

A “Straightforward” Neurosurgical Procedure

Category: Hospitalized

written by Kenneth V. Iseron | March 7, 2026

I once introduced myself as a retired academic emergency physician, bioethicist, and wilderness medicine specialist. These days, I prefer part-human, part-hardware.

It began in Antarctica. My gait deteriorated; my cognition slowed. My wife noticed both – gently, though with her unfortunate track record of being right.

Back home, a carousel of neurologists took their turns. Their theories ranged from imaginatively inaccurate to implausibly terminal. I suspected idiopathic normal pressure hydrocephalus. Most dismissed the idea. One brave neurologist agreed. Her colleagues dismissed her, too.

A neurosurgeon entered. Calm, competent, reassuring. “Let’s place a ventriculoperitoneal shunt,” he said. “Straightforward procedure.”

Spoiler: it wasn’t.

The initial surgery succeeded. My balance returned. My thoughts clarified. For two luminous weeks, I felt restored. Then the incision dehisced – a formaldehyde allergy no one anticipated. The shunt was removed. The walker returned.

Infection followed. I self-administered IV antibiotics in my kitchen, rediscovering sterile technique at my own counter. After decades in global health, I found a quiet symmetry in this domestic ritual.

One morning, consciousness took leave. I collapsed in the shower, fracturing tile and earning a subdural hematoma. No surgery; my brain had met its annual quota.

Once stable, a second shunt was placed on the opposite side. Bald for years, I now resembled Jean-Luc Picard crossed with the Borg. The neurosurgeon adjusted my valve with a handheld magnet – actual stage magic. I suggested accelerating the drainage. He complied. I developed over-drainage syndrome, a polite term for a skull under vacuum. He dialed it back.

I improved. My stride lengthened. My wife smiled again.

Then the valve began drifting on its own – from three to five, then six. Neither of us had touched it. We stared at the readings as one might regard a traitorous pet.

I am told this is a straightforward procedure, provided one is prepared for dehiscence, unexpected allergies, kitchen infection control, concussive

bathroom injuries, and self-reprogramming hardware.

But here is what I was not prepared for: the loneliness of being a patient. After thirty years at the bedside, nothing teaches you what the bed feels like except lying in it. Humility does not arrive as insight. It arrives as a hospital gown that opens in the back.

My gait continues to improve. My mind remains largely intact. And I possess the best icebreaker at medical conferences: "Hello, I'm Ken. I used to teach bioethics. Now I embody it – titanium, scars, magnets, and all."

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