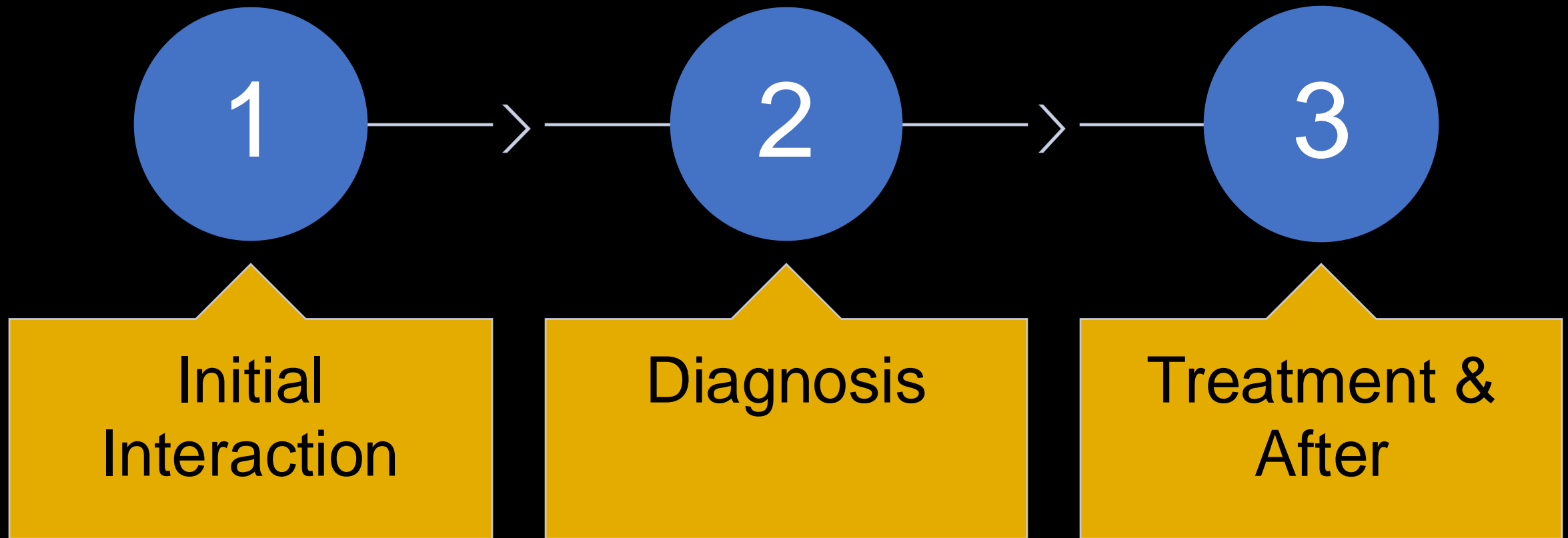


Communicating with Patients During Their Spinal CSF Leak Journey



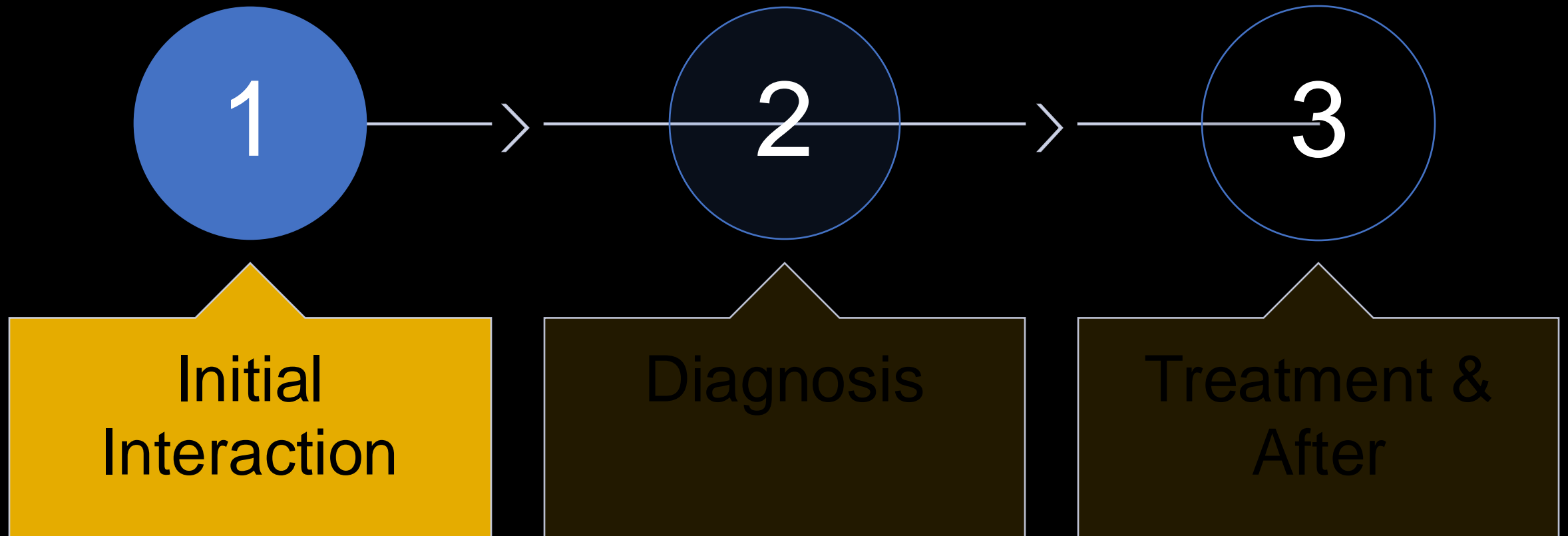
@MarkMamloukMD

Communication Along the Spinal Leak Journey



Medical Advisor: Spinal CSF Leak Foundation (unpaid)

