## Peripheral Nerve Surgery Unit
## Director: Gregor Antoniadis, MD, PhD

District Hospital Guenzburg
Ludwig Heilmeyer-Str. 2
89312 Guenzburg /Germany
**Secretary:** Building 22, Room 38
Phone: +49 8221 96-2260
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### Outpatient Department

Regular consultation hours are
every Wednesday between
07.30 and 16.30 h

Registration:
Building 22, Room 44
Phone: +49 8221 96-2234
Fax: +49 8221 96-2294

### Department of Neurosurgery

Registration:
Building 25, Room 24
Phone: +49 8221 96-22505 or 96-22503
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### Team
### Peripheral Nerve Surgery Unit

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Ute Bäzner, MD
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### How to get to our Hospital

Bezirkskliniken Schwaben
Bezirkskrankenhaus Günzburg
(District Hospital Guenzburg)
Ludwig-Heilmeyer-Str. 2
89312 Guenzburg / Germany
Phone: 08221 96-00
www.bkh-guenzburg.de
www.bezirkskliniken-schwaben.de

### Location Plan of the Neurosurgical Department


- By bus: From railway station (Line 856 - Direction Günzburg-Reisensburg)
- By car:
  From freeway A8: Exit Günzburg and then follow the traffic sign „Krankenhäuser".
  From the federal road B10 or B16: Following the traffic sign „Krankenhäuser".

Bezirkskliniken Schwaben – Kommunalunternehmen
(Anstalt des öffentlichen Rechts) - Sitz: Augsburg
Vorstand: Thomas Düll (Vorsitzender),
Verwaltungsratsvorsitzender: Bezirkstagspräsident Jürgen Reichert
Bildrechte: Bezirkskliniken Schwaben
Stand: November 2016

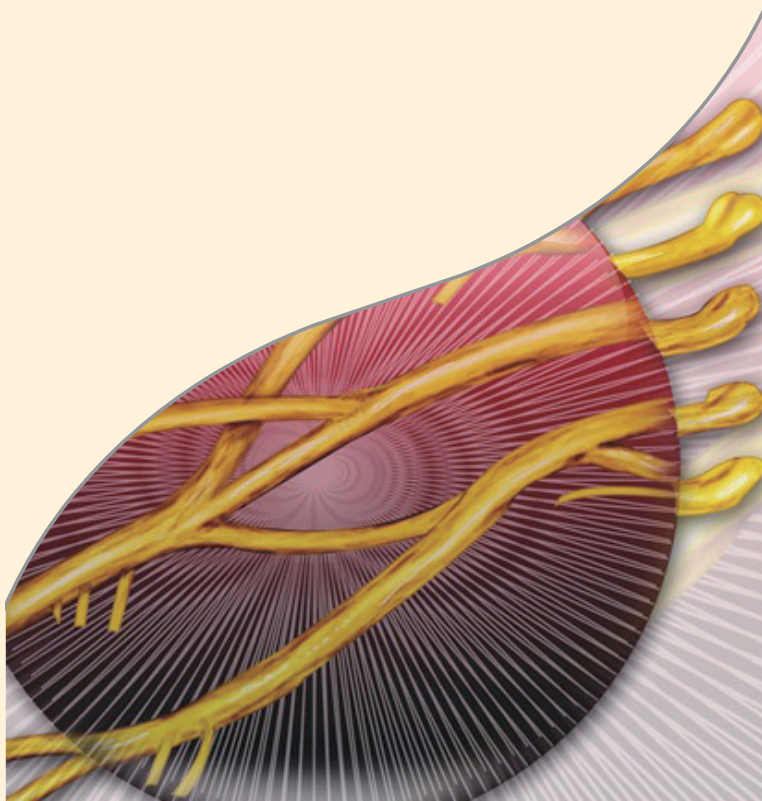
bezirkskliniken schwaben

Akademisches Krankenhaus für die Universität Ulm

## Bezirkskrankenhaus Günzburg

Department of Neurosurgery

# Peripheral Nerve Surgery Unit



## Peripheral Nerve Surgery Unit

A new Peripheral Nerve Surgery unit was founded on July 1, 2016 in the Department of Neurosurgery at the University of Ulm.

The Department of Neurosurgery in Ulm/Guenzburg has gained considerable experience in the treatment of pathologies since 1980, and over the last 20 years has developed into a national reference center. With more than five hundred nerve surgeries performed each year, the Clinic in Guenzburg is now also one of the biggest centers in Germany.

Patients who suffer from compression neuropathies, injuries of the peripheral nerves and of the brachial plexus, as well as those with nerve- or nerve-associated tumors can be treated more effectively in the new Peripheral Nerve Surgery Unit.

We continue to share our knowledge and experience by holding annual Nerve Courses and through Neurophysiological Seminars hosted by the German Neurosurgical Society. These events have a long tradition in Guenzburg and have taken place since 2000.

We are pleased to continue our collaboration as a reliable and professional partner.

Gregor Antoniadis, MD, PhD
Director
Peripheral Nerve Surgery Unit

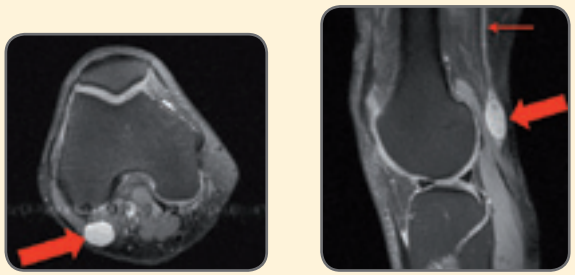
## Surgical Spectrum

- Carpal Tunnel Syndrome (open and endoscopic procedures)
- Cubital Tunnel Syndrome (open and endoscopic procedures)
- Thoracic Outlet Syndrome
- Other frequent and rare compression neuropathies of the upper and lower extremity
- Nerve tumors
- Injuries of peripheral nerves including the brachial plexus

## Diagnosis

Compression neuropathies require an accurate clinical examination, a neurophysiological diagnosis and in some cases the use of imaging techniques (Neurosonography and MR-Neurography).

When a nerve- or nerve-associated tumor is suspected, neurosonography and a MR imaging must be performed after a comprehensive clinical and neurophysiological examination. Only with these imaging techniques can a nerve tumor be detected.



MRI: Presentation of a nerve tumor

## Surgical Treatment

Decompression of the nerve is the treatment of choice for most cases of compression neuropathy. These procedures can be performed without the aid of a microscope and with very good postoperative results.

Peripheral nerve tumors and nerve injuries require microsurgery.

Intraoperative monitoring with recording of nerve action potentials (NAPs) and the high resolution neurosonography directly applied to the exposed involved nerve is particularly important in nerve injuries. With these two techniques, the surgeon can determine the best surgical technique (neurolysis, interfascicular neurolysis, split-repair or complete nerve grafting) to achieve an optimal treatment and good functional results.

Microsurgical nerve reconstruction using intraoperative neurography and neurosonography (Multimodal Monitoring)