology is called ultrasonics, equipment to actually remove the tumor without taking brain tissue. Special electronic equipment, called Bipolar, helps coagulate blood vessels. It's beautiful how we can seal them off. Drugs, including Avitin, and a special gel foam also help stop bleeding. A special saw makes a series of holes in the skull within seconds. Then we use a saw to remove a piece of the skull.*

*All this presurgery planning helps us to make the shortest track through the brain to the tumor. That way we do as little damage to the brain as possible. Once we confirm the location of the tumor during surgery, we start to remove pieces of it. We send pieces to the pathologist, who reports back telling us what kind of tumor we are dealing with, as well as if we have removed any brain tissue. Sometimes we need to have the patient awake during some parts of the surgery, so we can identify which part of the brain we are working within. But the patient does not feel pain because the brain has no pain sensation.*

*We sometimes need to place pins in the head to stabilize the head during surgery. Antibiotics are often given before surgery to prevent any infection.*

*During surgery we use more state-of-the-art technology to monitor the brain. We can monitor parts of the brain, called neurophysiological monitoring. We also use evoke potentials, or look for reaction to applied stimulus. We also can do cranial nerve monitoring, or stimulate nerves in the brain and watch for reactions. We also monitor blood flow to the brain and pressure within it, as well as condition of the brain tissue, all during surgery.*

*There truly has been a revolution in brain surgery, and it is amazing what we can do for these patients. Of course, the ideal outcome is for the tumor to be totally removed and the patient returns to life as usually after a recovery period. But even for patients who do not have their entire tumor removed, there is hope for a normal life, with little or no deficits. If the tumor returns, there is the hope that another surgery can remove most of it once more, gaining more life. I think every patient will tell that life is precious. Each day is a gift to be lived to the fullest.*

**ERIKA L.**

29 years old recently married female. She was on a cruise and had suffered headache. It will have never been close to her mind that it is caused by malignant brain cancer GBM, the most aggressive, unless it was seen in the MRI in 2005. After the shock with her smile and confidence, she took the challenge having facade that she will do great. She underwent brain surgery and the tumor was aggressively debulked to ensure the best recovery possible. The pathology report came with what was suspected: it is GBM. Her husband continued to search about GBM and fill his mind with knowledge about the expectation of this type of cancer but it filled him with sadness. Erika, in the other hand, continued to fight the cancer by her great positive attitude., She went back to school to study psychology which she loved. She was able to overcome the social look down by others in the school and continued to live and prove her normal activity to many that could not believe. She received chemotherapy for years and had radiation. The tumor did not grow back for a long while and she was one of the longest survivals in this type of chemotherapy. Until there was a surprise in 2009 with tumor recurrence. She had another brain surgery that demonstrated the tumor recur: was back and was spreading. She did great after the surgery and went to another vacation trip. While recovering from the brain tumor, another tumor, lymphoma, appeared in her pelvis and abdomen. Chemotherapy and radiation was about to be administered but she passed away at the age of 34 years old. She always dreamed to live longer than her Dad lived and accomplish more. She wished that her life was not cut short and she can adopt children to spread her love. She supported her mother while she was dying from breast cancer. What a great angel: she lived to the last minute with her gifting putting a shame in us with gifts that we are not using or life that we are not praising.

Erika L. had suffered from headaches for many years. She had always thought they were sinus headaches, and she treated them with hot showers, inhaling steam and over-the-counter pain relievers. On her 29th birthday in 2004, while enjoying an Alaska cruise with her husband, she developed a severe headache, which refused all her previous treatment options. It continued for days. On the second day she visited the shipboard physician, who told her she had a sinus infection. The trip home on Sunday on the plane was only bearable with the use of Tylenol 3 to control the pain. By Monday she could not lift her head from the pillow. Her husband called the nurse hotline sponsored by their health insurance. After hearing Erika could not lift her head and found the sound of her husband's nervous pacing incredibly painful, the nurse told her husband to take Erika immediately to the emergency room.

Once at the suburban hospital emergency room, the on-call physician there ordered a CT scan of the brain. A tumor was evident and Erika was told she could either remain at the suburban hospital or be transferred to the main hospital some 40 miles away. She elected to remain close to home. "I really don't remember a lot of what happened over the next day or so," Erika says. "But I do remember on Tuesday morning Dr. Ghaly woke me up, holding up my brain scan and telling me I needed surgery on Thursday. He said that without the surgery I would have one to two months of life left, and that time would not be pleasant."

Erika thought about getting a second opinion, and Dr. Ghaly said that was possible if she felt uncomfortable about his diagnosis. She decided to go with the surgery and notified friends and family about her condition. "I was fortunate to be surrounded by family during and after the surgery," she recalls. "I knew cancer runs in my family. My father had died of cancer at a very young age. And my mother was in the midst of being treated for breast cancer when I was diagnosed. I had also lost a grandparent to cancer."

Possible side effects of the surgery included paralysis and speech problems, caused by the location of the tumor in the brain. Dr. Ghaly removed a tumor that was larger than an orange during a 10-hour surgery. It was tested and was found to be a stage IV glioblastoma in the right central lobe of the brain.

"I can't remember much about the next day or so, but I do know that Dr. Ghaly was there when I woke up," Erika says. "On Saturday, Dr. Ghaly asked if the nurses had washed my hair. He said I would start to feel better once my hair was washed. On Sunday morning he came in and washed it himself! I was home on Tuesday, less than a week after the surgery!"

Erika would have six weeks of radiation, every day, Monday through Friday, and 24 cycles of chemotherapy. She was placed on an antiseizure medication, as patients often have seizures after brain surgery. "Because I was on the antiseizure meds, I had to have blood tests weekly and the home health people were in charge of that," Erika says. "When they failed to catch a low level of the medication, Dr. Ghaly was right on it and called them immediately. He kept after them. Then he gave my husband and I his personal cell phone number, so we could call with any questions. When I was scared, my husband would call Dr. Ghaly and let him talk with me. Dr. Ghaly would soothe the fears and make me feel better. One time I had an allergic reaction to a medication and was taken to the ER. The ER doctor had already spoken with Dr. Ghaly by the time I arrived there."

Erika is still on chemotherapy today, four years later. "My neurological oncologist said I could stop it after the 24 cycles, but by my own choice I have decided to remain on it once a month for five days because of my strong family

history of cancer,” Erika said. “I take it orally and have very little side effects from it, usually only a bit of being fatigued while I’m on the drug.”

Getting started with radiation and chemotherapy was a challenge for Erika. “The suburban hospital I was using was having trouble with the radiation equipment, so I could not start treatment,” she recalls. “As soon as Dr. Ghaly found that out he made arrangements for me to go elsewhere. I had mapping done on Friday to locate the area to focus the radiation, and started treatments on Monday. He was on top of the treatment options from the start and made sure things got done. It really helps to have a doctor who pays attention to your treatment, even if it involves other physicians.”

Radiation was inconvenient, because it required so many visits, but Erika says the side effects were no so bad. “As the radiation treatments went on I felt increasing fatigue, and lost my hair in that area,” she says. “Some of that hair has come back, but not all of it. That hair loss and recovery seems to be dictated by genetics. Some people grow it back; others have permanent hair loss at the site of radiation. Within a short time of ending the radiation I felt better and my energy levels returned to normal.”

The chemotherapy also had minimal side effects for Erika. “I still get tired during the five days a month I take the drugs, but that goes away as soon as I discontinue the drug,” Erika said. “I take an antinausea drug, which works 95-97 percent of the time. And I take a drug for constipation, because that is another side effect. All in all, the side effects are pretty manageable. Chemo for me was nothing like the chemo my mother took for her breast cancer.”

Recovery went quickly for Erika. After the surgery, Dr. Ghaly told her she probably would not drive for 3-6 months. But after six weeks, and with no seizures, Erika asked permission to drive, and Dr. Ghaly agreed. “I started driving slowly, and for short trips,” she laughs. “And my husband always wanted to know where I was going, and when I’d get back. I keep a cell phone always close by, even today. I have some short-term memory deficits, and he was worried I’d forget where I was, or how to get back. So he had a GPS system put in my car. Today, I’m pretty much back to normal. I still get fatigued, more so than before the surgery, but it’s nothing debilitating.”

Erika does have some lingering short-term memory problems, also a result of the brain tumor. “I just leave myself lots of notes, posted everywhere,” she says.

Erika has some useful tips for anyone facing a diagnosis requiring brain surgery. “Be sure to research all your options,” she says. “Keep a record of everyone’s diagnosis/opinion, and continue that notebook during your treatment. Sometimes I had appointments with a different doctor every day. Because I kept good records and had copies of my tests, the doctors never had

to wait to talk with the other doctors involved in my care. Doctors just don't communicate that quickly, and having my records made that easier."

Erika says to save everything: all records, notes, and other papers. And ask questions. "Those who don't ask, aren't told," she says. "I wanted to know everything about my treatment."

Be sure to find the right physician for you, she says. "I was so fortunate to find Dr. Ghaly," she said. "He is so dedicated to his patients. He follows their care, not just during the surgery, but afterward as well. He had to cancel an appointment with me after the surgery because of an emergency. I'm certainly OK with that, because I was an emergency that first night we met. But he had me meet him in ICU where he was caring for another patient. He checked my wound and found it was doing well. But what I observed was as soon as he walks into the room, all the nurses jump. They followed him around, looking to help him in any way they could. Clearly they respected him!"

Be ready to face depression. "I was very depressed afterwards," Erika said. "I ordered a magazine subscription shortly after my surgery, and thought I'd never be around to see the final copy a year later. Now here I am, four years later, and still renewing that subscription!"

Attending a brain tumor support group's meetings was also helpful, Erika says. "My husband actually forced me to attend my first meeting," she says. "I have found the group very helpful. I felt very isolated and alone, and it helps to know I'm not the only one out there to have had this surgery. It really helped to know I was not alone. I still attend meetings and still get information out of them. Sometimes we'll compare notes of what we did to get through chemo or radiation."

Erika saw Dr. Ghaly twice a week for a time, then once a week, then every other week, then monthly, then every three months. "When Dr. Ghaly suggested we move to every six months it was bittersweet," she recalls. "It meant I was getting better, but it meant I would see him less, and Dr. Ghaly had become a member of my family. He used to call my mother to see how her cancer treatment was going. He still asks about my cousins and aunts and uncles. He even attended a special birthday party for my 30th birthday. It was a special party, because my 29th birthday had been so bad!"

Erika returned to the university, pursuing a degree to become an interpreter for the deaf. She says she only missed one semester of classes.

But the tumor did return, and in 2008 Erika died. Her husband, Dan takes up her story. He says he and his wife cherished every day they had together, and that Erika lived every day to the fullest. She accomplished many things during the time after her surgery. Both Erika and Dan used the Internet to keep friends and family informed as to her progress and condition. He posted the following on line shortly before her death.

**Saturday, June 13, 2009 3:03 PM, CDT**

(Written by Erika's husband, Dan)

I'm writing to update everyone on Erika's situation. I know she posted a couple of updates in the last 2 weeks, but her memory has been affected by the tumor.

Erika had an MRI on June 1st. The tumor has been growing extremely aggressively and now covers the entire frontal lobe. The doctors have determined that the tumor can no longer be controlled by any active treatment and recommended we enroll Erika in a hospice program (still in our home). They have estimated 1-2 months.

Erika's short-term memory and sense of place and time are almost gone. However, she is in no pain and is currently eating her favorite foods and watching her favorite TV programs.

We want to thank everyone who has been following us since Erika's tumor was diagnosed in 2004. At that time, the doctors said she had about 10 months to live. Here are just some of the things Erika accomplished over the next 5 years:

- Earned a 2-year certificate in American Sign Language
- Was one semester and a practicum away from completing and getting her degree the Interpreter Training Program
- Successfully passed the state of IL skills test to even enter to interpreter program
- Assisted in planning 2 bat mitzvahs, for her 2 sisters
- Was instrumental in helping her sisters and her stepfather through the death of Erika's mother almost 3 years ago
- Attempted scuba diving
- Traveled to Hawaii, the Mediterranean, the Caribbean, Canada, and Universal Studios
- Swam with the dolphins

- Went zip lining (twice!)
- Enjoyed roller coasters at Great America
- Always thought about other people first
- Showed courage and strength beyond comprehension
- Made many new friends through the deaf and ITP student community, face book, and her other activities
- Was the most loving, caring wife a husband could ever hope for

Although Erika's strength comes from within, it is greatly magnified by the thoughts and prayers expressed by all of those here who follow her journal.

Erika's story is an inspiration to anyone who has been diagnosed with cancer and their loved ones. She has continued to live a full, fun, and exciting life for years after doctors said that she could possibly do so.

One thing I know for sure - cancer never defeated Erika and it never will. It may outrun her, but anyone that knows Erika knows that she has won this battle in every way that really counts!

## **SANDY C.**

Sandra was 37 years old happily married with one child when she came to know after headache and brief seizure, that she had low grade astrocytoma deep in the right side of brain, insula and temporal region. She underwent brain surgery and tumor debulking on 2005. After the surgery, she suffered from loss of part of her vision but was not severe enough to prevent her from driving. She also had some intellectual change and disorganization that was noticed by her husband. Both took the challenge and put it behind them. Sandra's work gave her a hard time, but she was able to work until she was terminated from job two years later. She was placed in seizure medication and was weaned off, a year later. Sandra and Jim were a great couple, Sandra was so strong that she was a go-getter and practical like Jim. She wanted to recover immediately and was hard for her to let time work first. Her follow up was great, tumor did not grow and continued to enjoy her life. Jim and Sandy

decided to have another child, Jim said whatever happened to his wife, he will be able to take care of her and both children. A beautiful daughter was born. The family continued to be well and grow.

Never in “a million years” did Jim think he would suffer from a terminal illness at age of 46 years old. In 2009, he lost weight and suffered from fever and fatigue. While checking in on Sandy, it come to know that Jim was suffering from “something that no one can figure out”. Dr Ghaly asked to see him. It was so shocking to see this man with great build body and health to loss 100 lbs and cacheric looking. Work up demonstrated far advanced infection that went into his heart and destroyed his heart valve and spread in his system. He had a heart valve surgery that went OK to realize four days later of massive stroke and brain hemorrhage. He remained in a nursing home with minimal response pending his awaking. Sandra had met the challenges and evaluated all the options. With miracle she was doing it all as a single parent. Many advised to terminate Jim’s life being in a coma, Sandy did not want this until she was sure enough time passed before she withdrew life support measures. He was taken from her and kids in seconds, one morning while he was happy coming home from heart surgery, he suffered from severe headache and drifted into coma since then. Sandra amazingly is taking care of him and the children. It should have been the other way. NOTE: Jim is becoming responsive after nine months in the coma. He fixates on Sandy when she talks to him and has started to move his arms and legs.

The day after Christmas 2005 Sandy C. had a strange sensation. She says she had a feeling of *deja vu*, as parts from her past went through her mind. The experience passed, but then these strange images began happening daily. Then they started occurring several times a day. Sandy now knows they were in fact small seizures, but at the time she was not sure what was happening to her.

One day while at work and talking with colleagues, her hearing became strange, almost like she was in a cave. She called her primary care physician who told her to come in. That doctor then ordered an MRI of her brain.

“Three of four days later came the horrifying phone call,” she recalls. “The doctor called to say I had a very large brain tumor. I have since called it my uninvited guest in my head. I was told to come in to get my films and choose a neurosurgeon. My primary care physician recommended Dr. Ghaly because had done surgery on his wife. I was happy he pointed me in the right direction, because choosing a neurosurgeon from some impersonal list just didn’t seem right.”

Dr. Ghaly put Sandy’s films up on the display and pointed out the large mass. He said he was open to do the surgery next Wednesday, and the surgery was scheduled.

“Then I had to go to work and tell them,” Sandy says. “That was when I just lost it. I had to get family medical leave started. I had about a week to get my life in order. My son was only a year old, and I had only been married for two years.

“I had to be at the hospital by 6 a.m. on the day of the surgery, and I was petrified. I was thinking my brain is the most intimate part of my body, my most private possession. I thought this surgeon was going to be invading that and it really bothered me.”

The surgery went well, but the medical team was worried Sandy had suffered a stroke during the surgery. “My first memory of coming to after the surgery was of Dr. Ghaly pinching my arm really hard,” Sandy says. “I remember yelling at him. ‘Stop that Dr. Ghaly’ I said, and everyone was relieved I could feel it.”

Dr. Ghaly remained with Sandy all night in the intensive care unit, monitoring her for pain and complications. “I was alert and could talk,” she says. “I appreciated having my doctor with me most of the night.”

After brain surgery a patient’s hair is caked with blood and other fluids and Dr. Ghaly says the sooner that is washed out the sooner the patient will begin to feel better. It was the case with Sandy. “Dr. Ghaly told me he would wash my hair the first time, and I was amazed he actually did!” she says. “He was awesome! So caring.”

At the same time Sandy was having brain surgery, her baby son was taken to the ER with pneumonia. Having two family members in the hospital made life especially hard for her husband.

The tumor was completely removed with the surgery, so Sandy did not have to have radiation or chemotherapy. “I have MRI’s regularly to make sure it has not come back,” she says. “I feel kind of like I’m being buried alive when I have to lie in that machine, but as long as I can see the light at the end of the tunnel, I’m OK.”

Recovery was long and challenging. Sandy needed a lot of therapy, both physical and speech therapy. “I lost my job because I have some cognitive issues because of where the tumor was located, though they get better with time,” she says. “I still have some deficits, thought nothing I cant live with. It’s certainly not worth losing your life. I can live with the little things.”

A year after the surgery Sandy was taken off the anti-seizure medication usually prescribed for those who have undergone brain surgery. “I told Dr. Ghaly I wanted to have a little brother or sister for my son,” Sandy says. “Dr. Ghaly said to go for it! Dr. Ghaly was the second to know when I became pregnant, right after my husband!”

Sandy says she had a normal pregnancy and baby Megan was born in July 2006. The baby was small, but strong and normal. Megan was delivered

by Caesarian section because doctors did not want to stress Sandy with a vaginal delivery.

“I’m living proof you can have a baby after brain surgery,” Sandy says. “My husband says he can’t thank Dr. Ghaly enough for giving him a daughter!”

Sandy still gets fatigued easily and has to rest, but other than that she says she’s living a normal life. “I’m livin’ life, she says. “I’d tell anyone faced with this kind of diagnosis to go ahead and have the surgery, and then to live his or her life to the fullest. Don’t let that tumor control you. My dad said ‘If it doesn’t belong in there, get it out’ and that’s what we did. If it comes back, I’ll fight it again!”

Sandy says finding the right doctor is crucial. “Dr. Ghaly is my best friend,” she says. “He saved my life. I feel like I’m so close to him! The way I perceive Dr. Ghaly: It takes no guts to be skeptical. It takes guts to believe, to put yourself on the line, to take action and risk failure, and, ultimately, to succeed. That’s my Dr. Ghaly.”





JC and SC, no one knows when a comatose patient can recover, what triggers the awakening states. Some believe that there is a critical number of circuits connecting the entire brain together, needed to be intact or recovered before the sudden recovery. It almost looks like “all or none law”, the brain must contain this number of circuits prior to awakening. It seems that awakening occurs all of a sudden without warning and can happen any time over the years. In fact, words of wisdom will say “if we can let patients live long enough and support their brain, many brain may wake up”. The issue to ensure the brain does not suffer another insult after the first insult that renders the brain into coma. For instance, the patient should have good nutrition, good oxygenation, good liver, good kidney functions and his heart able to deliver the blood to the brain well. JC, drifted into a coma after a brain hemorrhage in 2009, his dedicated wife was by his side waiting for the recovery time and does not believe in giving up. It has been a turmoil journey thus far, “ups and downs”; infections, bleeding, poor blood pressure, pneumonia. She stands the journey by her husband she loved with faith, hope and courage. We all pray for his recovery. Thank you JC and SC, God Bless.

### **MICHELLE O.**

43 years old, suffered from seizure and confusion. CAT scan and MRI showed tumor with hemorrhage in it. She was taken to surgery and the tumor was removed. It was a collection of abnormal blood vessels that sometimes can hemorrhage and it is called arterial venous malformation (AVM). By removing

the collection of blood vessels and getting an angiogram after that indicating the patient has no more threat, and the vascular tumor was totally removed.

Michelle O. had surgery for a brain tumor in June 2000. “I had always had headaches,” she says. “I just put them down to stress. But then they started getting worse, more severe and longer duration. In June I had a headache that lasted for four or five days.”

Michelle worked nights, and one morning she came home with a very severe headache. She says she really doesn’t remember much of what happened that day, but her daughter tells her what happened. “My daughter, who was only eight years old at that time, got up and found me walking funny,” Michelle remembers. “I apparently had a grand mal seizure. My daughter called 9-1-1 and I had another seizure in the ambulance on the way to the hospital.”

At the hospital the neurologist on call had a hard time diagnosing what was the problem. They did an MRI and finally they said Michelle had a tumor. “The emergency room physician said I should see Dr. Ghaly,” Michelle says. “He said Dr. Ghaly was the best there is, and I certainly agree with him.”

Dr. Ghaly ran more tests and found Michelle had an arterial ventricle malformation, which had formed a mass, and it had burst, bleeding into her brain. “Dr. Ghaly told me the AVM was growing and that I needed brain surgery to remove it,” Michelle says. In late July I had the surgery. I was only in the hospital for two days and then released. There was really no pain whatever, except for the incision, because Dr. Ghaly says the brain does not feel pain.”