Communication Along the Spinal Leak Journey

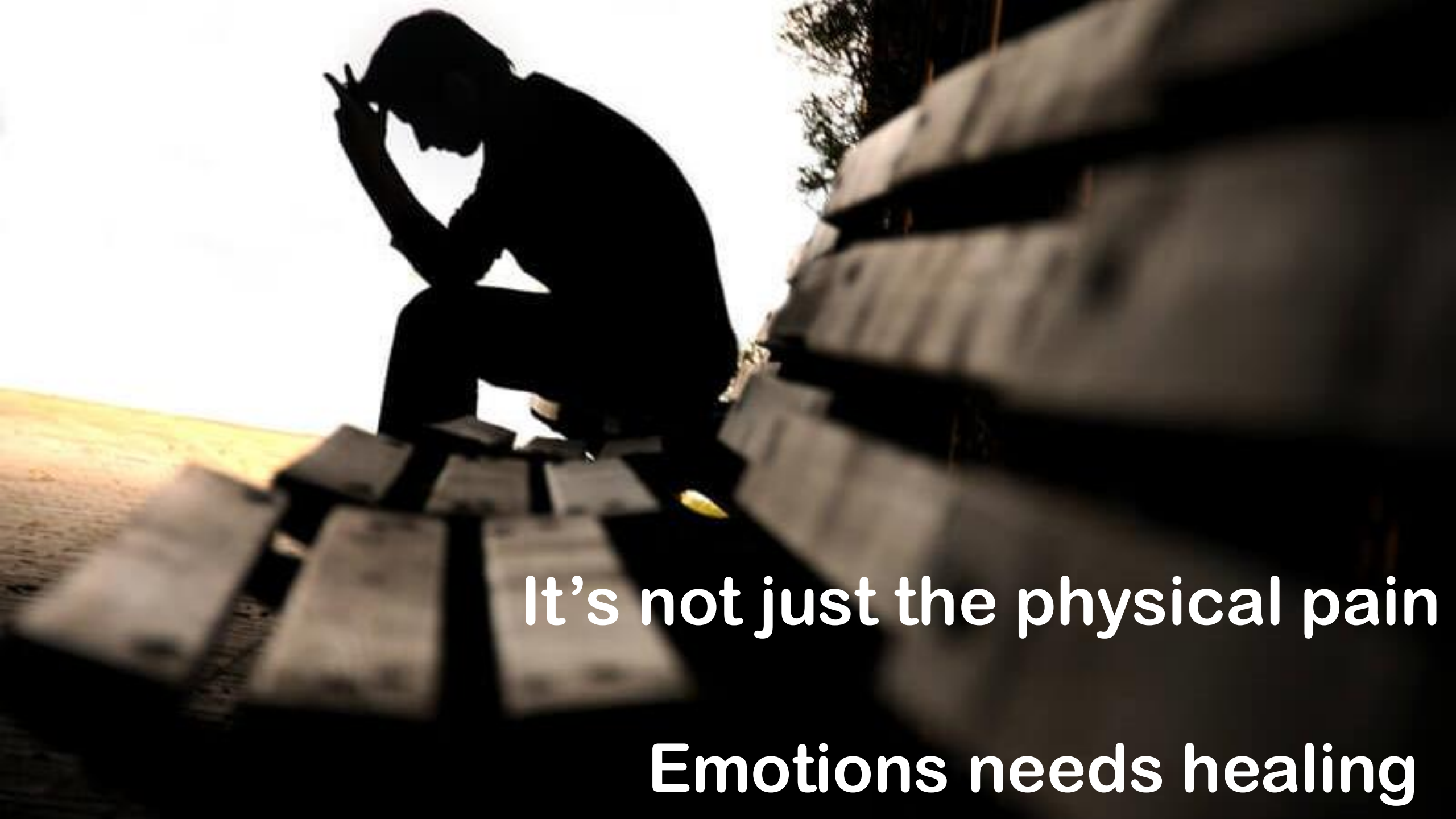




Set
Expectations



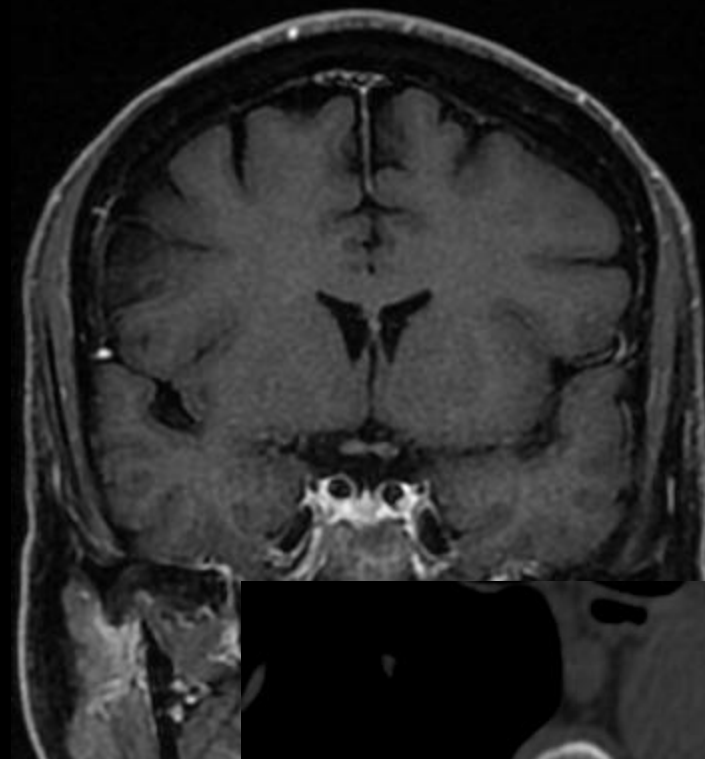
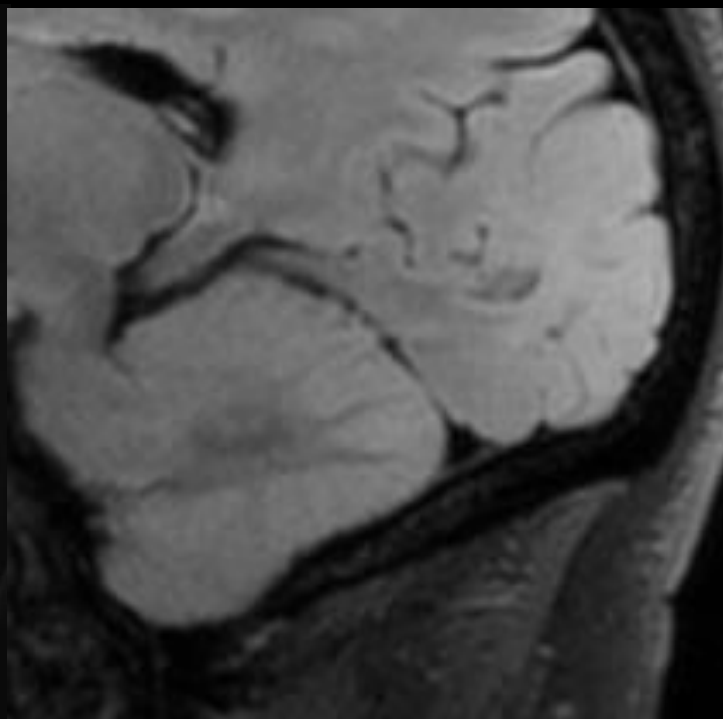
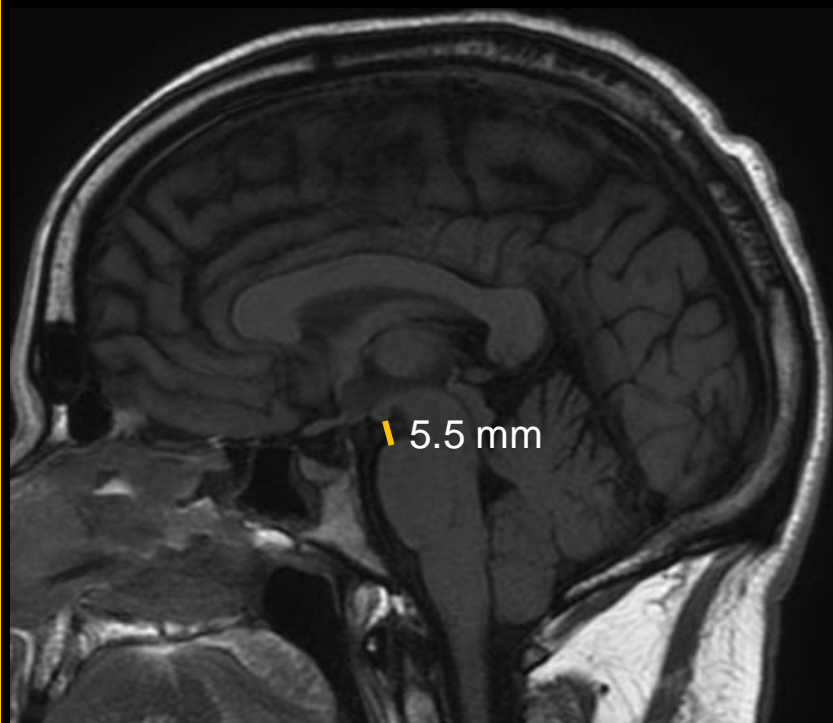
BIAS



