

Working with an Acoustic Neuroma – Help for Employers of people diagnosed with or had treatment of an Acoustic Neuroma Brain Tumour

An Acoustic Neuroma is a rare brain tumour that approximately only 2 in 100,000 people are diagnosed with. In fact many GP's will never see an Acoustic Neuroma, while others are likely to come across perhaps one patient in their career as a GP.

Mostly AN's are diagnosed in the 50+ age group, although the acoustic neuroma can and has been diagnosed in people in their twenties. Any age group can be affected.

The only way an Acoustic Neuroma can be diagnosed is via an MRI scan. The tumour grows on the acoustic nerve behind the inner ear; it can take a long time to get a diagnosis. People usually begin to notice that their hearing is deteriorating and/or their balance is causing an issue (people have been accused of being drunk)! Or tinnitus is invading their everyday life.

A diagnosis of Acoustic Neuroma brain tumour can be traumatic for the individual and their family and for work colleagues. There are more often than not a number of side effects that will develop and they often stay beyond surgery; the individual and others will have to develop coping mechanism to live with these day to day life changing situations. Changes can include single sided deafness, tinnitus, balance issues, facial weakness/palsy, fatigue, vertigo, headache, anxiety. All those diagnosed will lose their hearing completely in the ear affected by the Neuroma. Many of those diagnoses can feel isolated as they know of no one who has had or heard of Acoustic Neuroma.

It is possible your employee will not return to the same physical and emotional health as before their diagnosis or that all the symptoms will fade away. Many effects of Acoustic Neuroma are invisible.

It is important that you discuss with your employee what reasonable adjustments can be made that will assist them to remain in their work place after their treatment and/or surgery.

There are presently three options that your employee's consultant will discuss with them and what option is decided upon will depend on the site and growth of the tumour for many this can be a difficult stressful time and symptoms can be exacerbated.

Wait, watch and re-scan – i.e. monitoring the tumour, for some the tumour stops growing, but there may still be other symptoms. For others tumours stop growing and then start again.

Stereotactic Radiosurgery – this will be delivered in one treatment or smaller doses over a number of sessions according to the size of the tumour. The treatment is individualised to the patient and the AN.

Surgery – Removal of the tumour and preserve the facial nerve, this is major intracranial surgery and can take a number of hours to perform.

Having an Acoustic Neuroma is very much an individualised experience and no two will be the same.

If your employee is happy for you to do so it may be helpful for you to explain to their colleagues, or give them a copy of this help sheet.

Although not medically trained we are happy to answer any questions for you, please contact us at admin@bana-uk.com or telephone on 01246 550011 we are available Monday to Friday 10am -3pm