Michelle had been active and in good physical shape before the surgery. She had worked out and was physically fit, so recovery went well for her. “But it still took almost a year before I felt 100 percent again,” she says. “Dr. Ghaly told me because of the tumor’s location, surgery might cause me to have some personality changes and short term memory problems. My personality remained the same, but the memory was a problem for a while. At first I forgot how to get places, so I had to be careful when driving.”

Though the size of a lemon, the tumor was not malignant, and there I no cause to think it may return. Michelle was on anti-seizure medication for two years. She was unable to drive for six months until she was certain she would not have a seizure behind the wheel of a vehicle.

“I would tell anyone facing this kind of surgery to make sure they have help at home,” she says. “I had two small children at home, and couldn’t drive, so I needed help for a while. Make sure you’re in good hands, as far as your surgeon is concerned. Choose a doctor carefully and have faith in him or her. Be aware the medication might have side effects. I was on Dilantin for

seizures and it made me tired and gave me highs and lows. Today, I'm doing fine and enjoying life. I try to take good care of myself, but otherwise, I'm back to my normal life."

## **JAMES M.**

*51 years old, presented with headache, intermittent and strange for him. An MRI showed a large brain tumor in the front of the brain, surrounded by swelling. He had some other medical problems. In 2003 he had brain surgery to totally remove the tumor. He has done well since then. Seven years later he is doing well, with no deficits and no recurrence of the tumor.*

*James M. had his surgery for a benign meningioma in December 2003. James had headaches that he thought were migraines. His headaches included the visual distortion called an aura. His primary care physician recommended Dr. Ghaly, who ordered an MRI and found a tumor in the meninges (or covering) of the brain.*

"I had just lost my job, but fortunately my job had included six months of health insurance in my severance package," James says. "Dr. Ghaly said I needed surgery because the tumor was in a location where it would soon put pressure on my optic nerve, causing potential blindness. In fact, it had already displaced some brain tissue."

Ghaly recommended either surgery, or monitoring the tumor carefully with scans every six months. James decided on the surgery. "I noticed Dr. Ghaly had lots of religious items in his office, and after the surgery I found he was a very devout Christian," James says. "I had members of my church there the day of the surgery, and my pastor, and Dr. Ghaly prayed with us before he started the surgery. It was very comforting for me that he believed in God."

James' sense of humor helped him get through the surgery and recovery afterwards. "The next day, Dr. Ghaly popped in my door and asked if I knew who he was. I wasn't fast enough to think of a retort at the time, but later thought I should have said 'Dad!' Dr. Ghaly's bedside manner was unreal," he says. "He really cared about me. He goes to all ends for his patients. In addition, the staff at the hospital was great. It was just an awesome experience!"

James remained in the hospital for four or five days. He was up and walking on the second day. He returned for a short stay to have the surgical site cleaned later.

Four weeks later James got Bell's palsy where the right side of his face was paralyzed. He had some physical therapy for the condition, which went away, and then returned. It has not returned and his only deficit is that he cannot whistle any longer.

“Really my only side effect now is that I can’t sleep on my right side because of a weakness in the throat,” James says. “It’s only a small inconvenience.”

People don’t know James had brain surgery. Dr. Ghaly made the incision in his hairline, so the scar is not obvious.

James’ father also had a brain tumor removed, sometime in the 1950’s, at the Veteran’s Hospital. He lived into his 70’s, so James thinks brain tumors run in the family, and isn’t worried this one will shorten his life expectancy.

“I tell people to make sure they find the right doctor,” James says. “It was important for me that Dr. Ghaly was so strong in his faith. He is so humble, and that isn’t often found in a brain surgeon! Dr. Ghaly says ‘I do the work, and God does the healing’ and that is so right. God led me to Dr. Ghaly.”

## NANCY T.

*A 46 years old female presented with severe headache, nausea and vomiting presented to the emergency room and then was admitted and overnight she progressed to seizures and coma. Urgent neurosurgery consult at 1am revealed extreme high pressure in the brain from a benign tumor that was occluding the flow of the normal cavities within the brain. Patient was comatose and ventilated to maintain her respiration. She has three children and a hard working husband. Two emergency drains were placed to drain the fluid at the bedside and then she was taken to surgery to remove the tumor. The outlook was dismal, her brain was already on the final stages of living, but no one wanted to give up on her. After the surgery, she gradual awaoke. The tumor called colloid cyst and the pressure build up called obstructive hydrocephalus. The surgery was done on 2007, she went back to work and be on the choral singing in the church. It was like a dream for her and she cannot believe it. What a great miracle. She went to the Vatican and visited the holy place and bought some spiritual ornaments.*

Nancy T. says it took a long time to get her head around the fact that she had a brain tumor. “I had had headaches and been dizzy for quite a while,” she remembers. “I thought it was having kids, and the change of life.”

She was a part time teacher and one day had an especially bad dizzy spell at school. She sat down on the stairs, hoping it would pass as the spells had in the past. She was offered help, but insisted she could drive home. “I really don’t remember anything about that drive home,” she says. “Apparently I went to Dominick’s, called my parents, and must have been looking pretty bad because Dominick’s called to make sure I got home OK.”

Nancy taught piano lessons, and cancelled her lessons that day, thinking she had the flu. “Fortunately we had a live in nanny,” she says. “Because I started feeling worse, having seizures and vomiting, and the nanny drove me to the hospital.”

Once there Nancy had an MRI scan and the emergency room physician immediately saw the tumor on her brain. She was given anti-seizure medication and told she needed emergency surgery.

"I don't remember most of what happened, but my husband and parents tell me I was in pretty bad shape," she says.

In fact, Dr. Ghaly had doubts she would make it through the surgery. Dr. Ghaly called the hospital chaplain for Nancy's husband, and told her husband to call the family. She says the gravity of her condition did not sink in until after the surgery.

Nancy actually had two brain surgeries: one to relieve fluid pressure caused by the tumor; another to actually remove the tumor itself. Nancy spent five days in intensive care and then two more days before she was allowed to return home.

"I only lived through the grace of God," she says. "Six weeks later I was back at work. I needed to get back to work as soon as possible, because I needed some sense of normalcy."

Recovery took some time. Nancy needed lots of therapy and suffered from double vision for several months. By summer her vision had returned to normal. Today, her peripheral vision is still somewhat affected, but she is doing well.

"I had a few dizzy spells and some headaches, but no significant pain," she said. "The most pain I remember is when Dr. Ghaly took the bandages off."

Nancy credits her recovery to her doctor and a strong desire to get better. "I can't say enough good things about Dr. Ghaly," Nancy said. "He made sure my care was the best. He watches everything about the care of his patients. I could rest easy knowing I was in such good hands. I also got lots of help from the ladies of my church, who brought over dinners and more."

Nancy says her husband and family were helpful. At the time of the surgery she had three young children at home, ages 6, 12, and 14. Having a nanny also helped because she did a lot of driving when Nancy could not drive. "I saw how hard this all was on my husband," Nancy says. "I really feel for any single parent household faced with this kind of health challenge."

"Patients need to be proactive about their health," Nancy says. "Get checked out if you think there might be something wrong. If one doctor doesn't seem right, go to another, and another, until you find a doctor who you get along with, who takes you seriously."

The future looks good for Nancy. She went through a series of check-ups with Dr. Ghaly, and then graduated to an MRI every year to make sure the tumor has not returned.

**LARRY M.**

A wonderful man presented with his wife to a neurosurgeon. He had severe headache and MRI demonstrated brain tumor, called glioblasoma multiforme. It is the most aggressive and comes from the brain itself. The patient was taken to surgery and as much of this tumor as possible was removed. The patient wanted to live, he is the most hard working and loving husband and father as his family called him. He will go and fix his neighbors cars. After surgery he did great and continued to live well and fight the brain cancer. He completed radiation and chemotherapy. He loved his neurosurgeon but despite all efforts his HMO insurance refused for his care to be with that neurosurgeon. Patient care continued with another surgeon, he had tumor regrowth, had surgery and had some complication and expired.

Larry M. had surgery for a brain tumor in November 2007. Because he still had some problems with choosing words, his wife, Cathy, tells his story.

“For six weeks or so, Larry had had trouble finding the right words when he was communicating,” Cathy remembers. “We went to our primary care doctor and he told us Larry had Bell’s palsy, but he did not run any tests. He gave us some information about this condition and said it would eventually go away. But on a Friday morning, when Larry’s speech became slurred, I was worried. The information the doctor gave us said it might move to slurred speech, but then Larry could not speak and couldn’t write, either.

“I called the doctor, and by then Larry had a facial seizure as well,” Cathy said. “He told me to get Larry to the hospital, which was only a mile and a half away. We were afraid Larry had a stroke. I called 9-1-1 and Larry could still walk by the time they got there. At the hospital they took a CAT scan, and found a mass. Larry was transferred to another, larger hospital.”

Cathy’s son arrived at the hospital, and soon the extended family started to arrive. “We met Dr. Ghaly, and my family looked up his credentials. They were not sure at first he was the one to handle the case. But I was taken by the doctor. There’s just something special about him. He told us all about Larry’s condition, plain and honest. He asked me to sit down, and took lots of time with me explaining everything. I was sure Dr. Ghaly was the best doctor for Larry, right from the start. My family later agreed.”

On Saturday night, Cathy got a call from Dr. Ghaly, giving her the name and phone number of another of his patients with the same condition as Larry. “It was the first of many, many calls from Dr. Ghaly,” Cathy said. “He was so good at keeping me informed and allaying my fears. That patient, Carol, was our angel because I spent any hours on the phone, talking with her. She helped so much, because it was someone who had gone through this and could tell me what to expect.”

Still a little unsure about which doctor she should use for Larry, Cathy talked with everyone about Dr. Ghaly. "I asked everyone, from the cleaning person to the nurses," Cathy said. "I had a friend who was a nurse, and she told me that if she needed brain surgery, Ghaly was the only person she would allow to do it. We decided on Dr. Ghaly. It was a great decision-one we never regretted."

Larry had job issues to be faced before surgery. He was facing retirement and belonged to a union, so he had to get his health insurance issues settled. Finally, surgery was scheduled for Dec. 3.

"Before the surgery I was told by Dr. Ghaly that he would call me often from the operating room to keep me informed," Cathy said. "He did just that. Every nurse I encountered during the entire stay, every nurse who entered Larry's room, said Dr. Ghaly called the shots, and he did. Larry's care, every aspect of it, was monitored by Dr. Ghaly."

During the surgery Larry suffered some complications. He had trouble with bleeding, and then there was some difficulty with the breathing tube in his throat. Larry was not too sure he was going to make it, and kept saying he was going to 'see Sam', referring to the couple's beloved Yorkshire terrier who had died a month earlier of a brain tumor. Cathy told Larry that was not acceptable, that he had to return home to her.

The morning after the surgery, Dr. Ghaly came into Larry's room and washed his hair to remove the fluids left after the surgery. By 7 a.m. Larry was up and walking and Dr. Ghaly was getting everyone on the ward to come out and see his 'miracle' patient. "I was amazed that Dr. Ghaly knew the name of every person who was passed, even the names of some of the workmen who were involved in some remodeling project," Cathy says.

Larry had a malignant glioblastoma, multiform type IV tumor. Dr. Ghaly removed as much as he could, but some tumor remained.

"Our angel, Carol, called to see how Larry was doing, and she told him not to worry, because Dr. Ghaly was unable to remove all her tumor as well. We had not told Larry about that, yet. Dr. Ghaly said he got 97 percent of the tumor."

Dr. Ghaly ordered radiation immediately, but the radiologist said he preferred to wait six weeks. "Dr. Ghaly got on the phone and told him to start it immediately," Cathy said. "Once more things worked out because our doctor was on top of things."

Larry also started chemotherapy within a week of surgery. Larry takes a pill by mouth, and as long as he takes an anti-nausea drug with a full glass of water first, there have been no side effects of the chemo drug.

Larry had 30 sessions of radiation, five days a week. Because he was a healthy, strong man, he was given mega doses of radiation.

Larry had chemo and radiation together. Once the radiation ended, Larry went to an increased dose of chemo. He takes chemo for five days each month. "Larry forgot the anti-nausea drug once, and it was awful. He won't do that again," Cathy said. "Other than that, he only has a little fatigue when he's on the chemo drug."

Larry's first MRI was clean. "But Dr. Ghaly said it would come back," Cathy said.

A second MRI was also clean. "Dr. Ghaly said it will come back," Cathy said.

A third MRI was clean. "It will come back, someday," Dr. Ghaly said.

Another MRI was clean. "They tell us it will come back," Dr. Ghaly said.

"Larry is going to be one of those people who proves them all wrong," says Cathy.

Living with the possibility the tumor may return is difficult. "You just go home and decide you're going to live," Cathy says. "I have a very strong faith in the Lord. Dr. Ghaly is the one who brought my strength to handle this. He really pushed, and it's a huge part of our success with this. He gets involved in every aspect of care. He cares about you like you're his own family. He's the one who made me strong. And Larry is the strongest man I've ever known, both physically and in his heart. He gets tired more now, and has some trouble with speech. He mumbles and has trouble finding words. But we try to laugh about it."

Larry and Cathy found out recently that their 'angel' Carol finally passed away. "The cancer came back, and there was nothing to do this time," Cathy said. "We went to her funeral, and everyone was in good spirits because Carol had enjoyed life so much. The whole experience changed her life, as it has changed ours. My son now spends lots of time with Larry; every Friday is his day to spend with Larry. I want to spend some time with a shut-in person, because I know how important it is to visit with them. People don't stop to think how a friend or family member could use a phone call, or visit. They visit in the hospital, but once the patient is home, they forget about him. Someone could stop by, visit, and take him out. And that would give me a break. Being the caretaker is very hard. There's lots of time constraints, but it's what you do when you love someone."

Larry still had short-term memory problems, and trouble with speech. He had seizures, which limited his outings.

Cathy and Larry remained deeply in love, even after 16 years of marriage. "We met at Wal-Mart, and Larry will say we dated for about 20 minutes before he knew he was in love," Cathy says. "We were married in under six

months. This whole experience has taught me to love with every ounce of my being.”

Cathy has some suggestions for anyone facing a similar diagnosis. “First, reach out to the Lord,” she says. “Never give up, and pray you’re fortunate enough to have a Dr. Ghaly in your life. He never stops, and that’s why I will never stop. Dr. Ghaly showed us how to fight. Today I’m fighting with insurance companies and managed care organizations. I may have to see another neurosurgeon, but I’m praying that is not necessary. We are looking forward to the future. We have some property in Wisconsin we have been looking forward to moving to. We hope to still follow that dream. But whatever happens, we’re happy to have every moment we have.”

Larry died shortly after this interview.

## VIOLET L.

A 48 year old woman with an angelic personality and a great heart. She came with her husband and family. She complained of difficulty in finding words and facial drooping in the side like stroke. She was reluctant to go to ED for few months but finally she did when it did not go away and was getting worse. It came to find out that it was actually a brain tumor in the speech area in the left side of the brain. She had never had medical problems or health issues. This was a surprise to her and her family. In 2008, she underwent brain surgery and the tumor was removed saving as much as of the healthy brain and speech area and getting as much tumor out. Delicate equipment and latest technology was used. The tumor was the most aggressive cancerous tumor, GBM. The tumor was removed almost all what is visible. Immediately postoperatively, she was able to talk and move all her extremities. A smile came to her and her family. She stayed in the hospital for three days. She was then started in radiation and had chemotherapy. She is still doing well and MRI showed no recurrence. She is functioning well and living happily with her two children and husband. She had some seizures that required medication to control. A year later, she had clot in the leg that went to lung and caused shortness of breath. She survived those events knowingly that chemotherapy is causing some of these problems yet, she continued to fight the cancer and take the medication.

Violet L. was on a family vacation in June in Tennessee, and in training for a 200-mile relay race. She would jog just over 20 miles on a regular basis to compete with her two sisters and brother-in-law in this race. While on vacation, Violet was jogging 10 to 12 miles each day, up and down hills and mountains in the hilly state.

In May Violet found she was having some trouble finding the right words. “Then my sister noticed my mouth drooping,” she said. “But I just wrote it off to age. One day when we were jogging, my sister noticed something was just not right with me. I insisted I was fine, but by the time my niece drove by and insisted I get in the car, it was a good thing.”

The family called Violet’s physician at home in Illinois, who insisted they take her to the emergency room. That doctor thought it might be Bell’s palsy. “My twin sister took me in to the hospital, where they did a CAT scan, and then another scan. The doctor said it was brain cancer,” Violet says. “We just cried.”

The vacation was ended and the family prepared to return to Illinois. “A man my husband worked with recommended Dr. Ghaly,” Violet says. “That was a Godsend. He renewed my faith.”

Dr/ Ghaly made arrangements to see Violet immediately and told the family the tumor was in a bad location. Surgery was scheduled for June 5, 2008. Violet was 48 years old.

“I remember coming to in ICU, with my husband and son there,” Violet says. “A few days later Dr. Ghaly came in and actually washed my hair himself. We were amazed that the surgeon took the time to do that. He was so caring.

Violet had radiation and chemotherapy concurrently. She had radiation five days a week for five to six weeks. Chemo consisted of taking a pill daily for five to six weeks as well. “I had almost no side effects of either the radiation or chemo,” she says. “I did lose some hair, but it’s coming back now. I shaved my head because I thought it was better to start off with all my hair the same length, so it could grow out evenly.”

Chemo caused Violet to lose her appetite, but she did not lose weight. She took a few weeks off the chemo and now is in the second stage of chemo, taking pills for five days a month. Every other week she is hooked up to an investigational drug, delivered IV.

Violet sees hardly any problems from the surgery. Her voice was affected for a time, but is back to normal. “Sometimes I have to grasp for words, but I sometimes did that before the surgery,” she says. MRI’s have been good, with the tumor looking like it has not returned. She has returned to jogging. “I go a lot slower now,” she laughs. “Before the surgery I was doing about a nine minute mile. Today, it’s more like 15 minutes. But I’m back jogging!”

Violet says anyone faced with a similar diagnosis should carefully select his or her doctor. Dr. Ghaly has been a gift from God,” she says. “I will put you in my prayers if you have a similar diagnosis. Know that it will just be OK. I know the tumor is still there. I’m going to die someday of it, but we all die. In the meantime, keep active, eat healthy, and go on with everyday life.”

Violet appreciates her large family, who is always calling her and visiting with her. “You need a support system,” Violet says. It’s important for friends and family to continue visiting, even after you’re home from the hospital.”

“My husband gets down on me sometimes, saying I need to rest more,” she says. “He has been my memory, my security blanket, and my rock. Have someone go to doctor appointments with you, and perhaps take notes. It really helps to have another person listening to the doctor.”

Accepting her condition was hard for violet at first. “Then one day, as we were driving home from a doctor’s appointment, it just overcame me,” she remembers. “This is going to be OK, I thought. A feeling of peace overcame me. There were no more tears. I’m certain it will be OK.”

### **CAROLE P.**

56 years old, presented with headache and seizures and weakness in the right side. CAT scan and MRI showed she had a three inch tumor in the front of the brain on the left side. She had surgery in 2000, removing the entire tumor. The seizures are controlled with medication and she continues to do well, with no evidence of the tumor. She is still tumor free for 10 years.

Carole P. thought she was having a stroke at the age of 56 in 2000 when she awoke during the night and found the right side of her face and right hand numb. The feeling passed, but a few days later she saw her primary care physician. He ordered a CAT scan, and Dr. Ghaly was the physician who read the scan. “My family doc told me to not leave, and I was worried then,” Carole says. “I met with Dr. Ghaly then, and was told I needed surgery immediately. I waited about three weeks, while I got my life in order.”

Carole had a slow growing, benign tumor on the left side of her brain. Dr. Ghaly removed it, and she has had no problems once she recovered from the surgery.

“I have been on anti-seizure meds and was recently changed to another medication,” she says. “That leaves me feeling somewhat tired and weak, but otherwise, I’m doing well. I had a good MRI last summer and look forward to having a long and normal life, thanks to Dr. Ghaly.”

“Find an excellent doctor,” Carole says. “And you just can’t give up. You have to move forward.”

### **JOHN C.**

*John presented with headache, memory issues and MRI revealed brain cancer called glioblastoma multiforme. He underwent surgery and recovered well. His partner took care of him to the last minute. He had radiation and chemotherapy and lived for a year and expired in peace.*

In 2000, John C. fought a brave fight with lung cancer, which included chemotherapy, and his health seemed to be better, when one day he awoke with a severe headache. Doctors found a tumor the size of a pea in his brain, which was removed, and once again he was doing well. "But it came back," says his partner John F. "This time we found a different surgeon and Dr. Ghaly performed a second surgery."

John F. says Dr. Ghaly was very precise, a real perfectionist. "He was a great doctor, even during John's surgery to remove the tumor," John F. recalls. "Dr. Ghaly told me he would call regularly during the surgery, from the operating room to the surgical waiting area where I sat out the long procedure. I was amazed when he called me about every half hour to keep me posted on John's progress."

After the surgery, when John was beginning to come around, everyone was relieved when he could recognize his long time partner. John was released from the hospital a few days later. "When Dr. Ghaly called to see how he was doing, I told the doctor he could talk with John, who was playing cards with some friends."