It's not just the physical pain

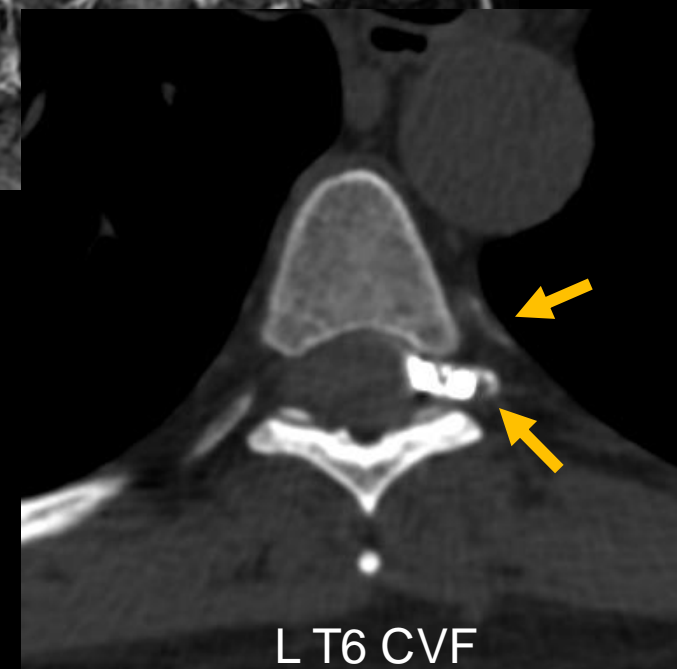
Emotions needs healing

Communicating the “Negative” Brain MRI



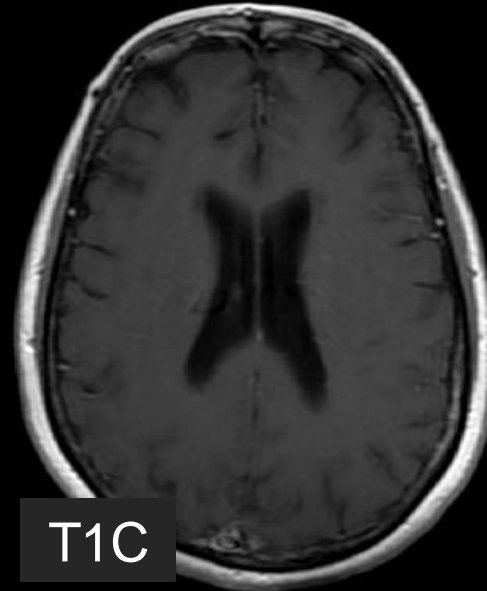
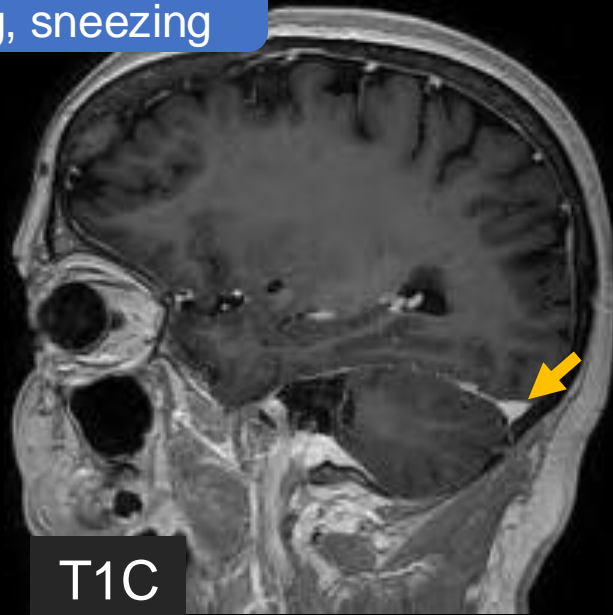
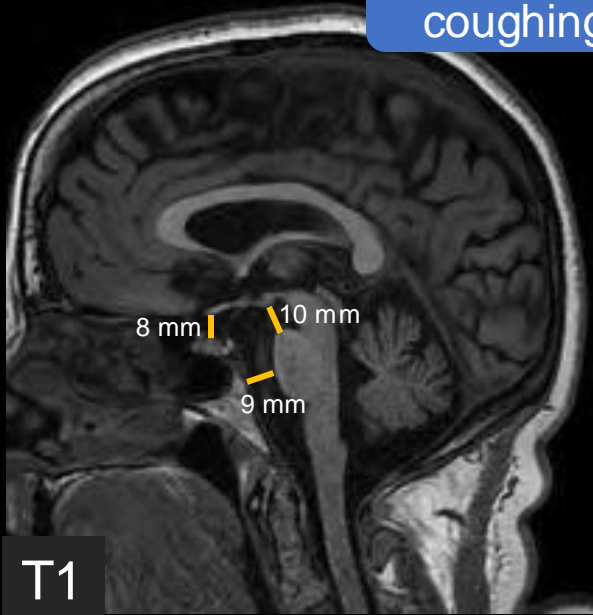
Bern = 1

