



SANAMI

Sydney Acoustic Neuroma and Meningioma Institute

Cavernous Sinus Tumours

The Cavernous sinus is a high flow venous channel draining blood from the brain and the eye. The cavernous sinus on each side is situated immediately behind the eye socket (orbit) at the base of skull. As well as carrying venous blood away from the brain and eye, the cavernous sinus houses the Internal Carotid Artery (the major artery to the brain), and cranial nerves 3, 4, 5, and 6. These nerves are responsible for eye movements, eyelid opening, papillary size and facial sensation (feeling).

The cavernous sinus is a favourite place for tumours or vascular abnormalities to form at the base of the skull. Common tumours include meningiomas, schwannomas, chondro-sarcomas, cavernous haemangiomas or metastatic tumours. Vascular anomalies include aneurysms or dural arterio-venous fistulas.

Your SANAMI team that assess cavernous sinus tumours includes specialist skull base neurosurgeons, specialist ENT surgeons (Neurotologist and neurorhinologist), and specialist Interventional Neuro-Radiologists. The team discusses each case, evaluates the MRI and CT images, and offers the most appropriate management option based on each person's individual circumstances and tumour. Commonly a cerebral angiogram is required to fully assess the vascular structures in the cavernous sinus.

Along with your specialist team our group only works with specialist trained neurosurgical anaesthetists, neurosurgical/ENT surgical nurses and neurosurgical ICU nurses. Our surgical results compare favourably with the largest and most respected units in the world.

Once the diagnosis is confirmed, three broad management options exist depending on the patient's general health, tumour size/growth rate and tumour location (relationship to critical structures). The SANAMI team will discuss

and assess your case on an individual basis depending on these factors and offer one of three management options. The first is watchful waiting, where the tumour is closely observed with MRI scans to see if it is growing. Radiotherapy is the second option, to attempt to arrest the growth of tumour. Microsurgical excision if feasible, remains the gold standard. Pre-operative embolization (occluding blood vessels with glue) is often necessary prior to surgery.

If surgery is appropriate for you and you elect to proceed with the operation, then your first post operative night and day will be in one of Australia's most respected and largest ICU units, at North Shore Private Hospital. The rest of your aftercare will be in a specialist neurosurgical post operative ward with neurosurgical nurses.

At SANAMI, some of our senior skull base neurosurgeons established the Sydney Neuro-oncology Group (SNOG) for the advancement of molecular research into skull base tumours. If you do decide to proceed with surgery, then we will ask you to agree to include a small portion of your tumour (once it has been removed) in our research. A small piece of the tumour will be removed and sent to the SNOG research centre, in the North Shore Campus, to join one of Australia's largest molecular skull base tumour databases. The SNOG group are actively researching molecular mechanisms of skull base tumour genetics, growth and development.

Patient's with a cavernous sinus tumour expect excellent care. At SANAMI we look forward to providing you with the highest quality, most ethical, comprehensive and compassionate care possible. Visit the SANAMI difference www.sanami.com.au