Sadly, the tumor returned once more, this time requiring radiation because it was inoperable. John had several months of radiation treatment, but he succumbed to the disease at the age of 47.

"John lived for three years after the original diagnosis, which was stage IV cancer," says John F. "I credit us working as a team and keeping a positive mental attitude for those three years. We learned that every day is a gift. Each day is precious."

John F. says finding the right doctor is crucial when faced with this type of diagnosis. "Dr. Ghaly was wonderful throughout surgery and treatment," John F. says. "He was always there for us. One time John was having morning coffee and said there was something wrong with his arm. We called 911 and Dr. Ghaly was actually at the hospital before we got there. John had had a grand mal seizure."

As a caregiver, John F. remembers details that were important for the patient's care and comfort. "I would cook special dishes, to keep his strength up," John F. says. "I had to continue working during John's illness, and I remember saying 'OK, God, I have to go to work now, so you have to watch him.'"

John F. says insurance coverage worked well for John C. "John had retired and then went on disability," he said. "We were worried and scared at first about the coverage, but it worked out fine for us."

John F. says he treasures every day he and his partner enjoyed. "I would not do anything differently," he says. "We were good partners. Everyone envied us. All I can say is time heals."

## LAUREL A.

68 year old man presented with headache, left side weakness, confusion and sleepiness. We came to find there was a large right side tumor with great mass with the effect of shifting the brain all the way to the other side. He had history of bladder and prostate cancer earlier in the same year. It was surprise to him and his doctor, since he had two bladder surgeries and was told he was cured. Earlier he had blood in the urine that he had ignored for a while. He was rushed to surgery and the tumor was removed from the brain. The tumor was coming from the bladder, transitional cell carcinoma. He underwent radiation but no chemotherapy. The work up was clean with no evidence of tumor spread in other locations. In 2008, the brain tumor came back in a different location, brain stem and he had radiation. Its location was inoperable. He continued to do well but started to run into medical problems from tumor expansion in 2009. Despite many attempts to terminate his life early and withdraw treatment as recommended by some of the medical team early in 2009, he continued to live close to his wife until he expired in/2009 with his wife at bedside. The repeated MRI showed more tumor in the brain and no other options at that point. His wife was taking daily notes that made her close to her husband and made it clear to Laurel that she loved him very much. Later on, she told him, it is OK for him to leave and she will be by him.

Both Nancy and Laurel were married from more than 30 years and had no family close by except brother and sister, no children. The last thing both believed was that the cross to carry will be that heavy.

Nancy had to do knee surgery two months earlier and she was recovering close to Laurel at the nursing home. She would go to see him daily. After Laurel's expiration, she mourned for him. Two days later, she complained of nausea and vomiting. She thought it is related to her grieving. She was asking God for what was left for her to do and what His mission was for her. She never realized that she in herself was suffering from terminal pancreatic cancer. Her physician could not discover the cancer early, she was taken to surgery for simply to remove the inflamed gall bladder to find out that the abdomen is full of cancer. She was sent home next day despite ongoing severe pain and nausea. She returned to another hospital. Final diagnosis was made. But she continued to suffer from complications of cancer. She had a clot in the leg that went to the heart PE and caused shortness of breath, she was placed in coumadin and levonox, blood thinner. Chemotherapy was started while draining cancer fluid from the abdomen in a daily basis. She was treated in nursing home. As Laurel could not make it back home since Jan 2009, so Nancy could not make it back home.

Laurel A. and his wife Nanci have a long and complicated medical history. Laurel was diagnosed with bladder cancer, which then progressed to his brain. His bladder symptoms began while on a business trip, when he noticed his urine was bright, fluorescent pink. He thought it might have something to do with a medication he was given for knee pain in 2004, but he saw an urologist when he returned home. The urologist at that time recommended a cystoscopy, but Laurel said no and the doctor did not push for a follow up.

Once home, Laurel went to the urgent care center close to his home, thinking it might be another kidney stone as he had had one some 10 years earlier. The doctors took an X-ray and did an IVP test and found a tumor. "But the equipment broke down and a second IVP had to be put off," Nanci says. "They then did a cystoscope to remove the tumor, but could not get it all. Doctors said it was cancer, and they had to remove the entire bladder, building a new bladder out of Laurel's colon. We found a specialist at a major medical center and that surgery was done in April 2006. That doctor, the 'great man' called to say the surgery went well, but I never got to see him in person. Then they had to keep Laurel in the recovery room for a long time because they said they did not have a room for him. I went to the business office to complain, and they finally found him a room."

Laurel did well after the surgery, coming home with a lot of drains, but he got an infection and ended up back in the hospital for another week. "I still had trouble getting answers from our doctor," Nanci recalls. "He would make short visits, and I wanted to nail his feet to the ground so he would have to stay and answer my questions. It seems surgeons do surgery, but they don't have to answer questions. I never got to talk with the 'great man.'"

Nanci met the wife of a man who had had similar surgery, and found her helpful. They exchanged information about the recovery of their husbands.

A few months later, Laurel was experiencing mental problems. He forgot to turn off faucets when he washed his hands, and other simple tasks. "The miracle of miracles," Nanci says. "I have a college friend who is a doctor in Seattle and she told me to be sure Laurel had a neurological workup done as soon as possible. Our primary care physician was on vacation, but we got my boss to help us have a doctor see Laurel. We were told to schedule an MRI of the brain."

Two days later, when she still had not heard from anyone about when the MRI was scheduled, Nanci called the doctor's office. The test was finally scheduled.

"We were told to see the doctor immediately after the test, and that's never good news," Nanci says. "But once at the doctor's office, we were told another story, and sent home. We left, got home, and found another message,

with an apology, noting we should immediately return because the doctor did want to see Laurel.”

The couple was told Laurel had a brain tumor, and it was recommended they see Dr. Ghaly. Nanci anticipated another long wait for an appointment, but was amazed that Dr. Ghaly said he would see Laurel that same day. Dr. Ghaly told Nanci he would wait for them at his office, and to bring Laurel’s films and test results.

“Bladder cancer was sincere, but brain cancer really gets your attention,” Nanci says. “We knew this was serious.”

Nanci had trouble getting copies of Laurel’s tests, which took some time. “I was worried Dr. Ghaly would leave his office before we got there,” she says. “But he was there, waiting for us.”

“Dr. Ghaly gave us a long list of things that might happen with the surgery, or after the surgery,” Nanci recalls. “He asked if we wanted a second opinion, but we went on the recommendation of our other physician. Dr. Ghaly said to enjoy the weekend, because it might be the last.”

The surgeon also ordered medication and more tests for Laurel, all to be performed on Saturday. “We spent Saturday at the hospital getting pre-surgery tests done,” Nanci said. “We saw seven doctors in tow days, plus getting a bone scan done. I was dancing as fast as I can!”

Laurel’s surgery was set for Wednesday morning. “During surgery, Dr. Ghaly came out to talk with me several time,” Nanci says. “He also sent out nurses. One time he sent a piece of Laurel’s hair out to me. Dr. Ghaly was worried about paralysis, so he was delighted when he could report Laurel was fighting the nurses.”

After the lengthy surgery, Dr. Ghaly took Nanci to a private area to talk. “Dr. Ghaly actually met with family members who were with me, explaining the surgery to them also,” Nanci says.

Laurel was moved to the intensive care unit after the brain surgery. “At 6 p.m. Dr. Ghaly came in to check on him and change the dressings,” Nanci said. “Laurel was conscious, and worried about me driving home after such a long, stressful day. Laurel’s nurse actually gave me her phone number so I could call and tell my husband I had gotten home safely. That made Laurel feel better. The next morning, Dr. Ghaly was once more there early, checking on his patient. I thought the doctor had given me back my husband.”

Recovery was difficult, but the doctor thought he had removed the entire tumor. Laurel saw Dr. Ghaly on a regular basis and had regular MRI’s to check for recurrence. In addition, Laurel had chemotherapy and radiation, with no side effects to speak of.

In July 2008 another tumor was found, this time in Laurel’s brain stem. “Dr. Ghaly told us it was inoperable this time because of its location,” Nanci

says. “But Ghaly being Ghaly, he had a plan. Ghaly recommended a doctor at Northwestern in Chicago for gamma knife surgery, or very focused radiation. Laurel was in the hospital for six days, and Dr. Ghaly called us four of the six days to see how we were doing.”

The doctors at Northwestern were going to wait eight weeks before doing and MRI, but Dr. Ghaly decided to do one at four weeks. It was a good thing, because Dr. Ghaly noticed some swelling and could prescribe medication for it. At four weeks the MRI showed there was no growth in the tumor. By eight weeks the MRI showed the tumor shrinking.

There have been few side effects of the latest treatment. Laurel has had some trouble with his eyes tearing copiously and a slight temperature. There have been some minor headaches and some trouble with his memory. Otherwise, Laurel has been doing well.

Nanci took some time to think of advice she would give someone faced with a similar diagnosis. “My husband would not be alive today without Dr. Ghaly,” she says. “We really have been blessed in a lot of ways. Dr. Ghaly allows you to see God in a lot of things that happen. Ghaly allows it to be a religious experience, or not, depending on your beliefs. This really has become a religious journey for us. There is not another doctor like Dr. Ghaly in the entire world. All you can do is hope you can find one like him. One of the nurses in ICU said Dr. Ghaly is very demanding, with good reason.”

Nanci says it has taken the combined efforts of a lot of people to get the couple through this difficult time. “You need to seek out people to help along the way,” she says. “Get a health power of attorney and be a patient advocate for your loved one. Find a sympathetic pharmacist.

Caregivers need to take special care of themselves as they help their loved one recover. “Be aware as a caregiver how important a caring doctor, nurse and pharmacist can be,” Nanci says. “Be willing to accept help, to get out and away once in a while. You need a break. If possible connect with another caregiver in a similar situation. Keep notes or a personal journal. Writing relieves stress and makes your thoughts clearer.”

Planning ahead for every test or doctor visit can help both the caregiver and the patient. “Call ahead before a procedure or test to make sure they’re prepared and have the doctor’s orders,” Nanci said. “They need a ton of paperwork. Don’t have the patient have to wait. It’s very tiring for them. Most tests will be ordered in advance, but not always. Be sure to verify insurance coverage, especially if it’s an unusual test or scan. And make sure the facility or provider is covered. Laurel had one done by a mobile unit and we found that was not covered.”

“Write your questions down before you visit the doctor,” she said. “And leave some space for the answers. Go into the doctor’s examining room

with the patient. Between the two of you you'll get a better idea of what is happening. Two heads are better than one."

"Remember, you're only an effective caregiver if you take care of yourself," Nanci concluded.

Laurel died Sept. 22, 2009 after his long battle with cancer. Nanci had knee replacement surgery two weeks before her husband died and they spent a week or so sharing the same nursing home as she began rehabilitation.

Dr. Ghaly continued to care for both Laurel and Nanci. "I was blessed that Dr. Ghaly volunteered to act as Laurel's primary care physician, right up to the end," Nanci says. "We had Laurel in the hospice program, and he was getting feeding and water through a stomach tube. Just as Dr. Ghaly said, they wanted to discontinue his feeding and hydration, but I couldn't do that to him. Dr. Ghaly says dying of starvation and dehydration is very painful, and I'm glad Laurel did not have to endure that. I prayed to God to take him before I had to make that decision, and He did. I am grateful for every moment Laurel and I had together, and I know he is in a better place now."



NA and LA, not long ago, when NA. was grieving for her husbands death after 4 years of struggling from bladder and brain cancer, she asked a question, "God what is your mission to be, you kept me alive and not my husband after 35 years for a reason, show me". She started to complain of nausea and vomiting and went for testing and surgery and she was diagnosed with inoperable cancer. She fought like her husband with faith, hope and courage and continued until the last minute. She was sitting in a nursing home with oxygen, yet her spirit was strong and caring. God chose her to suffer with him on the Passion Week and to die on Sunday and resurrect with him. Her face and body was in peace, glory and light. Everyone from her caring family saw that. Both, she and her husband LA illness journey became the cause of

their heavenly glory. May God repose you and your husband for ever. My friends, you both have been the light of my practice and your blessing remains forever. Please allow me to share the story: NA and LA were married for >35 years, no children but full of joy, peace and prosperity. Great Christian couple. You cannot split them. Nancy was a pharmacist for 30 years working and dedicating her life to medical clinic. Her husband had bladder and prostate cancer that was detected late and had inappropriate surgery. He was pulled out of the regional health facility and gets him with the right health care facility that care and do their best for their patients. A 6 month later, the cancer spread in his brain and I removed the entire tumor. I got to know NA, an articulate, well versed, compassion, goal getter and kind person. She was with him to the last minute and she did not leave one stone unturned for her husband. She took him from one center to another. I did ask him to go to other major facilities for better care. He lived for for three years. His tumor recur indifferent sites of the brain. In the last few months of his life, he lived in a nursing home. NA decided to move with him at nursing home to care for him and every day she get a chance to “peak and kiss him”. He passed away at nursing home while she was holding his hands. NA was preparing her house to accommodate the disability of her husband and herself. She was suffering for “bad knees”. It was a total of 8 months that NA did not see her own house. Two relatives have been her support through all of that. She did not know that our Lord is also calling for her and her days in earth are limited and she may never see her earthly house again. She was grieving and mourning for husband for few days and started to complain of nausea and vomiting. Again, she received inappropriate treatment at the regional health facility close to home and was thrown out of the hospital. I called another oncologist on Sunday and he took her with open arms and became her physician since then Work up showed that she also has a terminal pancreatic cancer. At the new facility, she established new family for 6month, they treat her and her family with great care, compassion to the last minute. God then allow her to suffer with Him in the Passion Week and took her soul today on Sunday 4/11/2010 at 9:37am. “An angelic bright and peace” look at her face. May God repose both NA and LA in heaven for ever. Good Bye for now, NA and LA. Words are speechless for both of you.

### **CAROLE E.**

41 years old, presented with numbness in her face and headache and was found to have a tumor in each side of the brain in a location where there are a lot of blood vessels and nerves that supply the eye and the face. It is called cavernous sinus in the base of the skull. She was taken to surgery in 2003 and

the tumor on the left side that was extending to the brain stem was removed. It was benign meningioma. Three months later she had radiation on the other side and seven years later she is well, working, with no evidence of tumor.

Carole E. was only 41 when she had brain surgery in 2002. She had had migraine headaches for a while when her physician decided to do an MRI. That scan detected a mass in her brain and she was referred to Dr. Ghaly. Carole has been mentally challenged since birth, so her mother, Irene, tells her story.

“Deciding on a doctor was quite a process,” says Irene. “Some family member thought we should go to Chicago. Some wanted to handle this at a local hospital. So I prayed over it and chose Dr. Ghaly. What a good decision that was! He is a Godsend!”

Upon more testing it was discovered that Carole actually had two tumors. One was inoperable and required radiation because with its location it would have caused too much damage to Carole’s brain.

After surgery, Carole had some trouble eating, developed Bell’s palsy, and had some other minor issues, but she is doing well now. She spent several days in the hospital and then some time in a nursing home for further care. Then she returned home to her mother’s home for recuperation. Today she has returned to her own apartment and is back to work.

The tumors were not malignant, and other than some regular MRI scans, Carole is back to her normal life.

The key to getting through such a diagnosis, Irene says, is to find the right doctor. “I would pray anyone with this kind of condition could find Dr. Ghaly,” Irene says. “He is such a perfectionist. He called me himself, every day, with updates on Carole’s condition. When he had to go out of town, he gave his personal phone number to me in case of an emergency. I look at him and I see God in him. I think God sent him here to help people.”

## **RICK M.**

*44 years old, suffered from concentration problems, loss of balance, difficulty walking, vomiting, headache and blurry vision and waited for some time until symptoms became unbearable. He came to the emergency room. A CAT scan of the brain showed an alarming high pressure inside the brain with few minutes from death. The pressure was high because of a tumor in the middle of the brain that was causing obstruction of the flow of the fluid. The patient was taken to the operating room immediately, the pressure was released, the tumor was removed. It was a benign tumor, called a colloid cyst. Surgery was done in 2005 and five years later he is back to work and doing well, with no tumor left behind.*

Rick M. says, “it’s like it never happened” of his bout with brain surgery. He had had severe headaches for some time. “It’s really hard to pinpoint when it all began,” he says. “But as they got more severe, the only relief I found was lying down. As it turns out that made the tumor flatten and relieved the pressure on the fluid channels in my brain.”

In addition to the headaches, Rick began experiencing poor eyesight and his hearing started declining. “I wrote all that off to getting older,” he says. “But since I had an HMO, my doctor ordered a CAT scan, and that’s when they found the tumor.”

Rick left the hospital after the test, without getting the results as yet. He went to Burger King and that’s when his phone rang, asking him to return to the hospital immediately. “I finished my burger, because I was pretty sure it was going to be bad news if they wanted me back right away,” he recalls. “That’s when I met Dr. Ghaly, who kept talking with my ex-wife about my condition. The doctor put some films up and we all saw the tumor. I think I left my body at that point. I seemed to watch the discussion, instead of participating in it. Dr. Ghaly said he could do the surgery now, and the next thing I knew I was lying on a gurney. I said we had to wait until I had a chance to see my four daughters.

“In addition, I asked Dr. Ghaly what the odds were. I remember he told me he doesn’t give odds-this isn’t Las Vegas. But he did tell me what could go wrong.”

Rick worked as a police officer, and his wife contacted his fellow officers. “Officers kept showing up, until there was a line of officers along the hallway as I was wheeled into surgery,” Rick says. “My boss must have made it to the hospital with lights and sirens because he was there so quickly.”

Rick says he doesn’t remember much about the next several days. “At one point I could hear people, then my eyesight came back, and then I could talk,” he said. “I felt totally out of my realm. I had to depend on others for everything, but there really wasn’t much discomfort.”

For several days Rick was heavily sedated in order to keep his blood pressure down. “I had so many visitors, and my blood pressure always went up with their visits, they kept giving me more medication,” he laughs. “So all I remember about those visits is the first few minutes, and then I went back to sleep!”

Then, a few days after surgery, Dr. Ghaly showed up in Rick’s room at 5:30 in the morning. “OK, time to get up, Dr. Ghaly said,” Rick recalls. “He told me this wasn’t a vacation. Dr. Ghaly walked me down the hall. Then he walked me over to the fire escape stairs. He put a little nurse in front of me and told me she would catch me if I started to fall. Later I asked him if he really thought she could catch me. He told me he didn’t think she could do

it, but he was sure it wasn't going to happen anyway because he knew I would never fall for fear of hurting her."

Rick spent nine days in the hospital. His tumor was benign. "I remember leaving the hospital," Rick said. "I got in the car and looked at the clock. I didn't know if it was am or pm. I had no concept of time, no memory to draw from. My short-term memory was just gone. That got better in a month or two."

Rick sees Dr. Ghaly regularly and has regular MRI's to scan for any return of the tumor. He did a lot of therapy after the surgery. "I lost a lot of weight because the medication I was on depressed my appetite," he says.

Seven months after the surgery Rick returned to work as a police officer. "Dr. Ghaly said I made the fastest recovery of any of his patients with the same condition," Rick says. "But the process of returning to work as quite an ordeal. I had to re-qualify with my side arm and getting other officers to have faith in my abilities has been hard. I still get regular MRI's and see Ghaly, but other than that, all I have to remember this all is a huge scar on the top of my head."

Listen to your body and don't ignore symptoms, Rick cautions. "Believe in God and family, because without the two you won't make it," he says. "Find a doctor you trust. Dr. Ghaly is one in a million. He was great, and I like his strong belief in God."

## **MARIE R.**

55 years old, had headache and loss of orientation on one side. She tired to reach with her hand but cannot focus to reach, called disconnection syndrome because her brain tumor was located in the back and middle of her brain where the right side of the brain communicates to the left side of the brain, called the corpus callosum. The tumor was removed and was metastasis from breast cancer. Tumor was totally removed in 2006. and four years later she remains tumor-free. She had both breasts removed earlier that year and had completed chemotherapy and radiation.

Marie R. battled breast cancer in 2006. She had a mastectomy and then courses of Chemotherapy and Radiation, which she completed in September. "Then, in December, I was losing muscle control in my arms and legs, so I went to the emergency room," Marie says. "I was just starting to feel better. They did a CT scan and referred me to Dr. Ghaly. He said the breast cancer had become brain cancer, and that I had a tumor. But I was so fortunate to have found him. I was a Medicaid patient, and he said he did not take Medicaid. But he said he would take my case anyway. He's the most caring

person. He was so kind to my children and grandchildren. He even took so much time with my grandson, explaining my condition and all.”

The tumor was located deep within Marie’s brain, but Dr. Ghaly successfully removed it. She went through a course of radiation, with little side effects. “The hair on the top of my head is very thin now,” she says. “But I’d rather be here and be bald if necessary. It’s a small price to pay to be able to see my grandkids grow up.”

Marie also spent some time doing physical therapy to improve her balance. “My balance is still not great, but I’m doing OK,” she says. “I still have some memory loss and occasional speech problems, and I’m dizzy once in a while, but otherwise I’m doing great.”

Marie says her faith in God got her through the treatment. “I have a strong faith in God, and my family stood by me all the way,” she says. “I’d tell anyone faced with a similar diagnosis to put your faith in God and find a great doctor like Dr. Ghaly. Keep a positive attitude. You gotta’ think you’re gonna’ make it,” she said. “I’m not ready to go now. I have things to do and people who need me.”

