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Neurosurgeon offers patients hope for a 'present-day miracle'

By **NANCY MEANIX**

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FLETCHER, N.C. — "We should give God the credit," said David Maxson of Hendersonville as he recovers at home from recent neurological surgery.

"The whole thing is God-led. He brought me to Hendersonville from Illinois and Dr. Rosner to Fletcher from Charlotte, and we met through my (family practice) doctor and Dr. Rosner's friend. It is a present-day miracle."

On Dec. 29, Maxson, 56, had surgery at Park Ridge Hospital in Fletcher on his brain, neck and spinal cord to relieve symptoms caused by fibromyalgia. That diagnosis was given to Maxson eight years ago in Hinsdale, Ill., because of symptoms including chronic

'20-20' PROFILE

■ Dr. Michael J. Rosner will be featured on ABC's "20/20" at 10 p.m. Friday on WLOS-TV 13.

pervasive pain, sleep problems, migraines, coldness in his feet, stiffness in his hands.

Carolee Maxson agrees a miracle brought everyone together for her husband's successful surgery. "It is a wonderful New Year for us," she said. "David has been searching for relief for so long. He has been disabled and out of work since 1996, and you know how hard it is for a man not to be able to support his family."

Dr. Michael J. Rosner, 53, began working at Park Ridge in October. Previously he operat-

ed at Presbyterian Hospital in Charlotte and taught and operated at University of Alabama Hospital in Birmingham. Rosner will be featured on ABC's "20/20" on Friday.

"I see patients who have been given that diagnosis of fibromyalgia or of chronic fatigue syndrome," Rosner said.

"But when I see them it is because someone thinks the cause might be a problem in the spinal cord or base of the skull.

"If I operate on them, they really do lose that diagnosis; they never had it. Instead,



Rosner

they had a mal-development at the base of the skull or a congenitally narrowed spinal canal or some combination, and that causes spinal cord compression which can resemble the diagnosed disease and share the same symptoms."

The "20/20" program also will interview fellow neurosurgeons Dr. Dan Heffez of Chicago and Dr. John Weingart of Johns Hopkins. Rosner said other American surgeons do the same procedure, which he called craniovertebral and/or craniocervical decompression.

"What makes us different is we are willing to look at people who have been labeled fibromyalgia or chronic fatigue syndrome

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and start from scratch with them," Rosner said.

"We have developed a better protocol with the scans to find the more subtle changes in a more systematic way.

"The majority of my patients at Park Ridge need this procedure. I have done about 70 here so far. I also did many at Birmingham and Charlotte, and my overall success rate is 85 percent."

Rosner explains the method of measuring success: "We keep detailed statistics in three ways: One, how the patient feels: Most feel better in one way or another, even though it is possible they don't have complete cure in the thing that bothers them the most.

"Two, neurological exams: Those virtually always improve; and three, the pictures, the scans: They show we have done what we can but that does not necessarily correlate with the patient feeling better.

"One thing I have observed and it is an eye-opener," he said. "That is that the degree of change on a scan

does not correlate with the degree of disability.

"Many people with serious problems think they must have a bad scan. But someone can have back pain and the scan doesn't show a reason.

"Some people have serious pneumonia but the chest x-ray is almost normal. It would be a nice concept that these things correlate, but it often doesn't work that way."

Maxson knows he is not half way through his estimated three-month recovery period, but said already he is sleeping more than the three hours he slept at a time before surgery.

Also, he now has warm feet and less stiffness in his fingers.

"I still have some pain because my head feels too heavy for me. That is because all that work is still healing in my neck area. It feels OK to lie down and sometimes also to sit in a tall office chair with a special neck pillow while I am at the computer.

"But one of the tests Rosner did before he agreed to operate was

asking me to close my eyes and stand up with my arms stretched straight out front. I fell over. Right after the surgery, I could stand up just fine," Maxson said.

"My hearing, all my senses have changed. My hearing can pick up more frequencies. Some foods I didn't like before are great now. My eyes have changed, but I must wait to get my glasses changed until everything has healed and settled down.

"Things will still be improving nine months down the road while my spine gets more room to expand to what it should be."

In the decompression procedure Rosner carves away some of the bone to open the spinal canal. Some-

times he also removes some disks either in that or a later surgery. In Maxson's case, he removed the second through seventh vertebrae and also cut open and patched the dura (membrane covering the brain and spinal cord.)

"I don't operate because people have pain," Rosner said. "People come to me because of that, and sometimes the surgery helps. But I have been much more successful in doing what neurosurgeons do best and that is decompressing that compressed neural tissue. If the spinal cord stays compressed, its functions will be abnormal.

"I tell my patients we can probably make the abnormalities better, and if the pain is coming from the same thing that causes those abnormalities, then the pain will probably get better too."

Nancy Meanix writes for the (Hendersonville, N.C.) Times-News.