Tip: Be gracious & professional
discussing differences of opinion

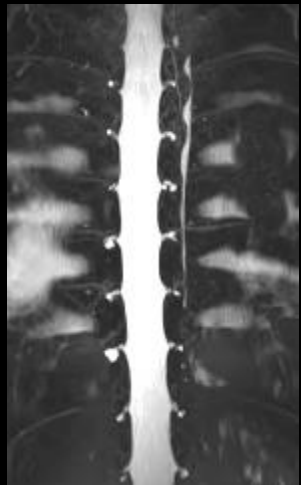


Communicating the Truly Negative Brain MRI

56F, HAs worse w/
coughing, sneezing

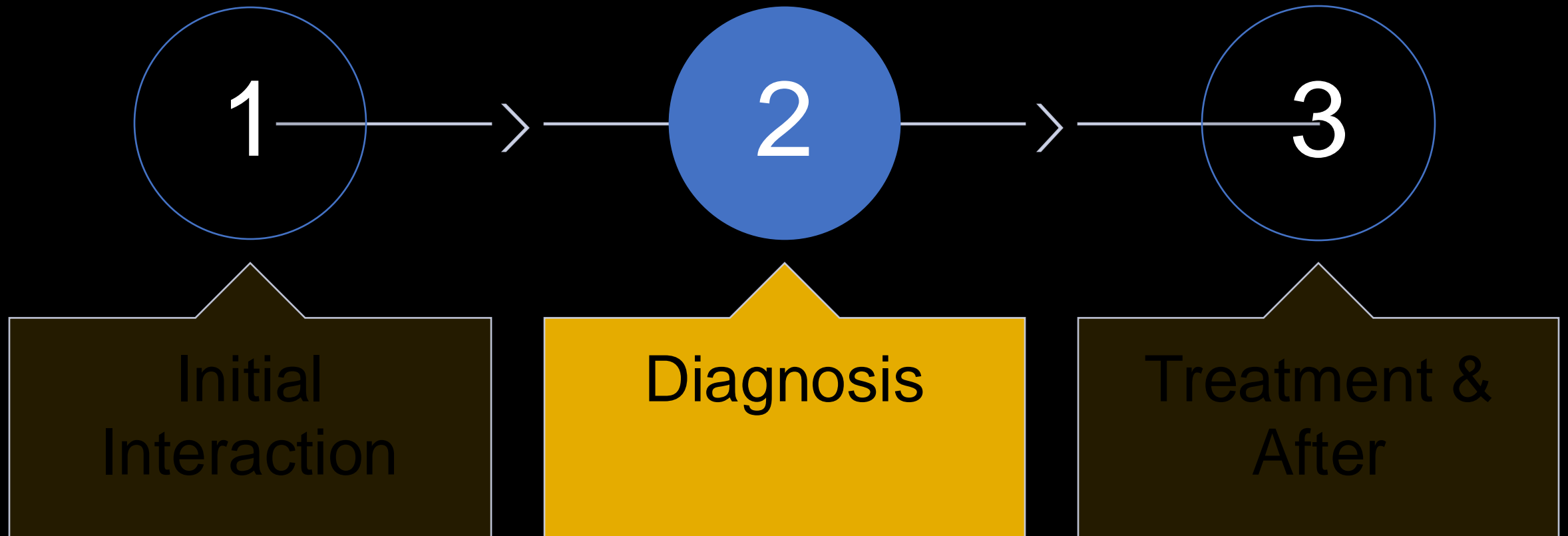


Bern = 0

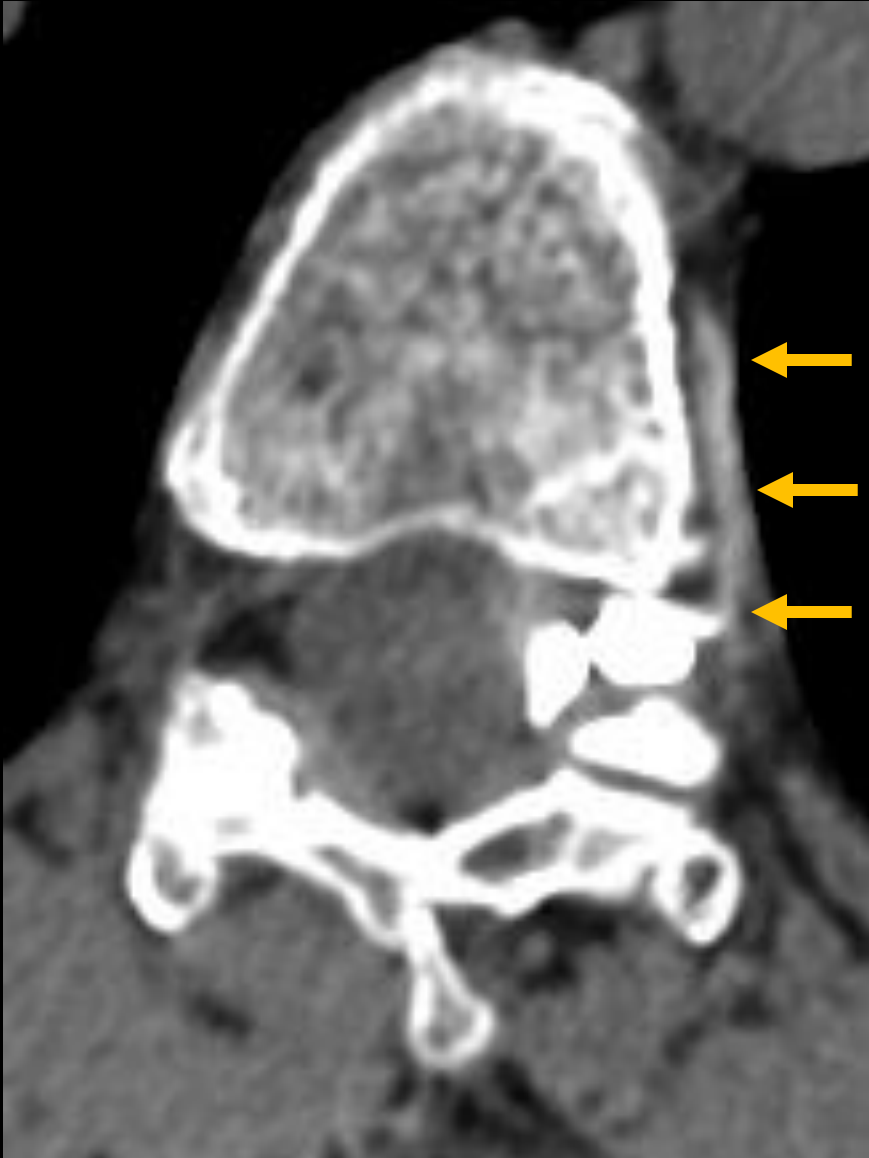


**My approach to
neg brain MRI:
clinical hx + meningeal
diverticula → CTM**

Communication Along the Spinal Leak Journey

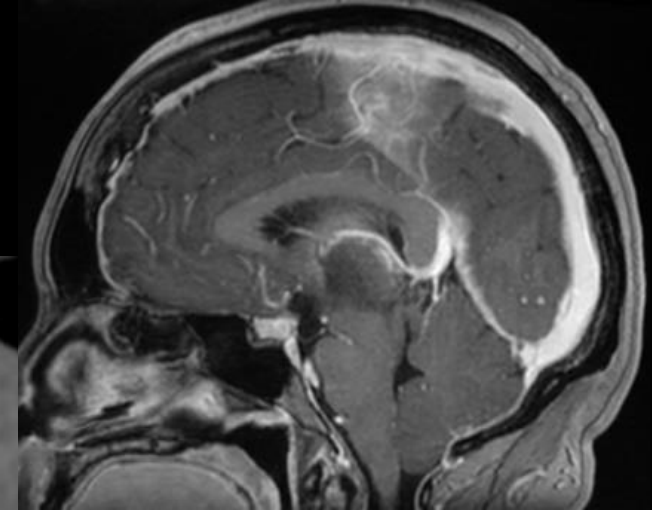


Communicating the Leak has been Found!

