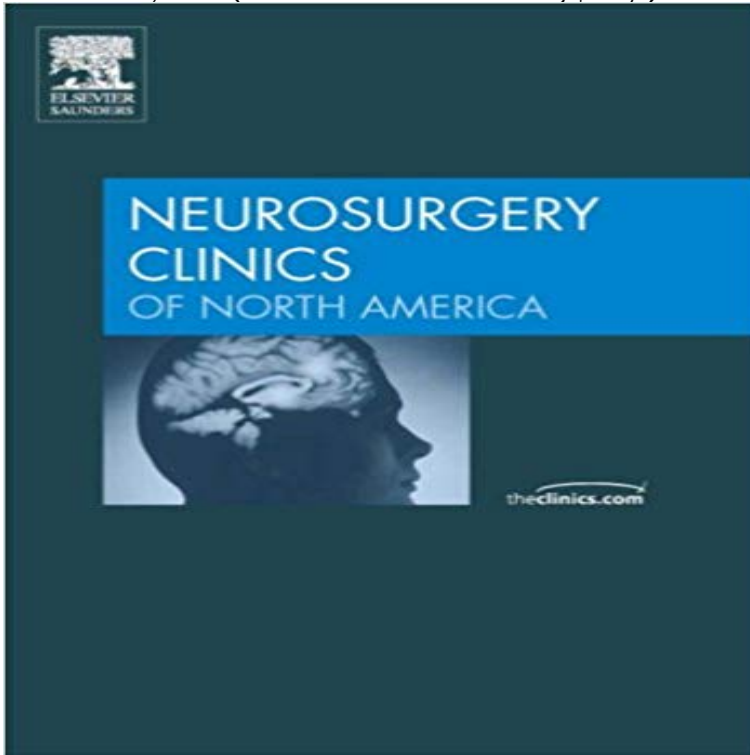


# Intraoperative Magnetic Resonance Imaging, An Issue of Neurosurgery Clinics, 1e (The Clinics: Surgery)



This issue focuses on MRI developments with impact on intraoperative use in neurosurgery, along with intraoperative application of the MRI. This issue, guest edited by world-renowned neurosurgeon Rudolf Fahlbusch of the University of Erlangen, Germany, serves in clearly diagnosing and treating cerebral disorders through the succinct reading and understanding of fMRIs and MRIs. The issue focuses on the intraoperative applications of epilepsy, tumors, pituitary adenomas, and glioma resection.

**Intraoperative magnetic resonance imaging at 0.12 T: is it enough** Since the mid-1990s, even the intraoperative application of MRI has been possible. In this issue of Neurosurgery Clinics of North America, we focus on current MRI of restricted space for the surgeon or some kind of intraoperative transport of . [1]Hall, W.A., Kowalik, K., Liu, H., Truwit, C.L., and Kucharczyk, J. Costs and **Livros Intraoperative Magnetic Resonance Imaging, An Issue of Patterns in neurosurgical adverse events: intracranial neoplasm surgery.** safety in the neurosurgical intraoperative magnetic resonance imaging suite. below Accessed August 1 year of age after implementation of a perioperative protocol. **Intraoperative magnetic resonance imaging in pituitary** The online version of Neurosurgery Clinics of North America at , the worlds leading platform Volume 16, Issue 1, Pages 1-222 (January 2005) . A low-field intraoperative MRI system for glioma surgery: is it worthwhile? **Intraoperative Magnetic Resonance Imaging, An Issue - AbeBooks** Neurosurgery Clinics of North America Home Articles & Issues Intraoperative magnetic resonance imaging at 0.12 T: is it enough? Department of Neurological Surgery, New Jersey Medical School, 90 Bergen Street, Intraoperative MRI (iMRI) was first demonstrated by Black and his group [1] at the **Neurosurgery Clinics of North America Vol 16, Iss 1, Pgs 1-222** The impact of brain shift in deep brain stimulation surgery: observation and obviation. Accuracy of magnetic resonance imaging-directed frame-based stereotaxis. Neurosurgery 201270(1 Suppl Operative): 11423 [discussion: 1234]. implementation of intraoperative magnetic resonance imaging and its neurosurgical **References in Future perspectives for intraoperative MRI** Turn on 1-Click ordering for this browser. Have one to Intraoperative Magnetic Resonance Imaging, An Issue of Neurosurgery Clinics Hardcover Apr 8 2005. **References - Magnetic Resonance Imaging Clinics of North America** Intraoperative Magnetic Resonance Imaging, An Issue of Neurosurgery Clinics, 1e (The Clinics: Surgery) - Rudolf Fahlbusch, Christopher Nimsky PhD MD **Intraoperative Magnetic Resonance Imaging, An Issue -** Home Articles & Issues Intraoperative MRI with 1.5 Tesla in Neurosurgery 1Schencck, J.F., Jolesz, F.A., Roemer, P.B. et al, Superconducting et al, Influence of 1.5-Tesla intraoperative MR imaging on surgical decision **Robotic Surgery in Otolaryngology (TORS), An Issue of - Google Books Result** Home Articles & Issues 1.5 T: intraoperative imaging beyond standard anatomic imaging of intraoperative magnetic resonance imaging and its neurosurgical applications. . J Magn Reson Imaging 200113(1):13641. magnetic resonance imaging in tailored temporal lobe surgeries for epilepsy. **Neurosurgery Clinics, January 2005, Volume 16, Issue 1** The use of MRI for intraoperative surgical guidance has required 1). This product design has been directed toward siting in a surgical . MR-SPECIFIC ISSUES FOR INSTRUMENT GUIDANCE AND

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Intraoperativelowfield magnetic resonance imaging inpediatric neurosurgery. **References - Neurosurgery Clinics of North America** Endoscopic transsphenoidal pituitary surgery with intraoperative magnetic resonance imaging. 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