## LORETTA K.

*78years old, presented with severe headache and seizures and weakness because of a large brain tumor which was exerting pressure in the brain. She had other medical problems. She underwent total resection of the tumor and it was benign. Surgery was done in 2000 and 10 years later she is still well and alive.*

Loretta K. was doing dishes with her niece some eight years ago when she suddenly just dropped the dishtowel and found her hand did not function normally. The niece was worried about a stroke and called an ambulance.

The ER doctor found a tumor and called in Dr. Ghaly. Surgery followed to remove the tumor, which was not malignant, and she was in intensive care for a few days. After that there was some physical therapy.

“Dr. Ghaly saved my life,” Loretta says. “He is such a caring doctor. There has to be a heart of solid gold in that body! He still calls me regularly to see how I’m doing. I wish that man was my son.”

While in the hospital, Loretta found her appetite failing and Dr. Ghaly worried about her getting enough nutrition. She cooked for the nuns at St. Francis Academy, so Loretta knows what good food should taste like. Ghaly demonstrated his care for his patients when he scheduled a special strawberry milkshake to be delivered to her room every afternoon.

Today, Loretta is doing well. She suffers from arthritis in her knees, which slows her down a bit, but her brain tumor is only a memory and a scar on her head.

“I just took my pills and had no headaches, no problems,” Loretta says. “That man saved my life. He says it wasn’t him—that he only did the work, but it was somebody else working through his hands. When I left the hospital I made a promise to pray for Dr. Ghaly every day until the day I die. I’m still praying for him!”

## **MELISSA V.**

29years old female was so healthy, never expected health issues married with two children, presented with one seizure to find out she had large deep brain tumor on the insula and frontal and side part of the brain. She underwent brain surgery and tumor was resected in 2004. It was anaplastic oligodendroglioma. It recurred back twice in 2008 and 2009. After being in chemotherapy and radiation and fighting with cancer, she expired at age of 34. Melissa Vandyke is one of the angels on earth, she was performing rosaries and praying with her family and congregation. Despite untoward reaction to chemotherapy, she managed without the strong chemotherapy. She was required to be on seizure medication to control seizures. She could not drive for long period of time because of seizure. After each surgery, she recovered well with no deficit or healing problems. She lived the life to fullness preparing for her time. She prepared her kids the best she could. The tumor progressed over the years to the most aggressive type, glioblastoma multiforme. To the end, she tried all the new medications available. During her struggle with cancer, she was functioning well to the last minute. She had a close family that took care of her while struggling with marital issues. She was home bound for three weeks and had hospice care and expired in 2009.

Melissa V. has been battling a malignant brain tumor for four years. When she first noticed symptoms in 2004, she wasn’t sure what could be wrong with her. “Apparently I was having grand mal seizures at night, but my husband at the time just thought I was having violent nightmares,” she says. “He just thought it was a bad dream. I had always been an active sleeper, tossing and turning.”

But one night the ‘dreams’ were memorable. “I woke up and could see clearly in my mind that I had a brain tumor,” she says. “I just got this sense of ‘watch, it will be a brain tumor.’”

Finally, the seizure was so severe that she awake with her mouth full of blood and her tongue hurting. “I looked in the mirror and I had bit by tongue half way through,” Melissa recalls. “I decided it was time to see a doctor.”

Her physician told her it was either a brain tumor or epilepsy. He ordered an MRI and saw the tumor. Melissa was referred to Dr. Ghaly.

“When I first went into Dr. Ghaly’s office, I felt this overwhelming sense of being at ease,” Melissa says. “I’m Roman Catholic, and once I saw all the religious icons in his office, I knew I was in the right place. I just knew I was going to like this doctor.”

Melissa brought lots of family members to that first appointment. “Dr. Ghaly invited all of them into the office,” she says. “We filled his office, and he took time to talk with everyone, and answer their questions.”

The primary care physician had said the tumor was the size of a golf ball. Dr. Ghaly told them it was a lot bigger than that. “In fact, Dr. Ghaly said he had never seen a living patient with a tumor this large,” Melissa said. “He said it took four to five years to develop and should have caused lots of problems, but all I had was some memory issues.”

Dr/ Ghaly gave Melissa two choices: he could treat the seizures with medication and keep her as comfortable as possible; or he could do surgery and hope to remove as much as possible. Melissa opted for surgery, which was performed two days later. Melissa wanted to see her then seven year old and infant children grow up.

May more family members came to see me before the surgery, and my cousin still can’t believe how optimistic I was,” she said. “I told them I trust this man who’s going to do the surgery. My mother gave Dr. Ghaly a scapula, a Catholic religious item, to wear during the surgery. He said he could not wear it around his neck because of the need for a sterile field, but he wrapped it around his ankle and covered it with his sock.”

Melissa remembers waking up from the anesthetic and being amazed she had lived through the surgery. “By the second day after surgery there was little pain,” Melissa says. “But Dr. Ghaly kept coming in to my room, and I finally told him I was not getting any sleep because of it!”

The tumor was malignant, and Dr. Ghaly said he got ‘most of it.’ The tumor was the size of a large orange.

A course of chemotherapy followed the surgery. Melissa has been on chemo for most of the past three years.

“Recovery was not so bad physically,” she said. “But psychologically it was awful. I had been in a bad marriage and my then husband brought a lot of negativity into my life. You’ve just got to stay positive when faced with something like this. She later divorced her husband.”

In November 2006 Melissa had another grand mal seizure in her sleep. “And I had another dream, this time that the tumor had come back,” she says. “It had come back, this time even deeper in my brain.”

Melissa was once more faced with a critical decision. Dr. Ghaly said he could do surgery once more and hope to get more of the tumor, or he suggested radiation to try and shrink the tumor. Melissa wavered back and

forth about the decision. Surgery was scheduled, and Dr. Ghaly called her the night before to ask if she was certain this was the course of action she wanted to take. "I told him I wasn't sure," she says. "So, we cancelled the surgery. I did the radiation, one day a week for six weeks. But it did nothing to the tumor. Dr. Ghaly said it only 'paused' the tumor. At least it stopped its growth."

Ghaly insisted on getting another opinion, though Melissa resisted having to see another doctor when she was so happy with Ghaly. "The other doctor agreed with Dr. Ghaly, though he did say perhaps /the tumor might be encased in a capsule, and only pressing on the affected areas of Melissa's brain. A second surgery was scheduled for February 2007. "Again I woke up and was amazed I'd lived," she said. "I remember laying there and wriggling my toes and fingers and opening my eyes and being able to see. I had lost a lot of my hair with the radiation, and then had shaved the rest off myself. Dr. Ghaly kidded me that I had already prepped myself for surgery."

Melissa did another round of chemotherapy, this time with a different drug. "This chemo nearly killed off my bone marrow," she says. "We barely caught it in time. I needed lots of blood transfusions to get me back on track."

Unfortunately, in December 2008 Melissa found the tumor had once more returned. "That tumor is apparently as stubborn as I am," Melissa says. "Dr. Ghaly doesn't want to try a third surgery because it is still deeper in my brain. So we're not sure what will happen now."

Melissa credits her strong sense of faith with getting her through these troubling episodes. "I'm a very positive person, and very strong in my faith," she says. "I make rosaries now. I have some spelling and reading problems, but otherwise I'm doing well. I have to keep a positive attitude because stress makes your condition worse. And I have faith in Dr. Ghaly. He is just a Godsend. He loves and cares about his patients. He also has a sense of humor, and that helps defuse the situation."

Melissa had no regrets about her course of treatment. She says every day with her children was a precious gift. "Dr. Ghaly gave me time with them, to watch them grow up," she says. "If I had to do it over, I'd do it the same way. Life is a gift!"

Melissa died from her brain tumor's return. The following was a eulogy presented at her funeral.

*Melissa Mae was 34 years old. She would have turned 35 this coming November. She was the first and only child of Alane & George.*

*Alane is my sister.*

*Missy was born on Wednesday, November 20, 1974 at 7:44 p.m., at Resurrection Hospital, Chicago, Illinois, weighing in at 5 lbs., 12 ½ oz.*

*On my side of the family, Missy was the 3rd granddaughter for our mom and dad, Anna & Stanley i but, Missy was the first granddaughter for George's parents, George Sr. & Janice t. Missy's Godparents are Marsha and & Glenn.*

*When I sat down to put my thoughts together about Missy, I began to think about all the Blessings she had received over the last few years. The prayers and masses said on her behalf by family and friends. The thought occurred to me that her Polish & German background were a definite part of her. God gave her many graces, even from her very beginning. I believe her ethnic background made her both strong and stubborn, which helped her through several hospital admissions throughout her life.*

*The first hospital admission was '79 for a concussion, the second for an auto accident in '97 during which she endured 4-surgeries in 5-days. Then the 3-subsequent brain surgeries in September 2004, February 2008 and January this year.*

*Melissa and her parents lived in Chicago. By the time Missy started attending 2nd grade, her parents had moved to Westchester. She attended both Westchester Elementary and Middle schools, graduating 8th grade in 1988. She attended Proviso West High School, was a member of the Swim Team and graduated in 1992.*

*After high school, Missy joined the Navy. She graduated from the Navy and was stationed in California. By 1996, Missy moved back home and her daughter Haley was born. She lived in Hillside and then moved to St. Charles.*

*In 2004 Missy's second child, Brooke was born. During this pregnancy Missy began to have problems and several months after Brooke's birth, Missy received the diagnosis for the first time of Brain Cancer. That's when Missy and the rest of us met Dr. Ghaly.*

*But first, lets get back to the beginning...Missy is only a few weeks old....*

*My earliest memory of Missy begins with a bus ride down Milwaukee Avenue with my parents and going to Alane & George's first apartment. Then, a short time later, she received for first Sacrament, her Baptism. Her Baptism was unusual... because it was performed in a "home" setting, taking place at Grandma & Grandpa's house. It left a lasting memory for me and for many of you as well.*

*Sometime later, Missy received a stuffed toy dog from her Uncle Greg. Missy named him FLOPPY, because of his floppy ears. Missy never went to sleep or anywhere else for that matter without him. He was her constant companion. She slept, laughed, cried, played and probably tried to feed him too! Over the years, Floppy underwent many face and body lift surgeries.*

*He'd lost both of his eyes and his nose. He'd been sewn together so many times that the fabric was falling apart. Alane tried in vain on several occasions to replace him with a NEW AND IMPROVED version of Floppy, but Missy wasn't buying into the scheme! Nothing could replace the ORIGINAL Floppy.*

*Eventually, Alane had to re-cover him with a different fabric. Even though he was a dog, Floppy metamorphosed into a flat person. He had arms and legs, (not paws). Arms on the top and legs on the bottom. To me he kind of looked like a flat gingerbread man, with floppy ears.*

*Floppy was lost and left behind several times in many different places, grocery and department stores, he was left on floors and fell out the car window on more than one occasion. Floppy eventually disappeared, during a car ride to Aunt Lydia's house.....but don't fret, Floppy has relatives. Yes, Missy's daughter Haley continues the lineage, because she has a stuffed rabbit named Floppy!*

*My Dad, Grandpa W always kept an Oreo cookie in his shirt pocket for her and Grandpa K. nicknamed Missy "Motor Mouth" because she was always talking.*

*She began watching the Sunday BEARS' football games with her Dad and Uncles and became a HUGE Fan. By the time the Bears won the Superbowl, she could name all the players and recount games from memory.*

*Melissa was an out-doorsy type of gal. She enjoyed camping, loved to fish, swim and play sports. Her favorite Music was country and she attended lots of concerts.*

*She loved going out to dinner, especially Olive Garden but she liked to try new restaurants too. She enjoyed going to the show, watching movies at home, going to the theatre, which included our Annual Family tradition of going to see the Christmas Spectacular in Rosemont.*

*Like her Mom, FALL was Missy's favorite time of year. She loved the change of colors, the cool crisp smells and warm sunny days. She loved going to Festivals, Farms, picking out and carving pumpkins and dressing up with her children for Halloween.*

*She loved to talk with friends and family and could spend hours on the telephone. She enjoyed playing games, like playing cards – and make no bones about it - she liked to WIN. She played WII sports and other games with the Brooke and Haley and was very good at SUDKO.*

*The girls in our family have always been close and we've spent most of our Holidays and just about all of Missy's Birthdays together as family. I can't remember a single Easter or Christmas without her. Which brings me to the fact that she liked to shop and had a great deal of fun doing it. This past Christmas, Missy went out of her way and spent a great deal of time and effort to pick out and buy Special Christmas presents for everyone..... Missy was very sentimental.*

*Oh yes, I almost forgot Melissa took after her Aunt Marsha, she loved just about anything Chocolate and WE made sure to send her a few pounds of Fannie Mae and a large Hershey's Chocolate Bar this past Christmas.*

*Over the last 5-years Missy has had a lot of firsts...*

- \* *She had her first brain surgery;*
- \* *She had her first chemo*
- \* *She had her first Radiation;*
- *She began to lose her hair for the first time,;*
- *She got her first wig, going with Kelly to get it.*
- \* *She had her first blood transfusion;*
- \* *She had to monitor her blood sugar*

*Melissa did as much as she could with her kids, squeezing in as much as she could within a limited amount of time, knowing it was going to be short.*

- \* *She took both her daughters to Disney;*
- \* *She taught CCD*
- \* *She worked for Ford and sold her first vehicle as a Salesperson;*
- \* *She received her first Flamingo Surprise for her 34th-birthday last year... (cowboy hats & boots)...*
- \* *She started a small business making Rosaries*
- \* *She attended her First BEARS football game last December with her Dad watching her Favorite player of all-time, Brian Urlacher score against Green Bay. A few months later she received a personally Autographed helmet from Brian*
- \* *She met one of the Bears Superbowl players, Dennis McKinnon, who actually came to the house and visited with her;*
- \* *She attended and walked the full distance in the Living Well with Cancer 4th Annual Bridge Walk, along with her daughters Haley and Brooke, her Mom and Dad and me*
- \* *She went to Nashville and recorded her first song, singing a Duet w/ Haley.*
- \* *She went out to dinner for the first time w/Dr. Ghaly and several patients – (when was the last time anyone has ever heard of a Doctor taking his patients out to Dinner?) Again, as I mentioned earlier, Missy knew Dr. Ghaly was special.*

*Missy was very courageous having undergone so many surgeries. She so wanted to live – to do whatever it took to be with her children.*

*She trusted in Dr. Ghaly, her neurosurgeon completely and never had any doubts or second thoughts while in his care. She always participated in her own treatment and made her own choices. Sometimes against what other doctors suggested. She felt peaceful in Dr. Ghaly's care from the moment she stepped into his office she saw and felt that he had faith and she believed that God lead her to Dr. Ghaly.*

*Melissa's was rooted in her faith and she was not afraid to die. I remember she told us, after having surgery from the car accident, that she had seen Grandma on the other side and wanted to stay there with her. Grandma put her hand out and told Missy she had to go back, it was not her time. Ever since that moment, Melissa was not afraid of death, for she knew where she was going when she left this earth.*

*She was always there for her children and worked many jobs to support them. She even went back to work after her first brain surgery and was proud to do so.*

*Melissa dreamed one day of being married again and having a home of her own She was working toward accomplishing that goal when the cancer returned and the second surgery was needed. She was not able to return to work, the cancer returned yet again and a 3rd surgery was performed.*

*All of us family and friends alike, have been on this roller-coaster ride of cancer with Missy from the beginning. We've been right beside her sharing the same highs and lows, joys and sorrows. She is at peace now and no longer suffering.*

*We will miss her, she was a daughter to Alane and George, a Granddaughter, a niece to many Aunts & Uncles, a cousin, a wife, and finally, she was proud to be a mother...*

*Melissa leaves behind two lovely daughters, Haley and Brooke. They'll never be alone for Missy will be watching over them all the days of their lives. She will continue to live on in our hearts and minds and we cherish our memories always.*

*Melissa Mae we miss you, we love you, and we know we'll be together again -- one day.*





MV waking up in the Intensive Care Unit for many patients is a new fear due to the environment with critical care and the speedy atmosphere. Each patient is in a well equipped room connected to monitors with view screens in the room and at the nursing stations. Many items needed for emergency are available in the room and at bedside. Brain surgery is scary to many, but not for MV. This picture was taken the day after her brain surgery where her tumor was removed. The tight and sterile head dressing was placed. Her lovely mother was by her side, happy with her recovery. MV was talking and conversing well in a hospital gown. She was connected to the Intensive Care Unit (ICU) monitors to monitor her regularly, her heart rate, respiration, temperature, blood pressure and oxygen saturation. She was receiving brain swelling medications to prevent and control seizures. In brain surgery, you always need to be proactive and think ahead. After passing the critical stage, she went to the regular ward. At home waiting for her were her children and parents. MV, a great person, donated her last year to make rosaries for many people. She always faced her illness journey with faith, hope and courage until the last minute. She tried different chemotherapy and maximized on radiation therapy. While going through all of this, she visited the office, which was a proof of her faith. Finally, she drifted into a coma and was being cared for at home with her parents and kids. As the coma got deeper, her face became more bright and peaceful and she gave her last breath early morning and passed away after suffering from brain cancer for four years. May God repose your soul and continue to comfort your family.

## REUBEN M.

A 51 years old male with two children happily married and working. Two years earlier got to know that he has brain tumor and will not live. He went to drinking and tried to control his symptoms. He literally would have seizure from the tumor and wait for it to go away. His life became not himself and seizures got worse and worse. He had no more control and finally got worse that he had to come to the hospital. He was in a different mind state with seizures and weakness and could not do much. He was in continuous seizures with repetitive falls and trauma. He was counting the days expecting his death. After controlling the seizures, he went for brain surgery in 2007. The brain tumor was totally removed and came back benign. He was ecstatic and could not believe that God was kind enough in him to get him another lease in life. He is back working, helping his children achieving the best education and growing up in faith. Two years later he had made a beautiful carved image from wood of our Lord Crucifix.

Rueben M. had surgery for a benign brain tumor in July 2007. He had been having seizures for six months. He had a major seizure and an ambulance was called. Finally he got to see Dr. Ghaly, who was on call when he arrived at the hospital. Dr. Ghaly called for some tests, even though it was a weekend. "Dr Ghaly gave the orders that the tests were to be done, even though it was a Saturday," Rueben recalls. "By Saturday evening Dr. Ghaly knew what was causing my problem. He said we needed to do emergency surgery, as early as the next Tuesday. I was told there was little chance I would survive the surgery. The tumor was in a bad place, and about the size of a small orange. Of course I was frightened, but I had no choice."

Rueben survived the surgery. "It was very nice to wake up and see I was alive," he says. "But then it was horrible. There was a lot of pain. But I kept getting better each day. Once I survived the surgery, they took me for intensive physical therapy. I had no feeling on my whole right side. I could not speak at first, but in a couple of days that came back. I was in the hospital for a month and a half. I walked out of the hospital, with a cane, but I walked. Then I went to outpatient therapy."

Recovery was very slow, but steady. Now Rueben can do most of what he used to be able to do. "I'm not 100 percent, but I'm close," he said.

"I would tell anyone facing the same diagnosis to have faith, keep trying, and do not give up," he says. "And if Dr. Ghaly is going to do the surgery, you're in good hands. I'm alive because God uses Dr. Ghaly. Dr. Ghaly is such a good surgeon. He encourages you to keep fighting. He takes care of every patient in such a special way. After a while he becomes your friend. He keeps you trying harder and harder. If you are not trying your hardest, you

will be letting him down, and you just can't do that. I credit God, my faith, and Dr. Ghaly with his knowledge. They all worked together. They became one for me."



RM, Perhaps, mankind can be stubborn and ignore what is right for himself utilizing his earthly wisdom, but the merciful God knowing the weakness

of man save him “as of rescuing from fire” and sometimes picking him up from this magnet atmosphere so that he can see the freedom of the truth and light. RM is surrounded with his family as he recovers from brain surgery after struggling with brain tumor for years, his family wrote many words of faith, hope and courage and he and his family are presenting this write-up as a gift to his neurosurgeon. After years of suffering of headaches, seizures, walking difficulties and depression, all the results of the growing brain tumor, he drifted into drinking and giving up waiting for time to departure. He was taken to the hospital in the fullness of time and was diagnosed with a large brain tumor by MRI of the brain. The tumor was removed after 8 hours of surgery and he was placed in the intensive care unit. Day by day after the surgery, he woke up and now he is a new man free of tumor and illness celebrating the blessing and grace of God. His family in faith, hope and courage helped him through the journey of his illness.

### **ROBERT W.**

A great tall and heavy man, had benign brain tumor called meningioma. He had surgery years earlier and came back. He drifted to coma and lung x-ray showed something unusual. His care giver advised the family that he will not do good and comfort treatment was recommended. He was sent from a downtown major hospital to a community hospital to die. His wife noticed he is awake at night and sleep in the morning and that is why his doctors and nurses thought that he was in coma. A neurosurgeon was requested by the wife. She met resistance early on. The neurosurgeon evaluated, and sure enough he had life in him. Medical treatment was implemented to get him better. He did recover and enjoyed the holidays and came back. Then the tumor was removed and was benign meningioma. He lived three years and had another recurrence, another brain surgery was done and he lived another two years among his wife, children and grand children. He was functioning well to the last minute.

Robert W. developed several brain tumors and was treated for them with surgery at a major medical center in Chicago. He began with three tumors: two the size of an orange, and one the size of a lemon. His wife, Virginia, tells his story.