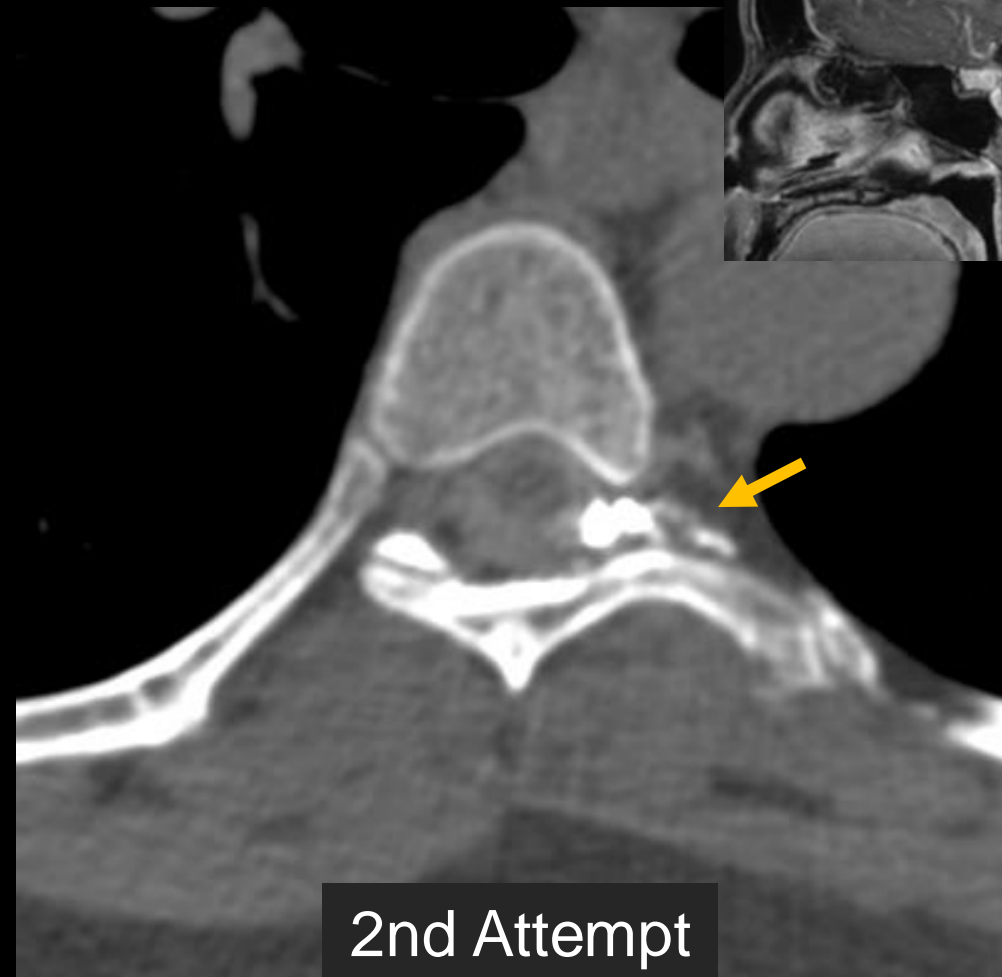


One of the best parts
about my job

Communication: When You can't find the CVF

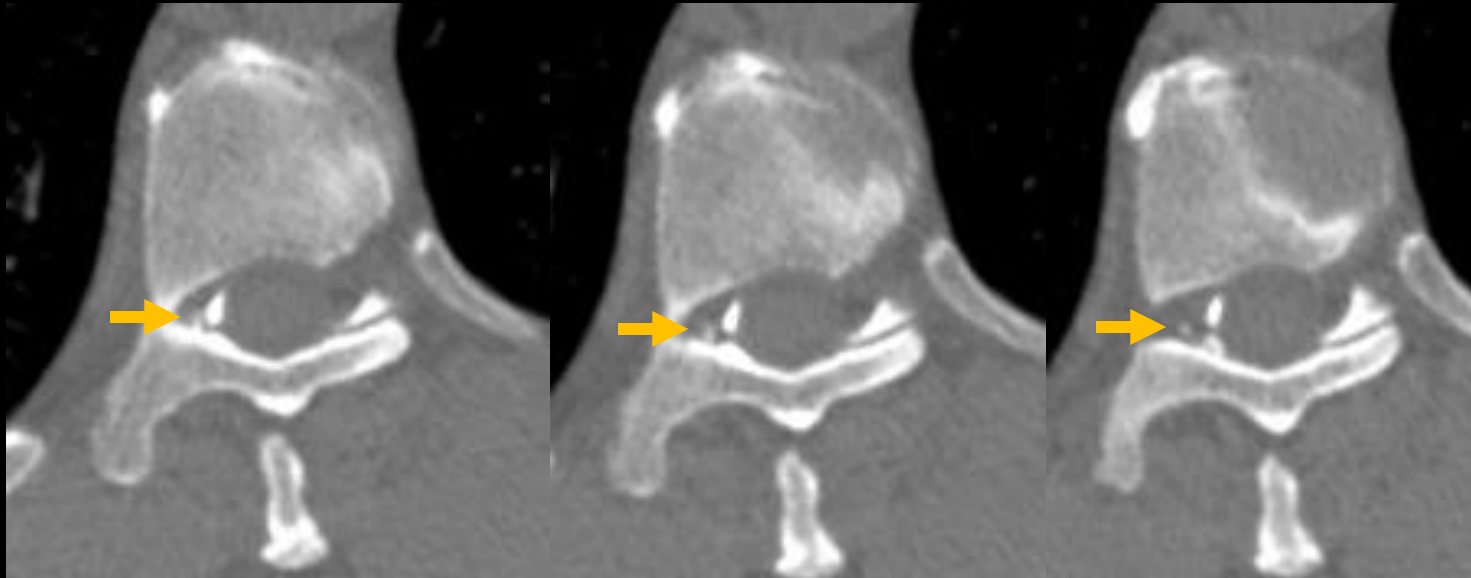


43F, HAs



Offer reassurance & repeat CTM when suspicion is high

Candidness about CTM Findings



My words to patient: Mr. Smith, I found something on your myelogram. It might be a leak, but I am not confident, and it can be a normal finding.

Tip: We need to be honest about our certainty

Communicating Normal CTM Results

Good news!
I don't see any
evidence of a
CSF leak. You
unlikely have
one.

**My initial
approach**

I don't see
any evidence
of a CSF
leak.

**Minimalistic
approach**

You have had all the best
imaging tests to diagnose a
CSF leak. Based on these
findings, my overall
suspicion is low, and I
would suggest we work
with your doctors to include
other diagnoses to account
for your symptoms.

