Dear Dr. Arthur, Dr. Schirmer, and NREF Board of Directors:

Thank you for the opportunity to visit the Barrow Neurological Institute (BNI) through the generous support of the Microvention Joint Section Travelling Scholarship. It was a rewarding experience, and one that has fostered mentorship, friendship, and research collaborations for years to come.

During my fellowship, I had the pleasure of working with Dr. Michael Lawton, Dr. Felipe Albuquerque, and Dr. Andrew Ducruet. As a leading cerebrovascular center, the BNI has long established a tradition of training fellows and hosting visitors. I had the fortune to interact with many fellows and observers from different countries and learn about other US and international cerebrovascular programs. Such exchanges undoubtedly have enriched the experience and added an extra dimension to the travelling fellowship.

With Dr. Lawton, as one may expect, I saw many complex operations masterly performed. In an era of decentralization in cerebrovascular surgery, it was unique to see a large complex surgical practice consists of regional, national, and international referrals coming through the office and the second-opinion program. In a short period of 3 days, I observed 3 brainstem cavernous malformations, 2 STA-MCA bypasses including a side-to-side bypass for one of them to preserve the pial collaterals from the distal STA (a case that we hope to prepare for publication), 2 brain AVMs, and a high cervical AVM in a teenager. It was inspirational to see complex surgeries performed at the highest level. Apart from the invaluable technical experience gained from observing many complex surgeries, I also learned about Dr. Lawton’s basic ergonomics in microsurgery that I now find helpful (mouthpiece, foot pedal, armrest...etc) and have adopted new innovative surgical instruments that truly facilitate the most difficult tasks in microsurgery.

On one hand, these cases highlighted not only the need for complex microsurgery even in an ever-growing endovascular era but also the challenges that one faces in learning them. How does one achieve competence and develop excellence when there are fewer cases to do and the remaining cases are more complex? During the fellowship, I saw the importance of surgical mentorship and the laboratory in the growth of our skills and confidence. Certainly, we cannot be complacent and must continue to learn and improve on these difficult cases when they arise.
On the other hand, as endovascular neurosurgeons, these cases also reminded us that we must continue to seek innovation and explore novel approaches to expand the indications of endovascular therapy to diseases that are not easily treated (or not treated at all) with endovascular techniques today. At the end, I believe it is the balance between innovation and patient safety that we must strive for in the practice of cerebrovascular surgery.

I am very grateful for the valuable educational experience provided by the Joint Section. Special thanks to Dr. Lawton, Dr. Albuquerque, and Dr. Ducruet for providing a rich and compact one-week cerebrovascular experience and to Dr. Michael Lang for hosting me during the fellowship. I wish the fellowship program continual success for the years to come.

Sincerely,

Peter Kan, MD, MPH, FAANS
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