“My husband was going blind at the time,” Virginia recalls. “He had no headaches or pain. He died in 2004 at he age of 54. The Chicago hospital told me to bring him home so he could die at a hospital closer to home, because they had given up on him. But when he was brought to the hospital in Joliet, Dr. Ghaly was on call. He looked at him, and even though by then Bob was

in a coma, Dr. Ghaly said there was a chance he could do more surgery and at least give him more time. Bob was fine after the first surgery, so I was hopeful, but in a couple of months he had a bleed in the brain. So he had surgery again for the bleeding.”

Bob had a total of 13 tumors in the brain, with the last three being malignant. Dr. Ghaly did another surgery, removing as much of the tumors as possible.

“My husband was a fighter, and so is Dr. Ghaly,” says Virginia. “He really fights for his patients. But the tumors were aggressive, and kept growing and growing.”

Bob wanted to see his grandchildren grow up and share life’s moments with them so they would remember him. “Dr. Ghaly gave us that time,” Virginia said. “We had another five years with Bob. Bob recovered from the surgery and learned to talk and walk again. He had a good quality of life and enjoyed every moment. He lived to spend time with his grandchild. He was a wonderful husband, father and grandfather. I would do it all over again, not changing a thing, so I could have that five years with Bob. Every day we got to spend with him was precious.”

Virginia talks with people facing similar diagnosis regularly, both in person, on the phone, and online. “I tell them to never give up, to always have hope,” she says. “I met one of Dr. Ghaly’s patients in his office recently, and I told her she had the best doctor in the world. She is in good hands. I don’t think most doctors take the time to talk with their patients, to sit down and talk with them. Dr. Ghaly does. Doctors need to discuss the drugs they prescribe, their side effects, and tell patients and their families what they need to do. Patients want to get on with their lives, not just be loaded up with pills, like some doctors do.”

Virginia is now returning to Dr. Ghaly for treatment of a neck problem caused by a car accident. “I had a hard time finding him, because the hospital he used to be at refused to tell me where he had gone,” she said. “So I found him on the internet. My primary care physician had referred me to another surgeon, but I did not like her. I knew Dr. Ghaly was the best, so I had to track him down!”

Virginia says finding an excellent doctor is critical. “I asked for him at his former hospital and was asked lots of questions,” she said. “I finally asked the woman on the phone, either he’s still there, or he’s not. I think many of the healthcare providers do not like him because he demands a lot of them. But it’s all for his patients’ good. Dr. Ghaly really puts them to work. And many of the other doctors don’t like him because he says there’s more you can do for this patient, when they just give up. Dr. Ghaly is all for his patients. He’s not just a pill pusher like so many doctors.”

Virginia says she has no regrets about the care her husband received from Dr. Ghaly. “Bob is in a better place now,” she said. “He would not have liked living in a nursing home, or living with a major deficit. I learned a lot, and I learned to do what’s right. I came in contact with some very nice, very caring doctors and nurses. I tell everyone to never give up. Do not give up hope. And I tell them life is short. You don’t realize how short until you go through something like this. The patient suffers a lot of trauma, and so does the family. I learned too many doctors push the patient out the door. Saying there was no hope for Bob was wrong. We all appreciate the years we had to spend with him, thanks to Dr. Ghaly.”

### **GABRIELA R.**

29 years old female presented with long standing history of high pressure in the brain secondary to benign brain tumor located in the outlet of fluid cavity so causing intermittent obstruction. The high pressure was causing the patient severe headache, blurry vision, nausea and vomiting. She lost vision to the right eye. She was losing memory and concentration. She always write things to remember, even at home, she will place paper clip reminder “all over the house including refrigerators”, kids noticed this unusual memory loss. Headache since age of 12 years old and was told related to migraine headache. In 2007, she was taken to surgery, the tumor was removed, drain was placed to drain the fluid and decrease pressure in the brain, VP shunt was inserted to divert the pressure out of the brain to the abdominal cavity. She returned to work and doing well.

Gabriela had surgery with Dr. Ghaly for a non-malignant brain tumor in May 2007. Another neurologist has diagnosed her with a brain cyst a year of more earlier, but he told her it was risky surgery and she should just live with the cyst, having MRI’s to track any growth on a regular basis.

“I knew I had the cyst, but the other neurosurgeon told me ‘As long as you can talk and walk and enjoy life with your children, you should enjoy it as long as you can.’ So I spent more than a year with this hanging over my head,” Gabriela says. “It was very hard. I only told my husband and my sisters, not my parents, as I did not want to worry them. But I was afraid I would not get to see my son grow up. I had recurring headaches, but they usually went away with over-the-counter-pain-killers.”

“It was very hard for me mentally, having the MRI’s and always fearing the worst,” she says. “And I did not have the courage to tell my parents about what was happening.”

Eventually, she had a severe headache that did not go away for three days. “I had my sister take me to the hospital, and they gave me muscle relaxers, but

they did not work,” she recalls. “Later I remember going upstairs to go to bed at my parent’s home. I felt incredible pressure when I tried to lie down. My sister took me to the hospital again, where they put me in a room. By then I was pretty out of it. A nurse came in and told us to call my family because I was going to have emergency brain surgery. I don’t remember too much about the decision. My husband and parents had to make it for me.”

Dr. Ghaly was the neurosurgeon on call that evening and he told the family Gabriela needed immediate brain surgery to remove the large mass. It was necessary, he said, to save her life. Dr. Ghaly removed the tumor, but did not place a shunt to handle fluids at that time.

“I actually ended up having three surgeries,” Gabriela says. “One to remove the tumor, then later to place a shunt to carry off the fluids; and a third because the first shunt did not work. By the third surgery in three weeks I actually thought about giving up, about quitting treatment. But Dr. Ghaly told me I had a choice, and most patients do not, that I should go for it. He said I have an opportunity, and I should take it to have a normal life again. Many patients do not have that option. So I did it.”

Recovery was slow, Gabriela says. Her large motor skills were affected, but not her speech. “Within three months I was back in my own home, taking care of my children myself,” she said. “I went through some very depressive moments. It was hard to have to depend on my parents to care for my children. But I got through it. Dr. Ghaly asked me if I regretted waiting so long to have the surgery. I told him, ‘No, because then someone else would have done the surgery.’”

Gabriela says the incident has changed her outlook on life. “I feel like I got a second chance,” she says. “I appreciate things a lot more now. That’s a lesson I learned. Unless you live experiences that change your life, you’ll never know.”

## **JIM B.**

Brain tumors are no stranger to Debbie and Jim B. First Debbie had brain surgery (by another surgeon) to remove a tumor. Then their six-year-old son had a brain tumor, which was fatal. Then Jim, developed brain tumors.

His wife, Debbie, tells Jim B.’s story. Jim had brain surgery by Dr. Ghaly to remove brain tumors three times. His first surgery was in January 2005. The tumor recurred in March 2006, and again in July 2007. He succumbed to the tumors in October of that year.

“I think we were sent to Dr. Ghaly by a higher power,” says Debbie. “He was heaven sent to us. Jim had an MRI at a hospital we never visited, but that was where we met Dr. Ghaly. He had been having headaches, and, at a

Christmas party, started seeing flashing colors. He woke in severe pain and we went to the urgent care center, who scheduled the MRI.”

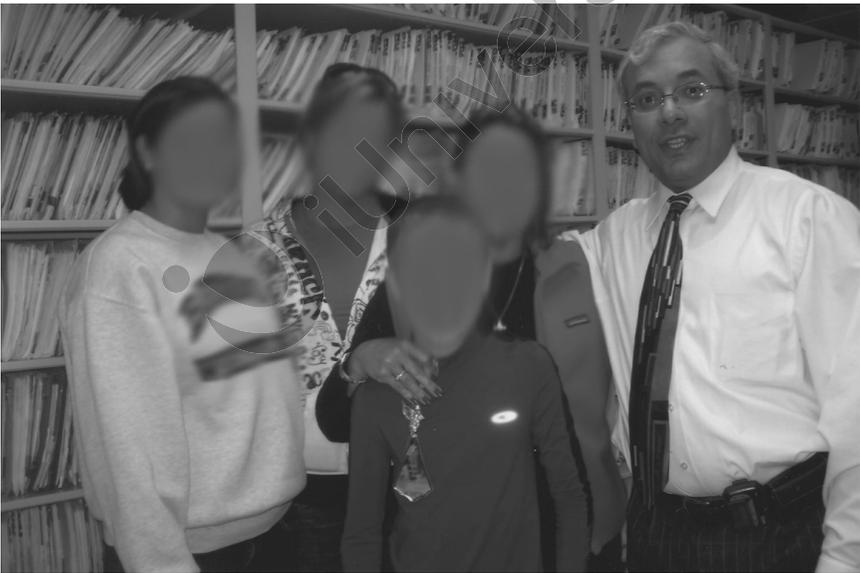
Debbie recalls how she had a premonition she should be there for that MRI. “I was at work, and just had this strange feeling,” she says. “My hand started shaking, and I said I had to leave work to be there when Jim had the MRI. It was a good thing I did, because the news was not good. Jim was sent directly to the hospital. By the time I had parked the car, they already had him hooked up to the IV. Dr. Ghaly told me to get the family together the next morning, that we needed to discuss treatment. Jim and I had been together since high school, and we had lots of family and friends there for his surgery. There was some 25 people there-and Dr. Ghaly let all of them into his room to see him after the surgery.”

Dr. Ghaly found four brain tumors. He removed several, but one was inoperable. Jim then had chemo and radiation therapy.

“Jim did well after the first surgery, and we enjoyed life,” Debbie says. “Jim even finished several construction jobs he had pending. Then in March 2006, Dr. Ghaly found four more tumors on the other side of his brain. Again, Dr. Ghaly got several out. And again Jim did well for a while. The last surgery was gamma knife surgery. Jim did well until he had a seizure in September 2007. After that he could not walk or talk, and went into hospice care.”

Jim and Debbie have five living children and Debbie says they spent a lot of quality time with them before Jim died. “We went places, to Florida to see Jim’s parents, and did a lot of things,” she says. “We tried holistic treatments. Jim was such a good person. I would do everything exactly the same if I could do it over. I lost two people I loved the most. Now I think they’re up there and helping me and giving many graces and blessings to me and others.”

Debbie found it helped to keep a journal, including what Jim said and what his doctors said. “I wrote down everything Dr. Ghaly and Jim said,” Debbie recalls. “I think I survived my own brain tumor so I could be around to care for my son and Jim. I’d tell anyone with a similar diagnosis to find a doctor like Dr. Ghaly. He really, really cares about his patients. In fact, he still calls me to see how I’m doing, and how my children are doing. With other doctors, once you’re done being treated, you’re done. But with Dr. Ghaly, you become one of his family. Dr. Ghaly came to my house, went out for dinner with us. With my son’s doctor, there was no caring. It was his job. They just went through the motions. But for Dr. Ghaly, it’s his calling. He’s such a brilliant and caring person. God sent him here to care for everyone in his path. Dr. Ghaly’s strong faith helped us a lot. Jim told me the last thing he remembered seeing as he was anesthetized was the three religious medals around Dr. Ghaly’s neck. That’s something really special.”



JB, sometimes things may look gloomy and dark after the loss of loved ones. The thoughts in our mind become hopeless and we think that this is the end. We start to deny, argue and feed into the hopeless of this situation. We become weaker and lose our faith and question the wisdom of God. There is no doubt that there is great sadness and grief in losing our loved ones. It is the curse in our nature since our first "Adam" sin. But by the Jesus Cross and

Blood the death transformed to eternal life and far more heavenly glory that the first Adam. When we look at the loss of JB and now look at where his wife and family are, we believe that the death of JB brought strength and blessing to his family and he is still with them in spirit. A mother of six children and married to a great man named JB. JB passed away while he was in his house with his wife and children by his side to the last minute. It was brain cancer that recurred back and survived two years. Three years later, his wife and children are growing stronger and stronger with his spiritual presence in faith, hope and courage. The wife DB had a brain hemorrhage and seizures which she was taken for surgery and the hemorrhage was removed with blood vessel tumor. The seizure was controlled, and she did well since then. The family feels him with them on a daily basis. The kids are growing with some loss to their dad because his dad is with him in the spirit and the mother is able to be everything for them in the presence of our merciful lord. At a dining table, DB, the wife and mother with all her children and his neurosurgeon sit together.

### **JASON P.**

A 29 years old male presented to the emergency room with severe headache for several years and episodes of fainting and collapse. He waited until he became confused with vomiting and unbearable headache. No CAT scans were done previously. In the ER, the reaction of his eyes was poor and pupils were dilated and he was about to go to coma and death. The MRI of brain showed dilated cavities in the brain secondary to a benign tumor that was obstructing the flow of the fluid called cerebrospinal fluid. He was rushed to the operating room and drain was placed to drain the fluid and decrease the pressure inside the brain so that it allows for circulation in the brain. The tumor was removed and called Subependymoma. The surgery was done in 2006. Beside the limited memory, he continues to do well and enjoying his family and kids.

Jason P. had brain surgery to remove a non-malignant brain tumor on Dec. 27, 2006. He had suffered from headaches for some time, usually after waking in the morning. Jason and his wife had spent Christmas at family celebrations, but on Dec. 26 the headache was relentless, leaving Jason on the couch sleeping all day. Jason was never one to suffer from nausea, or vomit, but he vomited upon waking on Dec. 27. His wife knew something was very wrong, and convinced him to go to the urgent care center. The center referred him to the emergency room, saying migraine headaches needed to be treated there.

The ER administered an injection commonly used to stop migraine headaches, but it did not work. Then the physician ordered an MRI and CAT scan. Jason's wife was told he would be back soon. But it took longer than she expected, and when he did appear, he was accompanied by several physicians, nurses, and Dr. Ghaly.

Dr. Ghaly told the family Jason should be dead, that he had a tumor the size of a lemon in the middle of his brain, and that he needed surgery immediately. Dr. Ghaly gave orders to prep Jason for surgery, which would be performed within the hour.

Calls went out to Jason's family and friends, who quickly gathered around him. His parents arrived just as he was being wheeled into surgery.

Then it was a very long wait. Six hours later a nurse appeared in the surgical waiting area and handed a phone to Jason's wife. Dr. Ghaly said they got the entire tumor, which was a rare tumor, and that it would be several hours more before he was out of surgery. The group let out a collective sigh and waited for another few hours.

Finally, Dr. Ghaly appeared, said Jason had done well, and they could see him soon. They were warned he would be on a breathing tube and have his head wrapped with bandages. But Jason recovered so well, when his family was finally able to see him, he was sitting up, no breathing tube at all. Jason had some trouble identifying some of the people, but he knew his wife and parents.

The day after surgery, Jason complained about his legs hurting, so his father, a coach, designed a therapy program for him, exercising his legs. Jason's quick recovery is said to be partly because of his dedication to exercise.

Though Jason's wife says she feels recovery was long, Jason's doctors say it has been just short of miraculous. He did physical therapy, and saw a speech and language therapist. Today he has some short-term memory problems, but all his motor skills are back. He was in the hospital for seven days.

The tumor affected his personality slightly, says his wife. He was always laid back, and never got emotional, but today his emotions are closer to the surface.

Dr. Ghaly's deep faith was important to Jason and his family. They appreciated the fact that Dr. Ghaly prays during surgery. Jason encourages anyone who has any condition that is out of the ordinary for them to investigate it. Dr. Ghaly says the tumor was probably there from birth, and if anyone had done a scan, they would have found it earlier.

Jason is enjoying life again, and he and his wife now have a baby boy.

## CHRISTINE L.

A 47 years old presented with brief seizure like symptoms on the left side. She was healthy otherwise with not much for warning. An MRI was done and revealed right posterior frontal tumor just in front of the side controlling the entire left side. After preparation and family meeting using the latest technology, she underwent surgical resection in 2001. The tumor was anaplastic astrocytome, medium in its aggressiveness. She woke up in the intensive care unit talking and moving all her limbs. She stayed in the hospital for 3 days, went home to continue the recovery. It was not easy to readjust to the finding and treatment of brain cancer. She continued to go to brain tumor support group. She received radiation over 6 weeks and chemotherapy orally for total of 4 years. She had some side effects of chemotherapy and she could not take it any longer. Eight years later she is alive happily married with her three children and no evidence of regrowth. She continued to be in seizure medication. Her kindness and care for others are exceptional.

Christine L. was very physically active, and in fact, her journey began while she was in a spinning class at the health club where she worked. She started to feel dizzy, and then found she could not release the grips of the bike and get off it. "I felt myself falling off the bike," she recalls. "I thought I was having a heart attack, but a nurse in the class said I had a seizure. The seizure passed and I felt better, but they called the ambulance and I was taken to the hospital."

A CAT scan of the brain showed either a tumor or a stroke. An MRI the next morning showed a brain tumor. She was placed on seizure medication and told to find a neurosurgeon.

Christine had multiple reactions to many different seizure medications. A doctor who a sister worked for recommended Dr. Ghaly, and Christine made an appointment.

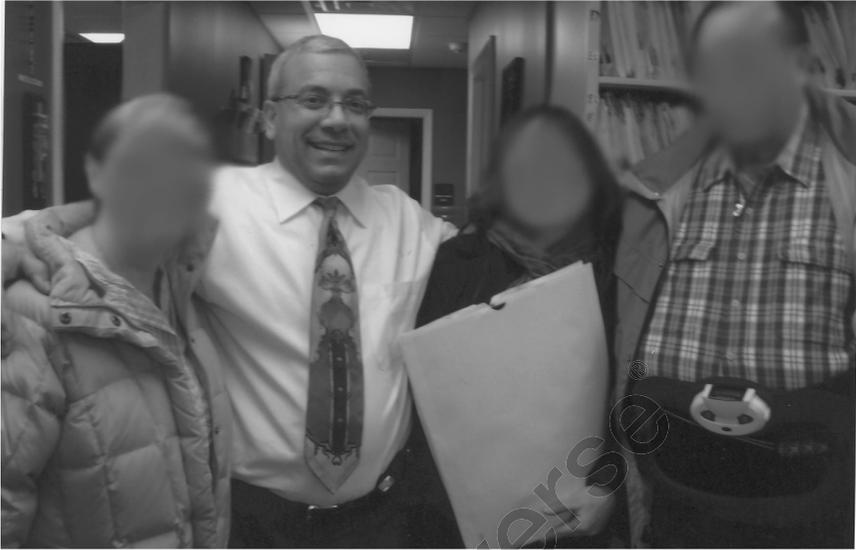
Dr. Ghaly decided Christine had to become stable and ore healthy before brain surgery, so the surgery was put off a short time. In December 2001 he removed the tumor with a seven hour surgery.

"Dr. Ghaly met me in his office and made me feel comfortable," she says. "He did another MRI and said the tumor looked like the size of a thumb, but that it had grown since my first MRI. That, he told me, probably means it is malignant."

The tumor was malignant, and aggressive in its growth patten. Christine had a course of radiation, and was on prolonged chemotherapy.

"Today I'm doing well," she says. "I used to have MRI's every three to four months, but now I have them every six months. By the grace of God I'm not paralyzed. Dr. Ghaly said I might be. I'm one of hi miracle patients. It was

quite journey. Within the blink of an eye-that's how fast my life changed. Dr. Ghaly calls me on my birthday, and to wish me Merry Christmas, and I'm doing well."



CL, Ten years ago, a wonderful mother and wife presented with seizures and headaches was found to have a brain tumor in early grade. An MRI of the brain detected the tumor early and was close to the motor of the right side. Using the latest technology and localizing the tumor with monitoring the brain region function, the tumor was removed. She received radiation and chemotherapy back then. She is off radiation and chemotherapy and continued to live as of today, tumor free, MRI and seizure free almost. She joined with her friend and another patient while coming for a clinic visit. Patients like to know each other and talk about their experiences. This is what this book is about. The patient is carrying and owns the films to be reviewed by the physician and patient. The neurosurgeon explained the films findings with the patient. CL continued to get MRI of the brain serially, her children are grown and ready for college after living with the tumor impact when first discovered with ideas, and they will lose their mother, to constant worrying about it. A great husband is by her side and the family of sisters and mother with great faith and prayers. Faith, hope and courage are the mark of CL's illness path.

## JOHN H.

JOHN H.'s story is told by his son, Brian. John died of a malignant brain tumor, metastasized from advanced lung cancer, in 2005. "I had come to visit my father in 2004 and he had problems on the golf course with balance and focus," Brian recalls. "He struggled with the last few holes. I wanted him to see a doctor or go to the hospital immediately, but he put it off a bit. Finally, he was referred to Dr. Ghaly."

Brian had spent his career in health professions, working as a hospital administrator for 15 years. "The day Dr. Ghaly called me with the diagnosis was the worst day of my life," Brian says. "We had several options—none of them very promising. We could do nothing, go for chemotherapy, and/or radiation. Because my father was very strong, we decided to treat this very aggressively."

Dr. Ghaly stressed the immediate need was to place a shunt in John's brain to relieve pressure. That was done, followed by a successful course of chemo and radiation, which caused the tumor to all but disappear in his brain. Then the focus changed to the large mass in his lung. "Dad was put on Tarceva, a new cancer drug taken once a month in pill form," Brian says. "That worked very well and that tumor also shrunk—to the point there was no evidence of recurrent mass in his lung. In essence, the tumor was gone in March 2005."

