

St Anthony's Hospital

Personal Profile

Mr Pawan Minhas FRCS (Surgical Neurology)

I qualified from Nottingham in 1991 and undertook my neurosurgical registrar training at Addenbrooke's Hospital, Cambridge. This included research using Positron Emission Tomography for cerebral blood flow and brain metabolism studies in patients with head injury and subarachnoid haemorrhage. At Cambridge, I spent the final two years of my clinical training learning skull base neurosurgery under Mr David Hardy, one of the pioneers of modern acoustic neuroma surgery in this country.



My NHS practice is based exclusively at St George's Hospital, in the new Atkinson Morley Wing. My subspecialist interests are in spinal, vascular and skull base neurosurgery.

I see modern neurosurgery as a rapidly evolving discipline where despite the technical complexity and potential dangers of some of the procedures undertaken we are consistently aiming for better outcomes for our patients. This has been achievable through advances in CT and MRI imaging; better understanding of microsurgical anatomy; the ability to perform radical, definitive operations through less invasive approaches; and by no means least in importance – effective working within multidisciplinary teams.



A good example of this approach is in the treatment of unstable spinal fractures. Traditionally, such patients may have been confined to flat bed rest for many weeks with frequent potential for complications such as chest infection, venous thrombosis, or delayed neurological deterioration – perhaps from inadvertent turning. The X-ray opposite shows a patient with an unstable lumbar spinal fracture that has been fixed operatively with titanium pedicle screws. The spine is then immediately stable allowing the patient to begin mobilising the day after the operation and be protected from potential delayed neurological

deterioration. Careful selection of operative timing, achieving a technically secure fixation with the right instrumentation and minimising risk of operative wound infection were paramount in achieving a good outcome, as indeed was the role of the anaesthetist in assessing when to operate and the physiotherapist in post operative rehabilitation

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