molecular neurology, molecular neuroscience, cellular neuroscience, cellular and systems electrophysiology (selection)
(2) Bachelor's degree or equivalent; IELTS 7.0 INFO Logan, Ann, Tel.: +44/(0)121/414 3344, E-mail: a.logan@bham.ac.uk, www.clinexpmed.bham.ac.uk

MICROSURGERY OF ANEURYSMS: RECENT ADVANCES

St. Louis University/School of Medicine

March 2nd, 2012 @ Max. USD 2 395 🌣 Pterional approach and opening the sylvian fissure, demonstration: cadaver dissection, internal carotid artery aneurysms, PCOM, bifurcation, and anterior choroidal aneurysms, endoscopic assisted clipping of intracranial aneurysms, hands-on cadaver lab session: cadaver dissection INFO Finger, Ciera, Tel.: +1/(0)314/977 7362, E-mail: cfinger@slu.edu, http://pa.slu.edu

MSc Endovascular Neurosurgery (Interventional Neuroradiology)

University of Oxford/Department of Neurosurgery

On request ♀ On request ♀ Pathology, physiology and anatomy, INFO Byrne, James, Tel.: +44/(0)1865/234 316, E-mail: James.Byrne@nds.ox.ac.uk, www.medsci.ox.ac.uk/radiology

PRINCIPLES AND PRACTICE OF GAMMA KNIFE RADIOSURGERY University of Pittsburgh School of Medicine (UPSM)/ Department of Neurological Surgery

⊕ USA: Pittsburgh, PA 🔎 English 🕑 October 24th, 2011 – October 28th, 2011 OCD 6 200 Historical view on stereotaxy and radiosurgery, stereotactic applications, stereotactic targeting and MR stereotactic imaging, functioning/maintenance of the different gamma knife units, vascular malformation case review, dose planning, basic radiobiology, brain metastases & gliomas (selection) ACCME – Accreditation Council for Continuing Medical Education

CREDITPOINTS 49,5 AMA PRA Category

INFO Baker, Charlene, Tel.: +1/(0)412/881-0602, Fax: +1/(0)412/881-2450, E-mail: bakerch@comcast.net, www.neurosurgery.pitt.edu

TRAININGSKURS KRANIELLE ENDOSKOPISCHE NEUROCHIRURGIE DER NEUROCHIRURGISCHEN AKADEMIE FÜR AUS-, FORT- UND WEITERBILDUNG (NCAFW)

Aesculap Akademie Deutschland

November 5th, 2011 🛇 Auf Anfrage 🔅 Subarachnoidale Anatomie, endoskopische Techniken, endoskopische Anatomie am Kadaver, intraventrikuläre Endoskopie, Endoskop-assistierte Technik (Auszug) Max. TeilnehmerInnenanzahl: 18

INFO Hoelle, Sandra, Tel.: +49/(0)7461/95-2186, Fax: +49/(0)7461/95-2050, E-mail: sandra.hoelle@aesculap-akademie.de, www.aesculap-akademie.de

CONFERENCES & CONGRESSES

39[™] Annual Meeting of the ISPN

The International Society for Pediatric Neurosurgery (ISPN) ⊕ India: Goa ♀ English October 16th, 2011 – October 20th, 2011 INFO E-mail: info@ispn2011goa.org, www.ispneurosurgery.org

13. SYMPOSIUM DER ÖSTERREICHISCHEN

GESELLSCHAFT FÜR WIRBELSÄULENCHIRURGIE Österreichische Gesellschaft für Wirbelsäulenchirurgie (Austrian Spine Society) ⊕ Austria: Vienna ♀ German ▶ January 28th, 2012 INFO E-mail: kknob@medacad.org, www.spine.at

BACKGROUND INFORMATION

Experiences and Trainings for Neuronavigation in Neurosurgery BY WOLFGANG K. PFISTERER



Univ. Doz. Dr. Wolfgang K. Pfisterer SMZ-Ost Donauspital, Vienna, Austria

Ships arrived at their destination harbours before GPS was invented and intracranial lesions were operated on before neuronavigation systems. The result is that for both - ships and patients - the journey became safe. In 1889, D.N. Zernov, a Russian surgeon demonstrated the first brain navigator using a coordination system: a device with an aluminum circular frame, which could be fixed to a patient's skull. The first stereotactic instrument used clinically was invented by Speigel and Wycis in Philadelphia in 1947 which is the beginning of stereotactic neurosurgery era. Technological advances in imaging and computerised systems have since improved accuracy.

The next milestone in stereotactic methodology was at the beginning of the 1990s, when the first »frameless instruments« came on the market. These systems revolutionised the planning of surgery and altered the practice of neurosurgery as well. Instead of a frame screwed on the patient's head, simple skin markers, anatomical landmarks on the skin's surface give the computer systems the necessary information to define the space within the head. These devices enable interactive image guided neurosurgery - »Neuronavigation« was born.

Using thin-slice CT and/or MR-data set, 3-D reconstruction of the surface of the head, and also of the brain surface for virtual visualisation of the gyri and sulci, targets e.g. a tumor, the ventricular system, and vessels may improve knowledge about the critical anatomical and pathological structures. Therefore neuronavigation systems can be used as devices for teaching and even for some sort of virtual surgery.

Dedicated specialised professionals offer books, courses and workshops in accordance with neurosurgical societies and help therefore to meet the requirements and improve the skills for neuronavigation.

RECOMMENDED WEBSITES

Österreichische Gesellschaft für Neurochirurgie,

www.neurochirurgie.ac.at Deutsche Gesellschaft für Neurochirurgie, www.dgnc.de European Association of Neurosurgical Societies, www.eans.org

American Association of Neurological Surgeons, www.aans.org Congress of Neurological Surgeons, www.neurosurgeon.org

COMPANIES DEALING WITH THIS TOPIC

Brainlab Inc., http://brainlab-education.com Medtronic Inc., www.medtronic.com B.Braun Austria GmbH Aesculap Akademie, www.bbraun.at