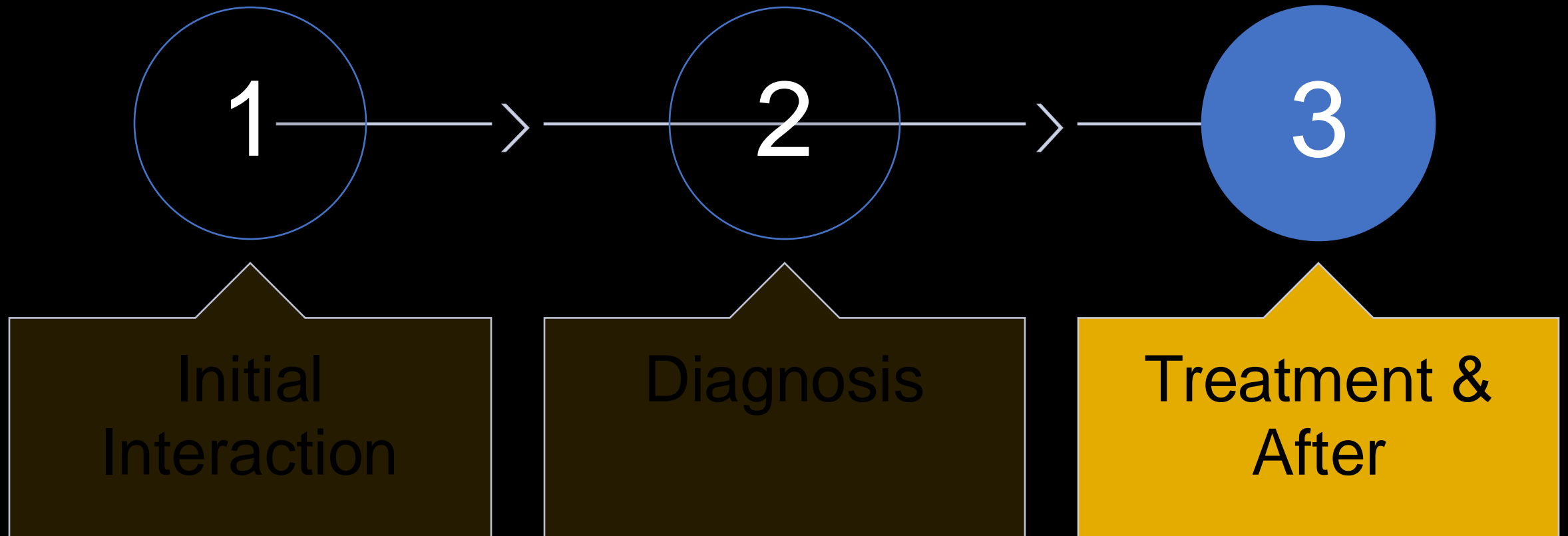
**My current
approach**

—

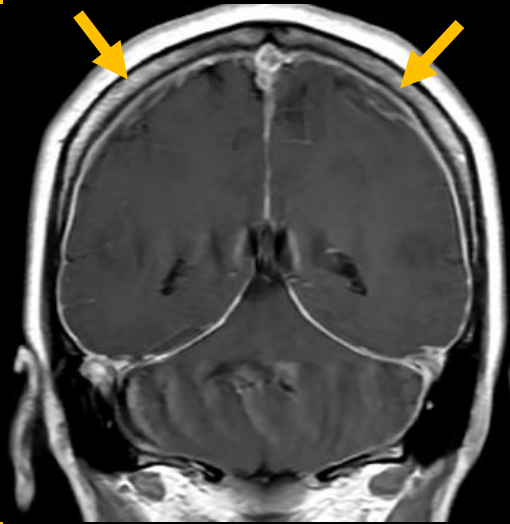
Be Human



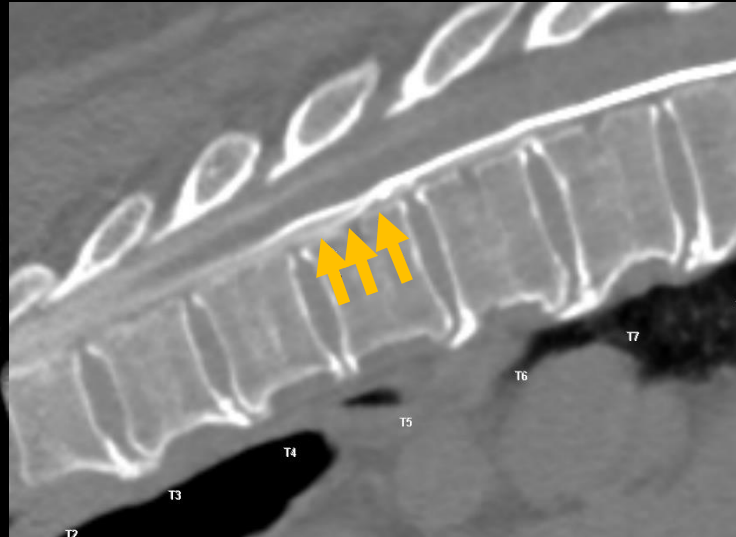
Communication Along the Spinal Leak Journey



