

# The Braemar Way



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*Dear Colleague*

Braemar neurosurgeon Sami Raunio, says early intervention can avoid permanent and debilitating nerve damage...

PATIENTS WITH NERVE DYSFUNCTIONS STEMMING FROM NERVE COMPRESSION OFTEN PRESENT TOO LATE TO SPECIALISTS, COMPROMISING THEIR ONGOING HEALTH, SAYS A FINNISH NEUROSURGEON AT BRAEMAR HOSPITAL.

Sami Raunio, a consultant in neurosurgery at Waikato DHB, who has just joined Braemar, says many spine issues are diagnosed very late and patients already have devastating symptoms such as radiculopathy (commonly referred to as a pinched nerve), in which one or more nerves are affected and do not work properly, resulting in radicular pain, weakness, numbness, clumsiness or difficulty in controlling specific muscles.

"I've seen many patients in New Zealand who have had the issue for a long time and the nerve is already permanently damaged by the time they see a specialist. It may mean the patient is unable to work again and their quality of life is compromised."

He says while many back problems respond to low level treatments such as physiotherapy, others don't, and intervention is necessary "If you have had

prolonged radicular symptoms (for more than three months), it needs further investigation. There may be instability in the back, and joint irritation which can be managed in various ways and also cured. The patient may need decompression surgery to alleviate nerve pressure."

Ideally, treatment should take place within six months of the initial symptoms. "There are warning signs that should indicate that the patient should see a specialist early, such as sudden paralysis of the limb or bladder or bowel symptoms. Sometimes it can be so minimal such as the paralysis of the pinkie finger, which can also be an indication of a condition that could require urgent intervention. If the problem has been going on for some years, it is likely there will be some permanent deficit, but there is still a chance of some level of recovery. Lives can be changed completely by timely treatment. It is very gratifying."



Sami has been in New Zealand for two years and works as a consultant neurosurgeon at Waikato DHB. He was attracted to New Zealand because he liked the culture and look of the country and because there was an opportunity to extend his role as a trainer and his clinical practice. "I had been training registrars in Finland. In New Zealand, there are more registrars to train, because Waikato DHB is part of the New Zealand-Australia surgical rotation training centre. My clinical field has also expanded because there are fewer doctors here."

During his career, which began at Tampere University Hospital, one of Finland's main hospitals, he also worked in Ethiopia as part of a joint project between a Norwegian university and Ethiopian hospitals training local surgeons to become neurosurgeons. The contrast between facilities and resources in Ethiopia and his homeland brought

into sharp focus the differences between First and Third World healthcare. While medical care in general in large centres was at quite a good level, high-tech facilities such as MRI scans were rare.

Some of his most challenging work was with babies with meningomyelocele, a type of spina bifida in which the spinal canal and backbone don't close before the baby is born. The condition is related to folic deficiency and is common in Third World Countries. In one operation, without an MRI scan, he had to improvise. "An MRI would normally be used to see the nerves in the sac of fluid present at the gap in the spine. I found that shining an operating light through the fluid in the cyst, achieved the same result. It was an elegant decision and the operation was successful."

While the facilities and resources available were lacking, the care and kindness of families who were responsible for the rehabilitation of patients, was exceptional, he says.

Sami says, in general, throughout the world, people do not look after their spines. Ergonomics is an issue for office workers. While physiotherapy is helpful, over time damage can develop into more serious issues. New Zealand also has a high rate of obesity which – along with smoking - causes damage to the spine.

Diabetes also damages the nerves. Disc hernia can occur even in teenage years.

"Exercise is essential to help prevent spinal problems. Deterioration of the spine begins at 30, so with much longer life expectancy, regular exercise is vital throughout life." At 45, his own exercise regime includes working out at the gym to strengthen bones, plus tramping and cycling. He and his wife have enjoyed many of New Zealand's walks.

At Braemar, his speciality areas will include patients with spinal, especially cervical spine, or peripheral nerve problems requiring surgical intervention. As well, he will treat patients requiring cranioplasty or a ventriculoperitoneal (VP) shunt to relieve pressure on the brain caused by accumulation of cerebrospinal fluid (CSF).



*Dr Greg Spark – Deputy Chairman*

# SAMI RAUNIO

## QUALIFICATIONS

- Lic Med 2000 Tampere
- Spec Med (Neurosurgery) 2006 Tampere

## ROOMS AT

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## AREAS OF SPECIALISATION

General neurosurgery:

- Neuro-oncology, neuro-vascular, hydrocephalus, trauma, cranial nerve surgery, such as trigeminal neuralgia
- General spinal surgery using minimally invasive techniques
- Peripheral nerve decompressions

## SPECIALIST TRAINING

Specialist Neurosurgeon, Tampere, Finland

HSDP Spine Fellow, NNI, Singapore

## POSITIONS & MEMBERSHIPS

- Neurosurgeon in Waikato DHB