John had been a long time smoker, for some 45 years, until Brian got him to stop about 10 years before.

"Finally, the cancer seeded to his liver, and that was what killed him," Brian said. "He kept getting weaker and weaker. In July I came home again, and the hospital doctor told me it was a matter of one to three weeks. I got my father into hospice care and 21 days later, my father was dead."

Brian says he never once saw his father ill, until the final days. He was a vision of health, and even during his treatment for cancer, he did not suffer.

"My advice to anyone facing this same diagnosis would be to do what Dr. Ghaly told me to do: enjoy the time I have left with my father," Brian says. "And that's just what I did. I was home once a month for visits and called him every day. I had a list of questions I would ask him: Did you eat? Are you drinking fluids? What do you weigh? It's important for patients to eat and be hydrated, and to walk if possible.

"In addition, I highly recommend hospice care. They know all about the process of death and make it easier for both the patient and his family. They know how to keep the patient dignified. And get a supportive physician, like Dr. Ghaly.

“I was told dying from liver cancer was not painful, and that is how my dad’s death was: there was no pain, no struggling for breath. He just fell asleep.”



MH, never too late to have a brain surgery. Initially, all brain tumors may not need surgery, but a follow up MRI was done to ensure the tumor is not growing. MH, had a benign brain tumor at a later age and continued to follow up with MRI. The brain tumor over the years gave rise to headaches and “pressure” sensation. She continued to evaluate her condition, asked questions, looked at the films and conversed with her children. At the right time, she decided to pursue the brain surgery. The brain tumor was imaged by special MRI software to help the surgeon to localize and then she was taken to surgery. Her faith, hope and courage was beyond belief, she had no fear, and put her faith in God 100%. The tumor was removed in total. She recovered in the Intensive Care Unit and then to the regular ward. Medications were given to control her blood pressure and headaches. She was doing breathing exercises to prevent pneumonia and breathing problems. She received tight leg stockings with pneumatic compressions around the legs to prevent “vein thrombosis or clots in the leg.” The next day she started to ambulate, eat and walk. Four days later, she was at home. A home health therapist and nurse visited her at home and by day ten, she was independent and resting at her home. Her children were there for her all the way until she decided that she can be by herself. What a great story of faith, hope and courage while pursuing your illness journey regardless of what will entail. Let us learn from MH.

## 2) SURGERY FOR BRAIN HEMORRHAGE AND TRAUMATIC BRAIN INJURY (TBI)

*Dr. Ghaly Comments:*

*Brain hemorrhage can be caused by several conditions. Commonly, trauma, a hit to the head or trauma to the head, such as in an accident, may cause the brain to hemorrhage. If the hemorrhage is of a special type, surgery is needed immediately to relieve pressure on the brain. The brain is encased in the skull, which usually protects it, but if the brain suffers a traumatic insult which causes swelling, there is no place for the brain to go and it is squeezed. The patient may feel OK for a while after the accident, perhaps even for several hours, while the swelling continues. But once it is enough to cause pressure on the brain, symptoms will start to appear. This is called herniation.*

*It is important to remember that the brain can only survive for about five minutes without oxygen or blood flow.*

*A second cause of brain hemorrhage is uncontrolled high blood pressure, especially when the upper number is 170 to 180 or even higher. This causes severe headache and pressure in the eyes, causing brain hemorrhage.*

*Third, people who are on blood thinners for other medical conditions may suffer brain hemorrhage. Drugs such as coumadin, Plavix, or even aspirin may cause brain hemorrhage. They need to be monitored very carefully.*

*Also problems in the circulatory system may cause brain hemorrhage, such as an aneurism. This happens in otherwise healthy people and onset of symptoms is very abrupt. If an aneurism is not diagnosed and treated early, before the hemorrhage, some 2/3 of patients will not have a successful outcome. Symptoms include a very severe headache. Patients are usually taken to an emergency room where a CAT scan reveals the aneurism, called a subarachnoid hemorrhage. Treatment is to place a stent-like coil device to open the blood vessel or immediate surgery.*

*Tumors, which bleed, may also cause a brain hemorrhage.*

*With all these conditions, without immediate treatment, deep coma followed by death is the outcome.*

*Treatment for brain hemorrhage should be immediate and aggressive and recovery may take weeks, months, or even years. Patients find their memory gone until the pressure is relieved, so they remember little of the event or treatment. Usually we see at least some improvement within the first three months after the insult to the brain.*

*A supportive and dedicated family and/or friends can be extremely important in the recovery of a patient stricken by a brain hemorrhage. The patient needs a supportive and committed family to care for them until the brain has a chance to*

recover. We find the family is usually the first to tell when the patient is making some progress in recovery. Often the healthcare provider will say the patient is in a deep coma, but the patient's family will notice small improvements.

It is interesting to note that we have no objective method to predict which patient will recover, and which patient will not recover. So I advise aggressive treatment until the patient shows signs of gradual recovery. Patients, who show they are fighting to survive, who fight for life, and the other body systems are functioning, are usually the ones who recover. And recovery may take weeks, months, or years. There is just no test to tell us which patient will recover, so the physician needs to continue to hope. There are reports of patients recovering after months in a coma, and after healthcare providers have given up all hope of their recovery.

Brain death is one indication a patient will not recover, but even that can be difficult to determine. Brain death means:

1. There is no blood going to the brain, which is determined by a blood flow study.
2. There is no brain activity or function.
3. There is no electrical activity within the brain.
4. The patient shows no responses to stimulus whatsoever.
5. The eyes do not open or respond to stimulus.
6. There is no swallowing reflex.
7. There is no cough reflex.
8. There is no response to auditory stimulus.
9. There is no gag response.
10. There is no movement.
11. The patient cannot breathe by himself or herself.
12. A CAT scan or MRI shows the brain is dead.

Even with the above indicators, testing should be done again in 24 hours time, and longer for children because they have more plasticity in the brain and may show signs of recovery even later. The physician also needs to make sure the brain death is not caused by medication, sedation, or cold, all things which may cause brain death.

In general, younger, healthy patients have a greater chance of recovery from brain hemorrhage. If we can control pressure to the brain, which can be measured by a measuring device placed inside the brain, and do surgery sooner, there is a better chance of a successful outcome. If the pressure continues to build, even after intervention, that is a bad sign.

Finally, it is important to remember that a patient is facing a long and difficult recovery after a brain hemorrhage. I tell patient's families that their loved one

*will become like an infant, requiring extensive care again, just as they did when they were newborn. It takes vigilant care, both on the part of the healthcare provider and the patient's family, to ensure a successful recovery. Like an infant, the brain cannot talk and tell you what is wrong, so the doctor has to anticipate and work hard to prevent any secondary insults to the brain. Secondary insults occur when other body systems begin to fail. Such things as kidney failure or pneumonia cause a secondary insult to the brain as it is trying to recover. All these can harm the brain while it is trying to recover from its initial insult, the hemorrhage. Our goal as physicians is to maintain a healthy body until the brain can recover.*

*The family needs to continue their commitment to the patient's care for up to a year or longer. These, in my experience, are the patients who do well. Usually, the fighters for the patient are family members. There is also an increasing confusion that the patient would want to terminate life if there are questions of what the quality of that life might be after recovery. It is impossible to determine what the quality of life will be, as no one can predict who will recover, and who will not. There is nothing absolute about who will recover. So my fear is that we are terminating life prematurely in many cases.*

*In addition, it is my experience that patients who might say when they are perfectly healthy they would not want to live a disabled life often change their minds. I had a patient who told his wife he would not want to live if he could not walk his dog. He suffered a brain hemorrhage, and his wife agreed to the surgery. The man is confined to a wheelchair today, seven years later, but he has told his wife he is glad she went against his expressed wishes and opted for aggressive treatment.*

*The fact remains, at the time of the insult to the brain, we cannot be sure of a lot of the end results.*

*Further comfort may be taken in the fact that the patient does not report suffering while in a coma. In my experience there is no suffering during a coma. We have never had a single patient wake from a coma and say they suffered. The family suffers when their loved one is in a coma, but not the patient. This is a gift from God. The patient's memory starts after they wake up from the coma.*

*I always caution people about a DNR (do not resuscitate) order or advanced directive. My fear and my observation has been that these things are used by medical facilities to relax treatment, preventing the aggressive treatment so necessary for a recovery. I strongly advise the patient needs to continue aggressive treatment until clearly there is no hope of recovery: there is no activity in the brain; there is an anoxic response; there is no auditory or visual response; no reflexes; and the CAT/MRI shows a major insult, especially to the dominant side of the brain (the left side for a right handed person, which controls cognition).*

*It is my opinion that aggressive treatment for the brain should be continued. If it is God's will for the patient to recover and live, it is prudent to stand by the*

person and provide treatment. There are many ways for the patient to die after a brain hemorrhage. If it is God's will for the patient to die, it will be so. But the patient's family should be committed caregivers early on to ensure every possibility for a good outcome and recovery.

The family should always look for the small improvements, with a glass half full attitude. Be positive. Keep a diary and take pictures. You" share that diary with the patient once they awaken. The diary will also be helpful in teaching family members how to care for the patient. I know of one patient, whose family shared eight-hour shifts at the hospital, keeping a lap top computer in the room on which to record the care and responses of the patient during each shift.

The family is really the best advocate for the patient. There is nobody who takes as good care of a patient as his or her family. Sadly, often the patient becomes a number to the healthcare providers. But the family always places the patient and his or her care first.

Be aware also of how the healthcare system works, Ancillary services, such as physical or occupational therapy, and insurance companies have developed terms, which if taken literally, can be disappointing, as well as affecting patient care. Plateau is one such term. If a patient is said to have reached a plateau, the patient is said to be no longer improving, and the insurance company will terminate care. A plateau does not mean the patient will never make more strides to recover. Many brains will continue to recover for years. Remember it takes an infant brain 18 years to develop into an adult brain. If we wait long enough and keep the rest of the body healthy, many patients will eventually further improve, even after years. I had a patient who was paralyzed from a major stroke and seven years later he began to be able to move. Just as a baby needs a mother to care for it for many years, so, too, a brain which has been injured from a brain hemorrhage needs care, often for many years as well.

## CARMEL P.

A 50 years old female presented with hemorrhage in the brain secondary to a stroke. The cause of stroke is because of the heart valve surgery that was done when she was 16 years old. The artificial heart valve can cause some emboli and high blood pressure. Furthermore, she was in blood thinner that can make this hemorrhage worse. The brain hemorrhage occurred in the dominant side of the brain, the left side in the back where people understand, talk and read. She had difficulty in reading, writing, understanding and getting sleepy. She could not be off blood thinner for long. The brain hemorrhage can also be related to tumor. She was urgently taken to surgery; the hematoma was evacuated through the craniotomy and was sent for pathology. The bleeding was controlled and the patient went to intensive care unit and CT scan showed no more hemorrhage.

*Pathology showed no tumors. She required extensive speech therapy for one year to learn how to talk. Furthermore, when therapist and doctors told her that was done, her two daughters did not give up and at home both daughters and patient were performing many therapies, education, going slowly through language, writing and typing. She was a court reporter. Over the years from 1999 to 2010, she even improved more and learned the new technology devices such as computers, cell phones and she lives independent with clear speech and great wisdom.*

Carmel P. had already had two heart surgeries and was on the blood thinner coumadin when she suffered a brain hemorrhage in 1999, likely caused by the coumadin. She had been experiencing a severe headache for more than a week, yet still going to work, when her co-workers noticed she did not look right. In fact, she was so bad that her supervisor actually drove her home. "I realized something was terribly wrong," she recalls. "But I didn't know how wrong."

Carmel was taken to the hospital by her then husband and daughter after she found she could not talk. "My other daughter, who was away in Arizona at college, called, and, though I could hear her, I found I could not respond to her. She called my daughter who lived with me and she came home to take me to the hospital."

She was admitted with a major brain hemorrhage and was not expected to live through the surgery. Though most of the medical experts called in for her case said they felt continuing care was a waste, Dr. Ghaly said that as long as she showed she wanted to recover, she should have continuing care and rehabilitation.

"Even my then husband (now ex-husband) was ready to give up on me," Carmel says.

Shortly after brain surgery, Carmel suffered some complications. She had severe leg pain and the doctors thought it might be complications from her previous heart surgeries. She was transferred directly from Intensive Care to the Chicago hospital where her heart specialist took over her care. "I was pretty out of it still," Carmel remembers. "My sister went with me in the ambulance. She kept reassuring me I was just going for therapy. In reality, I was being transferred because they thought I would need a third heart surgery. The doctor in Chicago did more tests and decided I should have the surgery in the morning. Over night a miracle occurred. By the next morning they did more tests and my heart was fine. I did not need the surgery after all. But because I was already at that hospital, it was decided I should do rehab there. So, for two months, I did therapy there."

Carmel so wanted to recover that she began teaching herself to read and write again while still in the hospital. "I used the menus they brought each day, and painstakingly copied, printing, not cursive writing, those menus,"

she says. "I still have them to this day. My printing looked like something a three-year-old child would do, but it kept getting better. I copied everything. It took a year before I could do cursive writing again. I would sit up at night and practice printing. I had to re-learn my name, and would copy it time and time again."

Even though Dr. Ghaly was not at the Chicago hospital, he started visiting Carmel regularly. One day she showed him her name, carefully copied. "He said if I wanted to get better that badly, he would make sure there was someplace for me to do rehab," Carmel says. "He even scheduled his visits to watch my therapy sessions. He put pressure on my therapists, telling them I really wanted to improve, even when most of the medical community said I would not be able to recover from this hemorrhage."

Carmel was sent home to recover more, spending time as an outpatient at a local hospital doing therapy. "Dr. Ghaly actually found a hospital/therapist who would send a car to pick me up for therapy because I could not drive and my family had to return to work."

Carmel learned how to walk and talk again, making slow but steady progress. "A friend who was a teacher tutored me three times a week, using flash cards that she used to teach children to read," she recalls. "I still have those cards, and today use them to help my grandson learn how to read."

Then, several years after the brain hemorrhage, Dr. Ghaly asked Carmel if she would like to learn to use a computer again. "He sent me to the Rehabilitation Institute of Chicago for that," she says. "I had already re-learned how to drive, using the church parking lot after services on Sunday. I could drive a little locally, but not into Chicago, let alone downtown Chicago. My children were so good at helping me re-learn things. They taught me how to drive again, and helped with the alphabet and writing."

But Carmel's sense of direction was not good any longer, and she was afraid of getting lost. "So I learned how to get to the train station," she says. "I drove to the station, took the train to Chicago, and then took a cab to rehab. I used a walker at first, then a cane. On the way home, I would have to ask the conductor which train went to Orland Park, but I got there and back. That's how important rehab was to me!"

The emotional toll of recovery was high. "It was very frustrating, and I would often sit there and cry," she said. "Later, Dr. Ghaly asked me to counsel some of his patients who had suffered the same kind of hemorrhage. I remember sitting there and talking with them, and both of us crying. It's still very emotional for me to talk about what happened. I'm only here because of Dr. Ghaly. Every doctor was ready to give up on me. He was the only one who saw any hope. It's like God is watching over Dr. Ghaly so Ghaly can watch over his patients. I know Dr. Ghaly gets into a lot of trouble with the medical

community because he's doing the right thing. I would be dead except for Dr. Ghaly's faith in me."

Being able to read again has been an ongoing challenge for Carmel. "I volunteered to do some filing for a doctor, just to learn the alphabet again," she said. "Someone was watching over me at first, or they never would have found those files! My children made a huge poster with the letters on it, so I could learn them again."

Carmel was a court reporter and was forced to retire because she still has trouble with reading. But today, few would see anything unusual about this vibrant woman who so obviously dotes on her grandson, a delightful little boy with the unusual name, Oz. "I still enjoy books," she says. "I just listen to books on tape! I've found ways to overcome any deficits. I tell anyone that they have to try. If they want to get better, they have to try. Be positive. You may never be quite right, but you will get better than what you were after the hemorrhage or surgery. Practice by yourself, with your family, or with people you trust. It will come back to you."

## **MICHAEL N.**

*41 year old man who was working in construction in the early morning and fell down from 30 feet on his skull on 2005. He fragmented his skull against the cement and caused massive bleeding under the skull. He was taken to emergency room unresponsive with dilated pupils. He was rushed to surgery, the hemorrhage was stopped and removed, and the skull was reconstructed together with screws. He remained in a coma; the brain pressure ICP was high and required intensive care management. He also suffered from skull fracture, spine fractures, and bony pelvis fracture and rib fracture with air in the chest. He was placed in a machine to breath and feed. He was taking 5 antibiotics. He gradually woke up in one month, he was transferred to rehabilitation, walking. He was required to be seizure medications. The feeding tube was stopped and he ate normally. He did not require assistance to walk or be supervised. He made remarkable recovery with not much significant deficits. He lives with his wife and children and returned to work. He then had two more babies and continues to raise 6 children.*

Michael N. suffered a brain injury and hemorrhage in 2005 when he fell from a roof he was working on as a roofer. "The ladder I was on slipped, and I fell off a store roof on to concrete," Michael remembers. "I broke my back and had a brain hemorrhage. If Dr. Ghaly had not been at the hospital when I was brought in, I surely would have died. Even then, Dr. Ghaly only gave me a 20 percent chance to make it. Today, after lots of therapy and care, I'm doing great."

Michael is still on total disability because of persistent seizures, and takes a lot of medication to control seizures, but he is enjoying life and has hopes to be able to wean off the medication.

Michael was in a coma for two months after Dr. Ghaly did surgery. "I do remember waking up as a kind of slow process," Michael says. "I was in and out of it for some time. But I finally came to."

Recovery was difficult for Michael, as he had to start from the beginning and re-learn speech, writing, and language. "I remember being in rehab and being amazed how hard it was to screw little nuts onto bolts," he laughs. "I know my family went through an awful time. At the time of the accident I had a newborn baby at home, for a total of seven children. My wife had to raise two babies!"

Michael says anyone faced with a similar diagnosis should be prepared for a long, hard recovery. "You've got to be strong," he says. "Have faith in God and hope for the best. Pray all the time. God must have been looking down on me and saying you've got too many kids to leave with your wife. You've got more to do."

Michael says life is good again. "I still play catch with my kids and I garden," he says. "I just do it all slower now."

## **ROBERT F.**

Robert F. fought a long battle to overcome the affects of a brain hemorrhage, only to die from complications of his medication prescribed for rheumatoid arthritis (RA). His wife, Alice, tells his story.

"We lived a medical nightmare," Alice says. "Robert's brain hemorrhage was brought on by the medication coumadin. We brought him to the emergency room after a fall. He saw Dr. Ghaly, who said he did not think Robert would survive the surgery for the brain hemorrhage. Dr. Ghaly credits his survival with medication the nurses gave him in the ER. We were so relieved that the day after the surgery there appeared to be no mental deficits."

Robert worked hard for six months to overcome the brain hemorrhage's affects. He spent that time in physical, speech and other therapy sessions, slowly regaining his former life. "He was doing so well, but his RA was so severe," Alice says. "And then he started developing some strange symptoms. He had trouble breathing, and was coughing up a lot of mucus. His pulmonary physician said it was not pneumonia, and he cultured the mucus. The mucus just kept getting worse. He was just starting to walk again when he developed cystoplasmosis as a result of his RA medication. He worked so hard to regain it all, and then to have him die of side effects of his RA medication was so cruel."

Alice does not blame Robert's doctors. "All his doctors knew something was not right, but they could not tell what it was," she says. "They just kept testing for other conditions. Eventually I had a friend who was on the same medication, and she told me about the side effects she was having. I actually told the doctors here in the ICU about my suspicions. I blame the drug companies for his death."

Communication between Robert's primary care physician and specialists was a problem for Robert and Alice. "I actually had nurses and specialists tell me what was being done for Robert was wrong-always with the caveat that 'you didn't hear it from me'," Alice says. "It's important to get a good network of doctors you can trust. Dr. Ghaly has his own way to doing things and demands the best from everyone involved in the care of his patients. I think he's probably not very easy to get along with, but with good reason. It's a crime that the hospitals don't always appreciate him. Find a doctor like Dr. Ghaly, one whose whole life is his patients. I never met a patient who did not adore him."

Alice looked into pursuing a lawsuit over her husband's death, but was told because he was 77 at the time of his death that the suit would probably not be successful.

"I would do it all again," Alice says. "If he had wanted to climb Mt. Everest, I would have pushed him up there. I treasure every day we had together."

## CONNIE P.

*42 years old, presented with headache, confusion, numbness and weakness in the right side of the body, after a fall one month earlier. A CAT scan revealed a large brain hemorrhage in the left side. She required urgent surgery to remove the blood clot. After surgery she had a turmoil course in ICU where she had seizures and required resuscitation. She recovered and went for a short rehabilitation and went home. She returned to work and is doing well six years later with minimal complaints. Her husband and her children were at her bedside every day and were part of her recovery and care.*

Connie P. had brain surgery for a brain hemorrhage from a subdural hematoma in 2003. Some time before the surgery she had fainted. The cause of that incident was never determined, but it is assumed that the resulting fall created a brain injury which then took several weeks to develop.

"I went to our local urgent care center at about 4:30 p.m.," Connie recalls. "They did a CAT scan and found the bleed. I called my husband, and within the hour I was seeing Dr. Ghaly. By 7 that night I was in surgery."