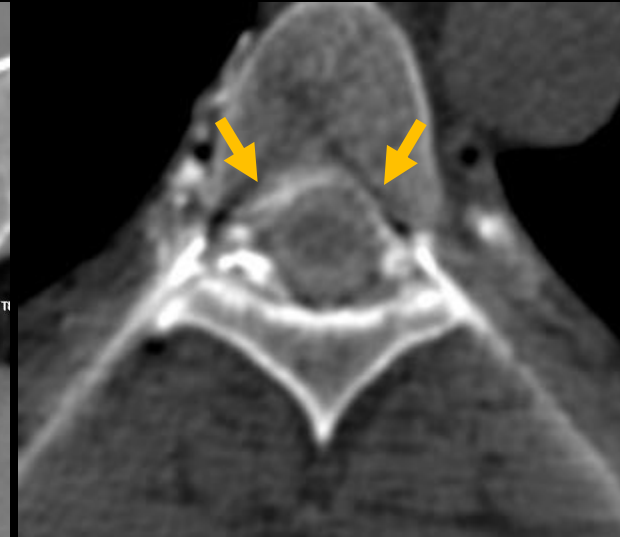
Communicating A Change in Treatment



Dural Enhancement



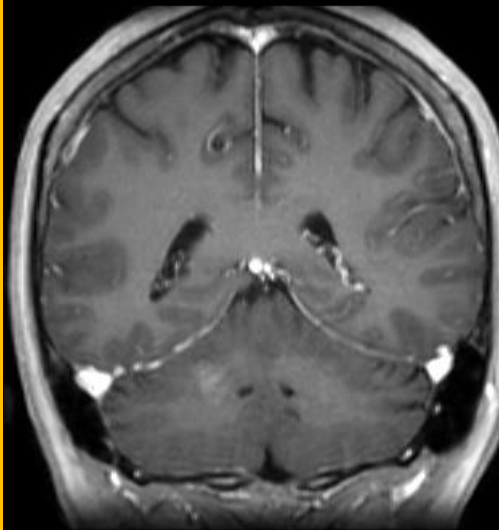
T5-T6 Ventral Leak



Foraminal patches



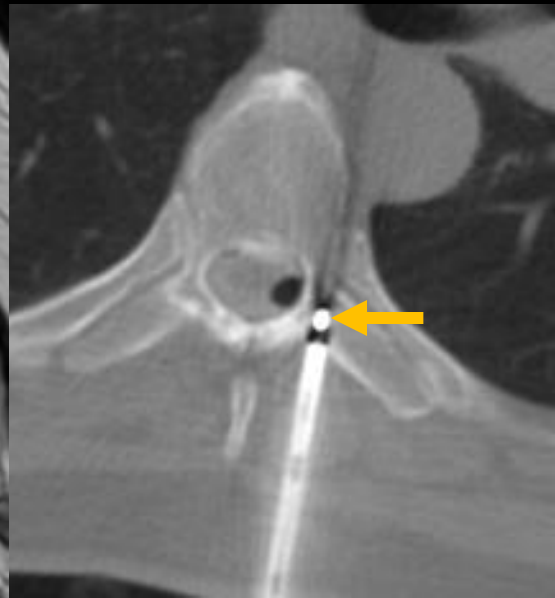
Intra-SLEC patch



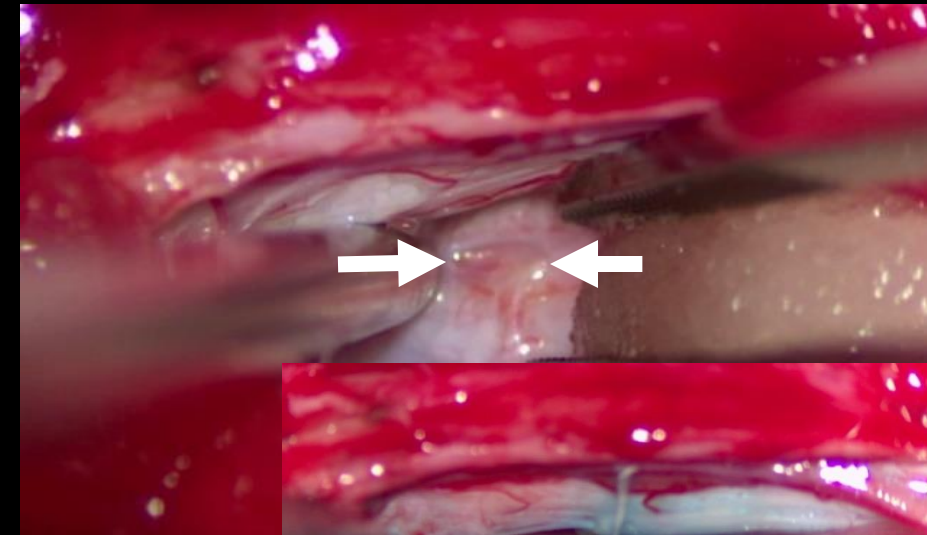
Normal Post-treatment



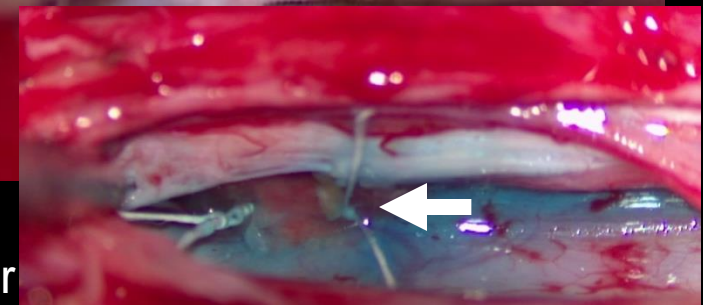
Decreased SLEC



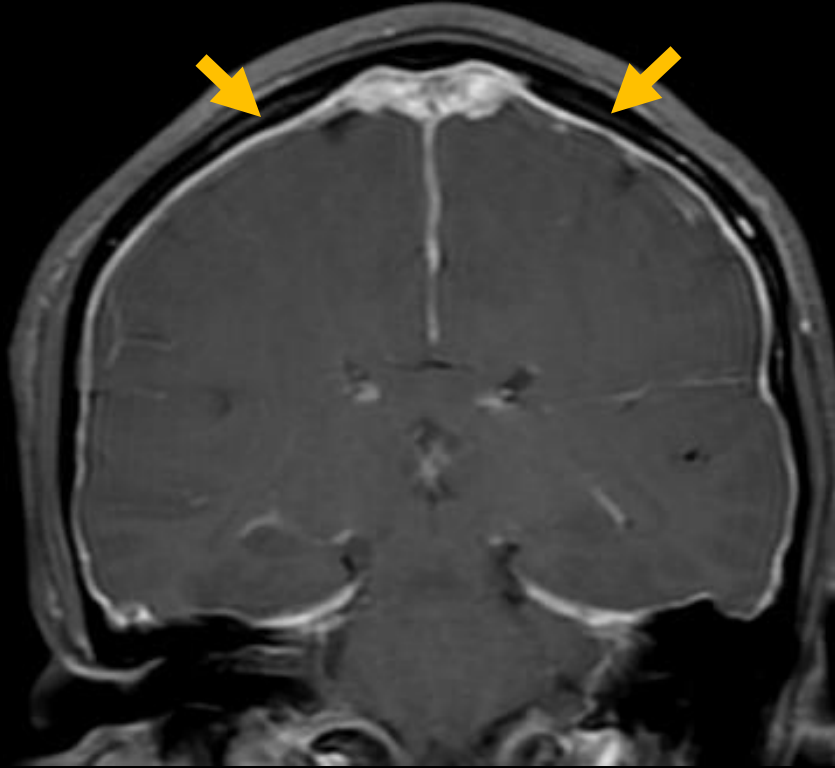
Fiducial placement



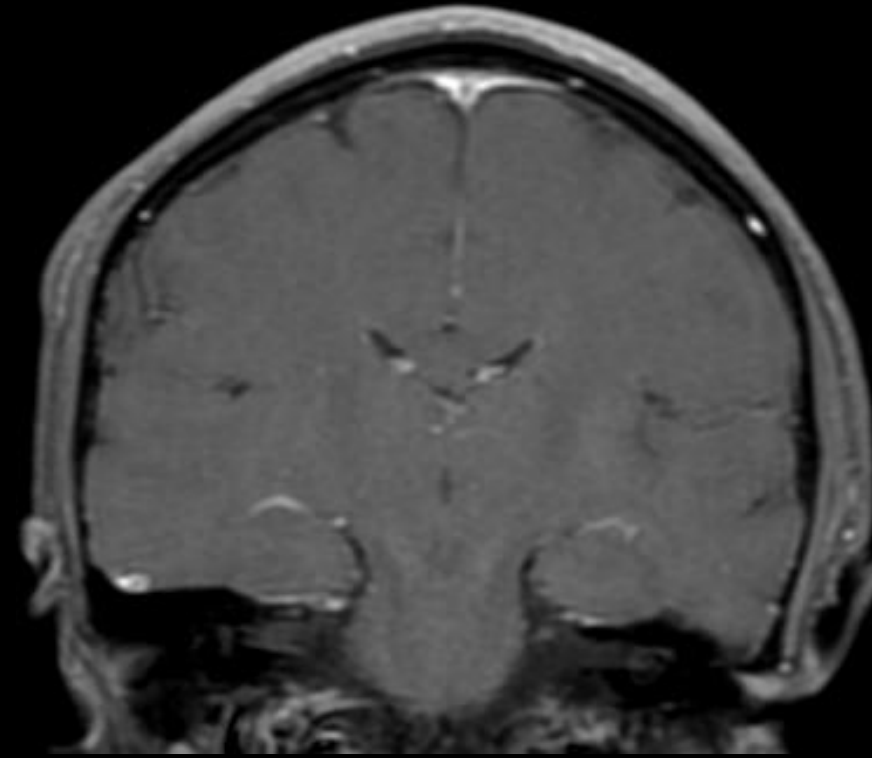
Dural Repair



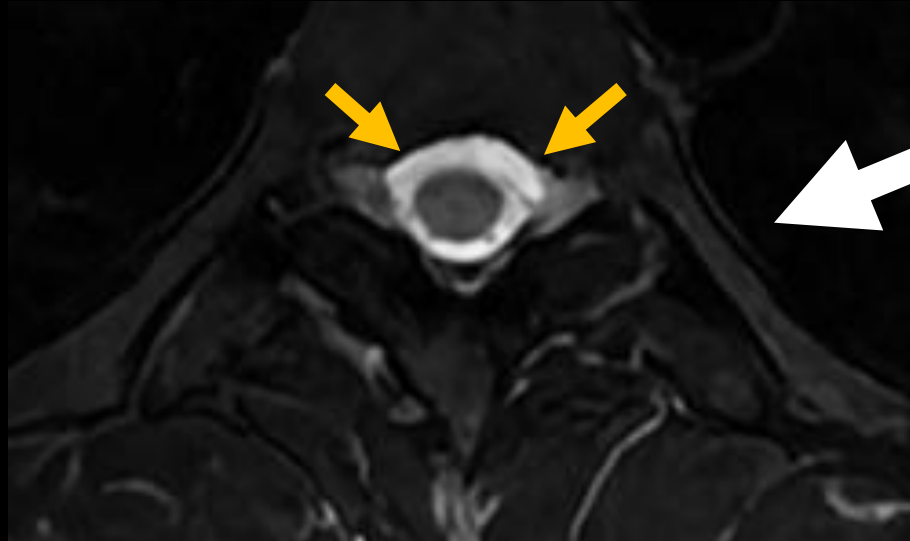
