

John Hunter Hospital  
Lookout Rd,  
New Lambton Heights NSW 2305

15<sup>th</sup> Nov 2018

Dear Doctor,

**RE:                    Ian Makepeace**  
**DOB: 19/07/1961**

Thank you for referring Mr. Makepeace to the neurosurgery outpatient clinic at JHH. Mr Makepeace has a right vestibular neuroma at his cerebellar pontine angle, which accounts for his long standing symptoms.

On examination Mr. Makepeace has evidence of right sided sensorineural hearing loss, and a peripheral cause of his vertigo symptoms (HiNTS positive). Cranial nerve examination revealed hyperaesthesia on distribution of right trigeminal nerve and loss of right corneal reflex. He has no vascular risk factors and the time course makes a posterior circulation stroke unlikely.

His pure tone audiometry demonstrated unilateral sensorineural hearing loss, more pronounced at high tones, and out of proportion speech discrimination, which is 92% sensitive and 45% specific for vestibular neuroma.

His MRI demonstrated a complex enhancing mass at the right cerebellar-pontine angle which involvement of cochlear and vestibular branches of CNVIII. No appreciable mass effect of the cerebellum was seen.

His cerebral angiography and carotid Doppler's were normal, which is reassuring there is not a vascular cause for his symptoms.

Mr Makepeace has also been evaluated by one of the staff specialist ENT surgeons at the JHH. The decision between myself, Mr. Makepeace and ENT is surgery, with a retromastoid suboccipital approach with attempted hearing preservation, and aim to completely resect the tumour. We have had a conversation regarding possible complications of the surgery including damage to CNV, CNVII, and hearing loss. With less likely complications being CSF leaks, haemorrhage and infection. Mr Makepeace has signed the consent and will wait to hear from the hospital regarding a date for the surgery.

Thank you for your ongoing care of Mr. Makepeace

Kind regards,

Dr Collins  
John Hunter Hospital  
Staff Specialist Neurosurgeon