Dr. Ghaly said he could not believe Connie was still alive with a bleed in her brain that deep and large. By 1:30 in the morning Ghaly had come out to talk with Connie's husband and tell him how the surgery had gone. The surgeon said the bleed was probably an old bleed because the blood was gelled.

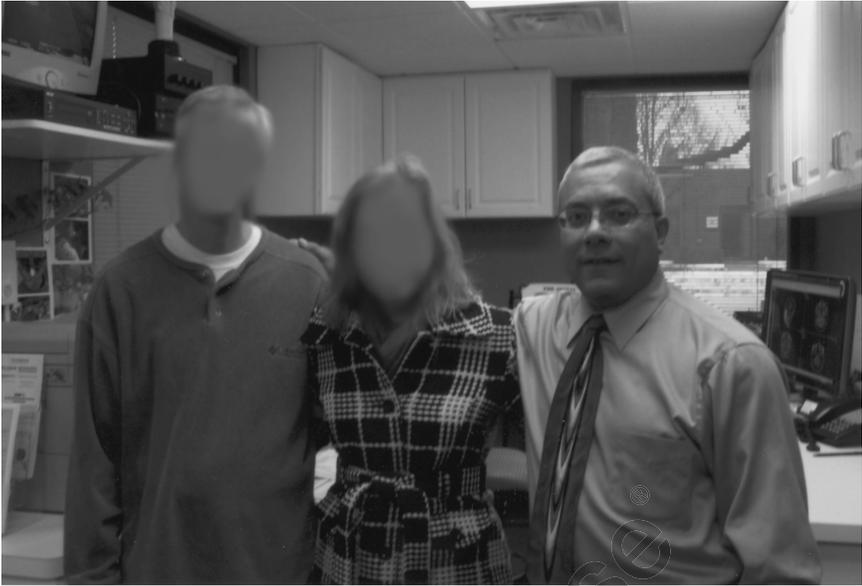
"I remember waking up because I had to throw up," Connie says. "I saw my husband and a friend and her husband, but then I was out again until the next morning. I really don't remember much about my hospital stay. I was in the hospital for 12 days, and then in rehab for 11 days, all day, as an outpatient. I did some physical therapy, but most of my problems were cognitive, with speech, writing, and especially memory. I literally did not know who my children were. They were 11 and 13 at the time. The whole next year was pretty tough for them."

Recovery was a real struggle for Connie. Her speech was slurred and she often repeated herself. "The doctors could not guarantee me that these problems would pass," she says. "Within six weeks I was somewhat better. At least I could remember who my children were. Six months later I was even better. I still have some mental deficits. I probably can't multi-task as well as I once could, but I'm doing well now. It took a while, about two years, before I was close to normal."

Connie says that doing whatever it takes to make you well again is the key to recovering from such an injury. "You need to do whatever you can to make yourself better," she says. "You need to push yourself. I did whatever they prescribed for me—from therapy at home to exercise. I did everything they told me to do. You just can't lie around and think this is it. You have to get up and do it. Also, be prepared to have to start from square one. It will be like you're a little baby again. But that's OK as long as you progress from there."

Connie says the entire medical community worked hard to bring her back to her normal life. "I never had a bad experience, from the testing facilities I went to, to the therapists, they were all fantastic," she says.

"I especially credit Dr. Ghaly with my recovery," Connie said. "We just love him. He called me at home to check up on me, and was aggressive in his treatment and testing. I have referred others to him, and they all love him. There should be more doctors like him."



C P, Postoperative care is as important as the surgery itself. Surgery by itself without good care after surgery and vigilance from physicians and nursing can “ruin” the results and damage the success of surgery. It started by severe headache and right- sided weakness, to find out that there is hemorrhage inside the skull outside the brain (Subdural Hematoma) with pressure in the brain. She was rushed to surgery, hemorrhage was evacuated and pressure was removed from the brain. The skull was placed back and the skin was secured. In the intensive case unit, she woke up but then developed seizures one after another despite seizure medications. Her right side and her speech became difficult, the surgery and hemorrhage was in the left side of the brain. A CTSCA was obtained and showed no hemorrhage. The blood analysis revealed no biochemical causes. Therefore, electrical derangement in the brain was diagnosed. Her breathing, heart, kidney live and blood chemistry were observed routinely. Her husband did not leave her side; they both faced this with faith, hope and courage. He was instrumental in being involved in her care minute by minute. She had no recollection of what she went through. Currently, she is back to work with Great Spirit. Thank you for sharing your story and God bless.

### **SAMANTHA W.**

*She presented to the perinatal clinic in 34 weeks of gestation, with her second baby pregnancy with blood pressure high in 150's systolic and 90-100 diastolic. The baby was monitored and was OK. She was admitted to the hospital but the*

*blood pressure continued to increase until the middle of the night where she went to coma and seizures. Doctors suspected toxemia of pregnancy. She went to the surgery and had emergent delivery of the baby by caesarean section. At 5am after caesarean section, she did not wake up. A CT scan of the brain showed large brain hemorrhage from the high blood pressure and the brain is strangulated with high pressure. A neurosurgeon was called. The husband and family could not believe she went from a simple clinic visit to near death all within 24 hours. She was given no chance to live; she was unresponsive and massive brain hemorrhage. She went through surgery, the hemorrhage was removed and controlled, drain was placed and then transferred to intensive care unit. She gradually improved through three weeks and had secret signals to her baby during her recovery. In three months she was totally functional and in one year she is back to work and normal life as if nothing happened. It is only a miracle and determination by her and her husband and family, of not giving up and stand in faith despite the pressure "to let her go" because of quality of life. 5 years later, she continues to be well and celebrate the birthday of her child.*

Samantha W. was pregnant with her second child when her blood pressure reached dangerous highs and she was admitted to the hospital. She had driven herself to a regular doctor's check up and was sent directly to the hospital. She was in her 34<sup>th</sup> week of pregnancy.

"That night I felt severe pain in my stomach and went into a seizure," Samantha says. "They delivered my son by a Caesarian section. He was fine, but I lapsed into a coma. Then I had a brain hemorrhage and ultimately had brain surgery. I was in a coma for 12 days."

Samantha was unresponsive and had never seen or held her infant son. Dr. Ghaly decided that she might be responsive if she was allowed to hold her son, so he had her wheeled down to the nursery, and had her son placed on her chest. The baby knew this was his mother, and responded to her, though Samantha did not respond at first. Then, slowly, she began to respond to her baby.

When Samantha came out of the coma, she was paralyzed on her left side. Samantha remained in the hospital for about a month, and then was transferred to Marianjoy for rehabilitation.

Others at the hospital felt there was no hope of Samantha's recovery. At the time of surgery, most medical specialists there gave her no chance of living through the surgery. But she amazed everyone and lived-and recovered! Today she is back to normal, living life to the fullest. Each Christmas she delivers a special gift to Dr. Ghaly as thanks for her life.

"I tell people to never give up hope, to have a doctor like Dr. Ghaly who will not give up," she says. "There were several members of the clergy there during my surgery, because they thought I would not make it. But never give

up hope. No one expected me to live, only Dr. Ghaly had faith, and I'm very thankful for that. As long as there is a spark of life, there is hope."

## **STEVEN S.**

A 25 years old male studying to be a personal trainer living by his sister and working a part time job, hard working got involved in a car accident early morning in 2007. He was rushed to emergency room. He had a childhood seizure for which he was taking medication. The car was towed and the injury was so severe. He had large brain hemorrhage, skull fracture, brain swelling. He was not able to breathe and went into coma. The paramedics could not intubate him or make a hole in the neck for him to breath. His eyes were dilated and was unresponsive, there was no chance for him to live. He was rushed to surgery and the brain hemorrhage was removed, the laceration was repaired. Simultaneously, the trauma surgeon repaired the perforated bowel. He had terminal seizures and was transferred to intensive care unit. He was in shock for two days with blood pressure 60/30 despite the vasoactive drugs. He had two chaplains to be ready for his expiration. The parents came immediately from two hours away and did not leave his bedside. He was placed in machines to support his breathing and circulation. Bleeding was coming from many orifices and his lungs were contused and bruised. Despite many ideas, the parents had the vision that he will recover. Two more brain surgeries were done, one of them where half of the skull was removed and placed in the abdominal wall to relieve the increasing brain pressure. He had infection in the abdominal wall surgery that was disfiguring to him. His initial Glasgow score was 3 out of 15, which is equal to death. Four weeks later he went to rehabilitation and 2 months later the bone flap was placed back in his head. He is totally independent and talking and caring for himself and carrying very much intelligent conversation. Two years later he is looking for a job and he is back to himself and his personality. The dedicated family has been at his bedside, they did not leave his sight, writing daily dairy with his progress and taking pictures. Many lessons were learned and many experiences shared. It is an inspiration to many that had seen and witnessed this miracle. Recovery could not be done without his family; his family was the rehabilitation that he needed. Patience and keep trying and pushing for more recovery was everyday challenge.

Steven S. suffered a major brain injury in an automobile accident. A recent college graduate, he was driving when his vehicle hit a tree. Steven's parents were told there was no hope of his recovering from his major injuries, and again the clergy was called. Steven had four brain surgeries and remained in

intensive care for three weeks. He was in a coma for two weeks and paralyzed for five weeks.

The medical community told Steven's parents there was no hope of his recovering much use of his body, that he would remain in a paralyzed state. But Dr. Ghaly and Steven's parents would not accept that, and vigorously pursued rehabilitation for Steven. Through much physical therapy, Steve began the long road back, and today, he lives a normal life. His only remaining deficit is some trouble with choosing words, and that is getting better each day. He says he doesn't remember much about the accident and his recovery and his parents say that may be a good thing. They remember each painful step all too well!

## SHANNON L.

*19 years old, was involved in a semi-fatal car accident with severe concussion to the brain, which put her into a coma from traumatic brain injury. She also had fractures of her ribs and lacerations. A monitor was placed in her head to monitor brain pressure and measures were taken to decrease the pressure inside the brain. She had multiple foci hemorrhages scattered in the brain. Gradually she was able to wake up and was sent for short-term rehab. Currently she is back to school and doing well three years later.*

Shannon L. was just 17 when she was involved in a car accident with a semi truck. She suffered a brain hemorrhage as a result. Her mother, Rita, tells her story. "I got that phone call in the middle of the night that every parent fears," Rita recalls. "By the time I got to the hospital, Shannon was having a CAT scan done and the clergy was already there. I was in shock. By the time I got to see her, Shannon had a huge gash on her forehead and was on the way in to surgery to close it. I only got to see her briefly."

Shannon was in a coma for several days, and then started to come out of it. The first day she was in and out, and then started to come around more. "Dr. Ghaly kept pretty close eye on her," Rita says. "He's such a wonderful man. After seven days he said she had to get up and moving. She was then transferred to the Rehabilitation Institute of Chicago, where she was for about two weeks. We celebrated the holidays there, where she was having daily therapy."

Dr. Ghaly says Shannon is 'an absolute miracle', but her mother credits Dr. Ghaly with performing the miracle. "All she has to show for it is a small scar on her forehead," Rita says. "She was back to work six weeks after the accident. She still has some short term memory issues, but that is getting better now."

Looking back on the experience, Rita says to keep your faith in God. "It was my faith that kept me going," she said. "You've got to hang in there. Things always look better in the morning. Some amazing things can happen, it just takes time. We had so many churches praying for Shannon, and our family members were great. But I give all the glory to God and Dr. Ghaly in her recovery. Shannon should really be dead, but here she is, back driving and back to normal life. All these amazing people came together to direct her care and make her better. She's just a miracle!"

## ZORA P.

*83 years old, presented with brain hemorrhage that caused a sudden onset coma in the middle of the night. Despite opinions from other physicians and staff, her daughter agreed with the neurosurgeon to have aggressive treatment to give her a chance. She was rushed to surgery in the middle of the night. The hemorrhage was removed and the pressure was monitored by a pressure monitor. She was placed in ICU and remained in a deep coma for a few weeks. Then she began to awaken and went home six months later. Through this time her daughter 'fought the system' and ignored all the negative comments about the likelihood of her mother's recovery. She was determined that her mother would recover. She was the main caregiver for her mother. She was aggressive and demanding of excellent care for her mother. Zora lived three more years. After her death, her daughter still grieves from losing her and the wonderful three years they had together.*

Her devoted daughter, Nada, tells Zora's story. "While talking with my mother on the phone in 2004, she suffered a brain hemorrhage," Nada says. "She told me her hand just fell down, that she could not move it back up. I told her not to move, that I would be right there. Thankfully, I was only five minutes away from her. On the way I called the paramedics, who got there about the same time I got there."

Zora was lying on the floor, slurring her words, but it was clear she was saying, "help me, help me."

Zora was taken to a local hospital, and once her condition was assessed, she was transferred by air to another hospital better able to treat her. "We were blessed to meet Dr. Ghaly who was on staff," Nada says. "He told me 'Your mother will come back, but to what extent we do not know now.'"

Dr. Ghaly did surgery to relieve the pressure and clear the blood from Zora's brain. The next day the doctor and her daughter were encouraged that she could wave at them. But by the evening, her response was less strong. Dr. Ghaly ordered an EEG to check for brain activity and found Zora had suffered a major seizure. She was put into a coma, where she remained for three months.

“She was sent to an acute care facility, where she stayed for the 40 days her Medicare would cover,” Nada said. “I learned a lot about Medicare during this experience!”

Nada visited faithfully every day, talking to her mother and making sure Slovenian music was playing to remind her of her past. Then she was sent to a nursing home.

“Finally, after many days, she started to come around,” Nada says. “Then I felt she should be getting more aggressive therapy, so she was transferred to a nursing home with an agreement with Marianjoy for rehabilitation. She spent three months there.”

Zora eventually started speaking again, long after her stroke. “It just took a very long time for her brain to come back,” Nada says. “Once her Medicare was exhausted, she was transferred back as a permanent resident to a nursing home near me in Aurora.”

Zora did have several setbacks, including contracting pneumonia and having an open sore which was slow to heal, but she continued to enjoy life for three and a half years before she died as a result of another major brain hemorrhage.

“Dr. Ghaly told me a second stroke would happen, but he said that if my mother wanted to live, she could recover from the first stroke,” Nada says. “Others in the medical community wanted to just give up on her, but Dr. Ghaly said her brain was not ready to give up yet. So, I fought for her. Dr. Ghaly said it would be the ‘will of God’, and it was. I’m very grateful to him for giving me three wonderful years with my mother. It was a blessing for me to be able to take care of her. She came around and knew things from her childhood. Her short-term memory was not so good, but it was a blessing for both of us. It gave me a chance to enjoy her to the fullest. I was there at the nursing home for her dinner every night, and we laughed together. She loved to laugh.”

Nada tells those faced with a loved one with a similar diagnosis to never give up. “Don’t give up,” she said. “Be determined. Nobody wants to die. She wanted to live, even if she was 100 percent dependent on others for her care. You have to fight for your loved ones. Question everything, always ask questions. Learn whatever you can about their condition. Take care of them! They need you most during this time.”

## **DUANE D.**

*43 years old, presented with uncontrolled very high blood pressure that caused a brain hemorrhage and put him into a deep coma. His heart and kidneys suffered from the high blood pressure. He was diagnosed with stroke and hemorrhage. At*

*the bedside in the ICU an emergency drain was placed in the front of his head and brain, called external ventricular drain. He remained in coma for 10 days. Other physicians were consulted, such as neurologists, cardiologists, and pulmonary specialists. He recovered and was sent to rehab and did well and continued to live and try to control his medical conditions.*

Duane D. had a brain hemorrhage in 2002, caused by uncontrolled high blood pressure. He was brought to a local emergency room and then airlifted to another hospital, where his care was taken over by Dr. Ghaly. Though Duane did not require surgery, he spent three months in the hospital. "I was kind of loopy at times, but I never really was in a coma," Duane recalls. "I suffered from seizures, and had a lot of rehab. My only deficit today is some short term memory loss."

Still on blood pressure medication, Duane is currently awaiting a donor kidney for a transplant. He's on dialysis because the blood pressure damaged his kidneys. "I believe God will have someone donate a kidney for me," Duane says.

"I would tell anyone faced with a similar diagnosis to trust in God, Duane says. "God and my family were a big part in my recovery. They were always there by my side. I saw a lot of other patients who did not have family, and that was difficult. And, of course, have the best doctors. Dr. Ghaly was the best!"

## **JAMES S.**

*52 years old, presented with infection in the spine caused by bacteria that came through the skin and probably the insulin pump he used to control his diabetes. He suffered previously from stroke and heart attack and high blood pressure. His condition is called thoracic epidural abscess. He was also on blood thinner, called Coumadin. After reversing the blood thinner, he was rushed urgently for surgery to drain the infection in 1999. Eleven years later he continues to do well and managing and control his underlying medical conditions.*

James S. has had several brushes with mortality, but today he is retired and "I'm 'lovin' life," he says James was in Missouri for a bass fishing tournament when he suffered a brain hemorrhage. He says he was totally out of it for two months, and not very clear as to what was happening around him for an additional two months. "I surely would have died if not for my wife," James says. "Then when I was returned to this area, my wife located Dr. Ghaly. It was a good thing because I was soon faced with another challenge."

James noticed he had pain in his back, and went to a chiropractor who adjusted his back. But the pain worsened, so he returned to the chiropractor,

who noticed his back was very warm. He sent James immediately to the hospital, fearing he might have a potentially fatal condition.

“I was pretty out of it for several days, James says. “But my wife tells me Dr. Ghaly saw me and wanted to do some sophisticated tests, not available at that hospital. So I was transferred by ambulance to another hospital with a more advanced MRI system to try and find out what was causing all my back pain. Ghaly had originally said he would do an exploratory surgery the next day, but once the results of the advanced MRI came back, Dr. Ghaly called in the surgical team and said they needed to operate right then. I had a staph infection my spine, and Dr. Ghaly was afraid if it waited any longer I would be paralyzed. In fact, one leg was already paralyzed.”

It took some 5-6 hours of surgery, but once over, Dr. Ghaly came out jubilant to tell James’ wife he could move both feet. The source of the infection remains a mystery. James is a diabetic, so he pricks his fingers many times a day to keep his diabetes under control. In addition, he recently had had his teeth cleaned. Either of these could have allowed the staph infection entry into his body.

Today, James is retired and says he is happy to be enjoying life. “I see Dr. Ghaly regularly and for many years had annual contrast MRI’s to monitor the flow of oxygen to the brain,” he says. “I owe my life to those two doctors: the one in Missouri and Dr. Ghaly. They are doctors who stand by their patients, who truly care about their patients. I have all the confidence in the world in Dr. Ghaly. I’ve never seen such a devoted man in my life.”

James says that anyone who feels numbness on one side of the body or has trouble speaking, or who has a sharp, abnormal headache, should get to the hospital immediately. It could save your life.

“I managed to continue working for about 12 years after my health issues, mostly because I worked for and with some special people,” he says. “But today I enjoy life more than ever!”

## **JAMES C.**

*Presented with hemorrhage around the brain after a fall in a nursing home. He was healthy and active and living independently until six months before the fall when he developed weakness and difficulty in moving. An extensive workup was done and ultimately he was sent to a nursing home where he was gradually improving until the fall. He was taken for surgery to remove the hemorrhage and remove the pressure from the brain. He successfully made it through surgery and started to recover. His post-operative course waxed and waned, some setbacks, some improvement. His daughter struggled with his care and his frequent re-admission to the hospital. He ultimately died in less than a year.*

James C. was 85 years old and living independently in Wisconsin in March 2007 when he suffered a case of shingles. That brought on a mild heart attack and he was moved to a nursing home. His daughter, Nancy, lived far away in Aurora. She was concerned about his care and convinced him to move closer to her home in order for her to be able to monitor his care until he was recovered enough to return home. Nancy picks up his story.

“My dad was in the hospital for some 10 days, and when I picked him up to bring him to a nursing home close to where I live, my medical adventure began,” Nancy recalls. “It was like being in a country where you don’t know the language!”

While Nancy was in Wisconsin arranging for her father’s transfer, her husband visited various nursing homes and found one he thought was good. Nancy drove her father the 350 miles to the nursing home because the trip by ambulance would have cost close to \$8,000. “He was disoriented and very uncomfortable,” Nancy says. “I called the nursing home when I was within 20 minutes of arrival to give them a heads up to be ready. My father needed a wheelchair and two people to help get him out of the car. When I arrived there was no one waiting for me, so I went in and talked with the receptionist. She told me to wait by the car, that someone would be out soon. Twenty minutes later there was still no help, and I went back in to see the receptionist.”

Nancy was sent back to the car. Another 30-40 minutes passed, with her father getting more and more uncomfortable. Nancy went inside once more, and was told the person who does admitting was in a meeting. “I was watching the person I loved most in the world suffering, and no one was coming to help me,” Nancy said. “Here we were in front of this beautiful, new building, but there were no nurses or aides. I was getting as agitated as my father, and decided to go find someone to help.”

Nancy was not happy, and went in search of a nurse or aide. She saw three nurses coming down a hallway and asked if they were able to help her father. “They said they didn’t like my attitude,” Nancy says. “They told me they would not accept my father-though I found later they were required by law to accept a patient who was already arranged to come to the nursing home. Finally the three told me to wait by the car, that they would change my father’s diaper, but they would not let him stay because of my attitude.”

Finally a salesperson for the home told Nancy they would take her father, but that she was on probation. “He told me ‘Let me tell you, this is not a hospital. When you push the call button it might take 20-30 minutes for a response.’ I was appalled at what he was telling me, but I had no choice,” she says.