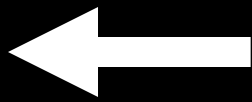
Communicating Surgery in a Relatively Asymptomatic Patient



Patching



? Surgery



Very minimal symptoms

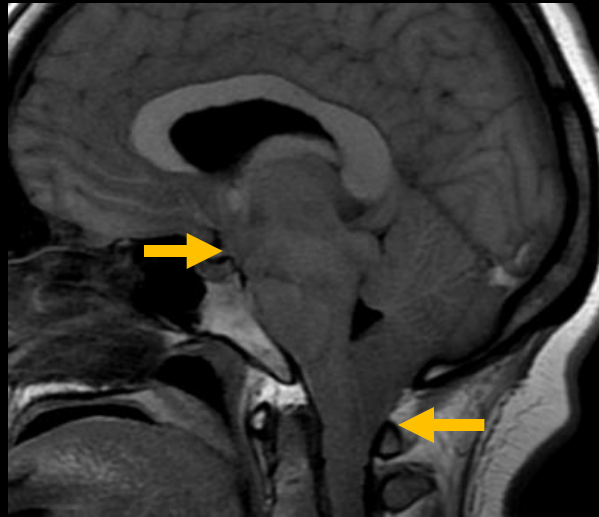


Communicating Defeat

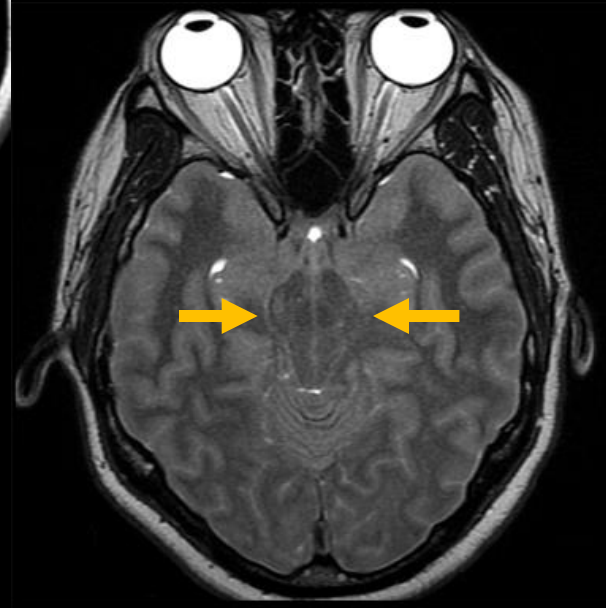


Pseudo-SAH

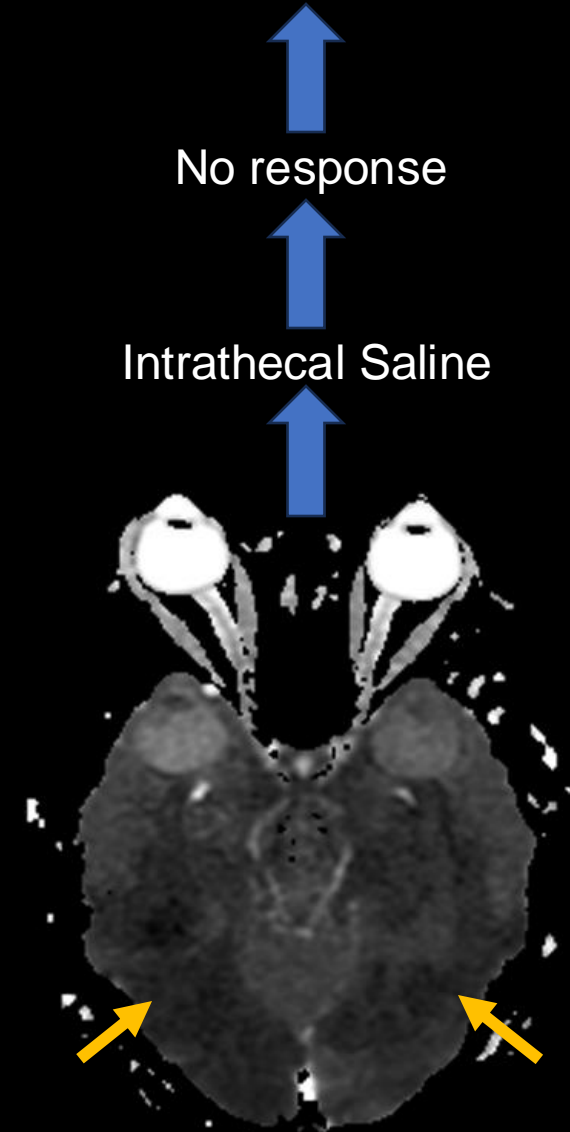
35F, HAs



Severe brain sag



Central herniation



No response

Intrathecal Saline

PCA infarcts

Closing Case



mark.d.mamlouk@kp.org

mark.mamlouk@ucsf.edu

 [@MarkMamloukMD](https://twitter.com/MarkMamloukMD)