Nancy’s father was admitted and she was able to visit every day because the nursing home was only a few blocks from her home. “Clearly his care was

not going well,” she said. “After he had only been there six days he had already fallen twice. The second time he hit his head on the ceramic tile floor, though we never really found out what happened. He sustained a serious head injury and was rushed to the hospital.”

When Nancy got to the hospital she saw her father had a C-shaped cut on his head where you could see his skull was exposed. He had blood encrusted in his eyes, eyebrows, and teeth, as well as a broken nose.

Dr. Ghaly was called in because James had sustained a brain hemorrhage as a result of his fall. It took three hours of brain surgery to treat a huge hematoma on the left side of his head.

“The mystery was how he had a hematoma on the left side of his head, when the injury was on the right side,” Nancy says. “Somehow hw had to have hit both sides of his head at the same time.”

Because of the severity of his injuries, Dr. Ghaly almost did not do the surgery, but he believed it was possible James might be able to recover.

“As soon as the hospital saw he was 85 years old, they wanted to give up on him,” Nancy said. “They didn’t know it had been like he was only 75 only a few weeks before. He had been active, had traveled, and drove himself all over. This was a man who enjoyed an active life.”

Then a cascade of bad things began to happen. James suffered a stroke, a series of seizures, and, finally, a terrible case of pneumonia. “Through it all Dr. Ghaly was my touchstone,” Nancy said. “He was so kind, so patient, so informative. He directed my father’s care. Dr. Ghaly called in extreme treatment for the pneumonia, including a special bed that shook him to loosen the mucus in his lungs. He made sure my father had 24-hour respiratory care. He was in intensive care for three weeks, but then recovered enough to move to Marionjoy for rehabilitation.”

After four weeks in rehab, James was released to another nursing home, one that was the direct opposite of his first nursing home. “This was just a great place,” Nancy says. “It was family owned and they took great care of my father. But he had trouble swallowing by then, and was allergic to the nutrition that had to be delivered through a feeding tube.”

The seizures continued to be a problem, and James developed bedsores the size of golf balls. He was in constant pain. But slowly he was getting better and was more lucid than he had been for months.

However, seven months after the fall, James was hospitalized once more as he suffered a week long seizure which was uncontrollable and he contracted MRSA, the antibiotic resistant strain of bacteria often found in nursing homes and hospitals.

He was sent back to the nursing home, where he lived for almost three more months before he died.

“He was so very ill by then, and we put him under the care of hospice,” Nancy said. “I thank God for Dr. Ghaly who kept me together during this awful experience. He was the only person who told me the truth.”

## JACK H.

*Jack H presented with migraine headache for so many years. Finally he had, CT scan, MRI and the Angiogram of the brain and showed large blood vessel tumor on the right side called arteriovenous malformation and large brain aneurysm. The aneurysm was large 2.5 centimeter and can hemorrhage and cause immediate death. He was taken to surgery and had the aneurysm clipped and did great. Then the AVM was embolized with particles and glue through the angiogram port in the groin several times to block all the blood vessels and then he went for radiation. Ten years later he continue to do well with no recurrence. From diagnosis of migraine headache to find out he has two major vascular problems in the brain, took care of them and no more headache and he lived happily with his wife and children. His faith and goodness are inspiring.*

Jack H. had surgery for a brain aneurysm in Sept. 2000. “I probably had the aneurysm for many years, but did not know it,” says Jack. “I had suffered with very severe headaches for years, and had seen many different doctors for them. Everyone told me they were migraine headaches. But then, quite by accident, I saw another doctor, a substitute who was seeing patients for my regular physician. She recommended I have a CAT scan. I had never had one before that. She was surprised I had not had one before then.”

Dr. Ghaly was the neurologist on call when Jack had his scan, and it was Dr. Ghaly who read the scan.

“Dr. Ghaly came out of the room with another doctor, and he looked at me strangely,” Jack recalls. “I thought maybe I hadn’t dressed right or something. Dr. Ghaly came up to me and said ‘You are not well.’ I told him I had to go to work. But I thought it was strange that he told me not to exert myself-not to be stressed or angry. And that he needed to see me and my family in his office the next morning at 8 a.m.”

Dr. Ghaly had found the cause for Jack’s headaches: a brain aneurysm.

“I have to say, throughout the entire ordeal, I was never worried,” Jack said. “My family was worried. And Dr. Ghaly was worried. In fact I was relieved, thinking they could finally do something about the headaches.”

Surgery was scheduled. “Right before surgery, I remember Dr. Ghaly coming in and telling me he would do everything he could,” Jack says. “I told him everything would be fine. I just had this overwhelming feeling it was going to be fine. And it was!”

The surgery was successful and Jack remembers waking up and feeling great. He says it was the first time he awoke without a headache in years.

But Dr. Ghaly found another problem at the rear of Jack's brain. He had AVM, an anterior ventricular malformation, which required him to go to Chicago once a month for embolization for 11 months as they inserted a kind of 'glue' into his brain to fix the AVM. Then he had gamma knife radiation surgery.

"The initial surgery never bothered me," Jack says. "But the embolization did. I always got a terrible neck pain after the treatment. Now I'm back to normal, except my vision was affected, I think because the aneurysm laid on the optic nerve. There doesn't seem to be much they can do about the vision, but I'm seeing Dr. Ghaly again. The good Lord was good to me. God guided Dr. Ghaly's hands."

Jack says he credits his recovery to Dr. Ghaly, God, and the help of his family. "The support of my family was important," he says. "My wife, four children, and then three grandchildren were all by my side. Dr. Ghaly had all of them in the room. There was a room full of people there. It was great."

Today, Jack enjoys his family and grandchildren, who now number 10.

## JIM C.

Jim C. suffered a brain hemorrhage and is in a coma at this time. His wife, Sandy C. had been a patient of Dr. Ghaly's, some five years ago.

"One day Dr. Ghaly called me to see how I was doing," Sandy says. "I told him I was fine, but Jim was in bad shape. Jim had been ill for six months, but no doctor had been able to diagnose what was wrong with him. He had lost about 100 pounds and suffered from nausea, fatigue, and muscle pain. Dr. Ghaly told me to bring him to his office immediately-that Dr. Ghaly would see him."

Dr. Ghaly ordered more tests and, finally, they found Jim had been suffering from an undiagnosed staph infection. Dr. Ghaly referred Jim to a cardiologist, who found the infection had affected his cardiac valves, necessitating open heart surgery to replace the value. Jim went through the surgery and was doing well, and was sent home. The next day, Jim woke and rose up from the bed and complained of an awful headache. Sandy went to get some Tylenol for him, but when she returned, he was unresponsive.

"I called the paramedics and Dr. Ghaly immediately," Sandy recalls. "They took Jim to the hospital, where the neurologist said Jim had a brain hemorrhage and required brain surgery. Dr' Ghaly could not operate at that hospital, so he told me to let them do the surgery, or Jim would surely die.

“During the surgery, some woman in a white coat came out and told me that the Jim I knew no longer existed. After the surgery, a big meeting was planned, and they were asking about using Jim’s organs. The day before that meeting I had talked with Dr. Ghaly and he told me they were going to let Jim die. That’s just what was happening. So Dr. Ghaly arranged to have Jim transferred to his hospital. Jim was in a coma, and Dr. Ghaly said he would take over his care. I would not have it any other way. Dr. Ghaly has been Jim’s angel. Who are we to tell Jim he doesn’t have a life.”

Jim has been in a coma since July 2009. He has been transferred to a long-term care facility where Sandy visits each day and spends time talking with him. Recently, Jim started opening his eyes and trying to focus. “I got his eyeglasses and put them on him, and now he’s trying to focus on things even more,” Sandy says. “I tell everyone to hang on to hope. Nobody knows about coma patients. Jim is at a rehabilitation hospital now, where they keep stimulating him. We put headphones on him and play music or tapes of his children. My kids say ‘Wake up daddy, we need you home.’”

Jim’s six-year-old son helps with his physical therapy. “Nicholas cries when we leave the hospital,” Sandy says. “He tells me he cries because daddy is not leaving the hospital with them. I tell him we’re going to wake him up some day.”

Sadly, it is the misdiagnosis that has caused such terrible consequences for Jim and his family. If the staph infection had been diagnosed earlier, before damage, it would have been a simple cure of only a few weeks of antibiotics. “I tell everyone to never give up,” Sandy says. “Don’t give up hope. And remember: an ounce of prevention is worth a pound of cure! Get the right diagnosis-and keep seeking answers until you do!”

## **REBECCA S.**

A 26 years old female suffering from migraine headache since childhood. In 2009, she had a different but severe headache, she went to ED and MRI was suspicious for an aneurysm, which was confirmed. She was told she could just follow it up. She knew better. She knew a relative that died from brain aneurysm. She wanted to be taking care of it. She had a three year old and a lot to lose by not controlling her health. She was advised to have the aneurysm coiled but she decided against the coiling because she read the literature correctly. She underwent brain surgery and the aneurysm was permanently clipped. She did great and no more fear. She found a job and is trying to stop smoking. In her past she was exposed to violence, but now she is reflecting in the new lease in life and happily that the aneurysm was clipped. She hardly takes any medication.

Rebecca S. had surgery for a brain aneurysm in August 2009. She says she suffered from what other medical professionals had told her were migraine headaches every day for some three months. She had been in and out of emergency rooms at various hospitals. "In addition, I was over-medicated on 11 different drugs," she says. "I work with booking bands for musical events, and a guitar player finally told me about Dr. Ghaly. By the time I saw him, and had more tests, I was told to go home and make funeral arrangements because there was little chance I would make it through the surgery. Dr. Ghaly told me to be prepared for memory loss, loss of speech, hearing and/or sight, and the very real possibility I might end up in a vegetative state."

Rebecca says she had surgery on a Friday, and was pretty out of it until Sunday, when she recalls regaining consciousness and being amazed she had no deficits. "Dr. Ghaly had told me recovery could take three months to a year, but I was released after only three weeks and shortly after that I was back to work and driving again. Dr. Ghaly is a miracle worker. If I had not found Dr. Ghaly, I would not be here today! He saved my life!"

Today, Rebecca is back to normal and her future looks bright. "I was told I would have an angiogram a year after surgery, and if that was clear, not again for five years. I tell anyone faced with a similar diagnosis to keep your head up. Spend as much time as possible with friends and family. Don't go into surgery with any regrets about something you did not say and wanted to say to them. Dr. Ghaly called me everyday to see how I was doing, both before and after surgery. He truly cares about his patients. Now I'm just waiting for my hair to grow back!"

## **ANNA B.**

Anna B. was one of Dr. Ghaly's patients when he was a resident. She suffered from a giant aneurysm in her brain and had several surgeries to fix and remove it. During surgery her blood pressure dropped and surgery had to conclude. Another surgery was attempted, but the aneurysm burst, in essence causing a stroke.

Anna spent 10 years in a nursing home with major deficits in cognition and motor skills. She was eventually placed under hospice care, but became stable enough to return to the nursing home.

"My mother's condition declined over time, and now a smile would be a good day," says May Ann, her daughter. "But Dr. Ghaly became a trusted friend. He really does care about his patients, and he is a doctor who also cares about their family, what they think, and what they see in the patient. Even today we always go to him when we need advice. He is still someone we can trust."

### 3) SURGERY FOR HYDROCEPHALLUS

#### TOM O.

A 70 years old male presented with pressure build up in the brain that caused him poor memory, confusion, difficulty walking and inability to control urine. His condition gradually deteriorated. He was active and sharp man to the end. He was sitting in the board in multiple foundations and did well to people. His condition was misdiagnosed and overlooked for while. He was told depressed and suffering from irreversible stroke and dementia. In fact, he was placed under Hospice care to terminate his life and do not resuscitate order after going through cholecystectomy where gall bladder was removed and he suffered from pancreatitis after the surgery. The wife and daughter never give up despite high pressure and insurance and hospital commands. Work up for normal pressure hydrocephalus” was carried through. Other conditions were ruled out. In 2008, he underwent, a simple shunt placement where the fluid under electronic monitoring device drain fluid to maintain normal pressure and avoid pressure in the brain. He required a year of physical therapy with determination from the family to do what takes and not to give up. In 2010, he is back normal, active and has a new lease on life.

Tom O.was referred to Dr. Ghaly in January, 2008. For some time he had had problems with his balance, often falling. “I went through several doctors, but no one could diagnose what my problem was, until Dr. Ghaly,” Tom says. “Doctors had run all kinds of tests, but Dr. Ghaly saved my life.”

Dr. Ghaly found Tom had hydrocephalus, a condition where the ventricles of the brain do not drain, causing a build up of fluid on the brain. Playing football in high school and college and participating in boxing as well probably caused Tom’s condition. “I guess I had too many hits to the head,” Tom says. “After Dr Ghaly did surgery and put in a shunt to relieve the fluid I really don’t remember too much. For five months I was in several nursing homes, and finally, in May, I began to come around. I came home the first of July and today there’s a light at the end of the tunnel. I see a future. I didn’t see that before.”

Tom got his speech back but had some trouble with motor skills. That is getting better through lots of physical therapy, which he still does today. “I’m doing well now, getting stronger all the time,” he says.

Therapy has helped Tom recover most of his motor skills. “I’d tell anyone to go directly to Dr. Ghaly,” Tom said. “Have him examine you and run tests and the patient will be in excellent hands. Do everything he tells you to do, and have faith in a great doctor.”

#### 4) SURGERY FOR ARNOLD CHIARI MALFORMATION AND TRIGEMINAL NEURALGIA

*Dr. Ghaly comments:*

*Arnold Chirari Malformation, named after the doctor who discovered it, is a condition present at birth. There are two types, type I and type II, usually seen in children.*

*The base of the brain goes through the foramen magnum, a hole in the back of the skull. If this area is not large enough, the brain is squeezed. Normally the base of the brain and the back of the brain remain inside the skull, but with this malformation, the distal part of the brain protrudes, it actually squeezes into the spinal canal in the neck.*

The back of the brain has two protuberances, called tonsils. These usually remain in the back of the brain. With Chirari, they descend into the spinal canal into the neck, causing pressure from the crowding.

*Type II causes pressure on the brain stem and fluid in the brain, called hydrocephalus. Patients experience headaches, weakness, pain and numbness. Type II includes some congenital anomalies, such as spina bifida.*

*Type I is also congenital, but symptoms do not begin to appear until the person reaches adulthood. Symptoms include headache, neck pain, pain in the arms and legs, pain and focus issues with the eyes and migraine headaches. Surgical treatment makes room for the nerves and decompresses them. Nerves cannot handle pressure of any kind, so one of the main principals of neurosurgery is decompression.*

*The surgeon removes some of the bone to make room. It is important to do the surgery early on, before damage becomes permanent. Though this condition is fairly easy to diagnose with a simple MRI, many patients are told they have migraine headaches.*

*The surgery does not leave any disfigurement. Muscles cover the incision area. Sometimes the surgeon makes a graft to make a space in the dura, or covering of the brain.*

*Recovery is short, usually only two to three days in the hospital. But healing of the wound is important. Fluid from the brain can leak, so the surgeon takes special care with closing the site.*

### **JANET V.**

41 years old, presented with disabling headache. She had been told for years it was migraine headaches. She was evaluated and found to have pressure in the back of her brain, a condition called Arnold Chiari Malformation. She

was taken to surgery in 1997 for the pressure, which was removed, and her brain had more room in the skull. Thirteen years later she is still doing well functioning well.

Janet V. had been suffering from severe back and neck pain and headaches for many years. Her primary care physician prescribed physical therapy for the neck and ordered an MRI. "I had been suffering for probably 25 years," she said. "I went to the Mayo and Carl clinics and all the migraine medications did not work. I finally saw Dr. Ghaly, who took a thorough history and looked at the MRI, and I'll never forget how he said 'I think you're suffering from a condition called Arnold Chiari malformation.' In essence, he said my brain was being squeezed because of a malformation of the bones in my skull. He said we'd monitor the condition over time, and send the films to a doctor in New York who was an expert on Chiari malformation."

Janet had another MRI a few months later, the malformation was diagnosed, and Dr. Ghaly suggested surgery to correct the malformation.

"It worked so well it was like I had a new lease on life," Janet says. "I had done everything to relieve the pain—from massage to tai chi to yoga—but nothing worked. Some of my husband's and my friends actually thought we were having marital problems because I always seemed out of sorts. It was because I was always in such pain!"

Janet says Dr. Ghaly was the first doctor she saw who actually listened to her when she described her pain. Other doctors had suggested she see a psychiatrist.

"Dr. Ghaly listened, and didn't jump to conclusions," she says. "I never had a doctor who listened and believed what I was telling them. In fact, I had actually gotten to where I avoided doctors because I knew in advance what they would say. This surgery has changed my life!"

Janet says she had great confidence in Dr. Ghaly once he told her there was actually a diagnosis. "He was very calming, and told me he could correct this condition which had so affected my life," she said.

The surgery was successful, and after about four weeks of recovery, Janet returned to work. "I remember leaving the hospital, and other than my neck being a little stiff, there was no longer any pain," she said. "I felt so different, right from the time I came out of the anesthesia in the recovery room," Janet says. "I remember thinking I had a clear mind again because I was finally free of all that pain."

A few years later Janet saw Dr. Ghaly once more because she was experiencing increased headaches. "I was afraid the pain was coming back, but it turned out to be just stress headaches," she says. "Today I live a normal life. I even started riding horses, but I assured Dr. Ghaly that I would always wear my helmet!"

Janet has some advice for anyone faced with a similar medical problem. “Listen to your body,” she says. “You’ll know there’s something wrong. Find a doctor who is willing to listen to you, and will pursue it. Understand your own health.”

Janet says charting your symptoms can be useful. “That can help when you talk with a doctor,” she said. “But above all, find the right doctor. I don’t know another doctor like Dr. Ghaly, but look until you find one!”

Janet said having surgery was frightening at first. “I tell people to not be afraid of the surgery, it has been a life changer for me,” she said. “I had a condition that is often misdiagnosed. It’s really like your brain is wearing shoes that are too tight. Once the pressure is relieved, you have relief from the pain.”

## CAROL N.

*She presented with disabling facial pain, stabbing, nagging, toothache 24/7 going into the gum, teeth and jaw. It was made worse by eating, talking, winds, touching the face. She was always afraid of coming closer to the face, cannot eat, or wash or brushing her teeth. It is usually caused by a pressure on the nerve of the face called trigeminal nerve and the syndrome called trigeminal neuralgia. It is so severe and not responsive to medications. Patient usually comes loaded with medication, unable to eat, sleep or do any facial hygiene. She underwent surgery where the pressure was removed from the nerve and a Teflon patch was placed to protect the nerve. Her pain immediately disappeared and she did well since then. She is back running the 100 years old candy store with her kids and husband.*

In 1996 Carol N. had been in extreme pain for a long time, suffering from trigeminal neuralgia. With this condition the trigeminal nerve, which supplies the face, is squeezed or pressed upon by a blood vessel in the back of the head, in the brain stem where it originates. This causes severe pain radiating across the face.

“I was in such pain I spent two months before my surgery in the recliner,” Carol recalls. “Even walking across the floor set off electric shock-like pain. I couldn’t eat. Just touching my mouth with a spoon set off the pain. So I’d wait until I took the pain medication and it took effect, and then I’d try to get something down. I was on Vicodin every four hours, and it wasn’t working very well.”

Getting a diagnosis was a challenge for Carol. She and her husband had changed insurance, moving to an HMO from their former PPO. “I went to the HMO doctor, and all he said was ‘Hmmm, I’ll be darned,’ and gave me some muscle relaxants,” she says. “They didn’t work as well as the Excedrin I

was taking. At first the episodes of pain were short and spaced far apart. Then they got more frequent.”

Carol changed back to her PPO provider, who called it a ‘tic’, another name for the condition is tic deloru. “He put me on Tegritol, which is the medication recommended for trigeminal neuralgia,” Carol said. “It worked for a while, but then it stopped working as well, and I wanted to increase the dosage. My doctor said he could not do that because my blood tests showed the drug was causing problems. So we tried several other drugs, but nothing worked.”

Carol was referred to a neurologist, who mentioned a possible surgery, but he said it was very costly and she could die during the surgery.

“A relative worked at the local hospital and she recommended Dr. Ghaly,” Carol says. “I really think the Lord led me to Dr. Ghaly. He’s awesome! I fell in love with him right away.”

Dr. Ghaly recommended surgery to relieve the pressure on the nerve. He put little ‘pillows’ between the blood vessel and the nerve, relieving the pressure and ending Carol’s pain. “I have been totally pain free since the surgery,” Carol says. “I told my husband I’d rather die than live like I was. I had the surgery on a Monday and went home Thursday. It’s been 12 years, and I’m still pain free.”

After her surgery, Carol did some research on the procedure on the Internet. “I found some people had the surgery and the pain came back,” she said. “But I’m happy to say it has never come back for me. I’d tell anyone with the same diagnosis to find a surgeon like Dr. Ghaly, though I realize there just aren’t many of them. He’s incredible. He called me every Christmas and Easter for years after my surgery. In fact, even today he remembers my name when I happen to see him. When medication doesn’t work, I’d tell people to go for the surgery. It has been a Godsend for me. Before the surgery I was a prisoner in my house. Even the slightest breeze on my face would set off the pain. Today I enjoy life to the fullest.”