



Oxford University Hospitals
NHS Foundation Trust

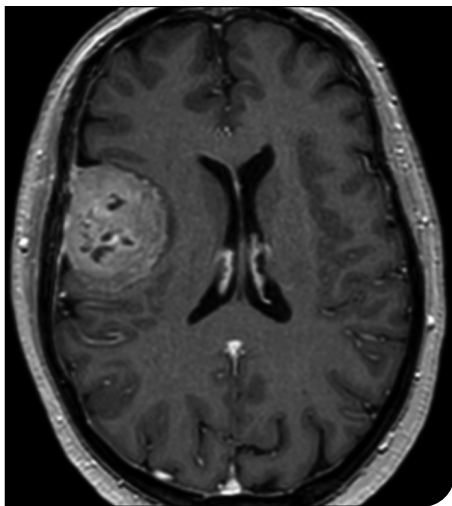
Meningioma

Information for Patients



You have been diagnosed with a meningioma. This leaflet aims to provide further information on meningiomas to help you and your family.

If you have any questions or concerns that have not been covered please do contact us.



Contents

About us	4
What is a meningioma?	5
What treatments are available?	8
Contact us	10
FAQs	11

About us

The Oxford Neurosurgery Department is a busy, multidisciplinary specialist service looking after a large number of patients with meningiomas. Clinics, multidisciplinary team meetings and surgeries are based at the West Wing, John Radcliffe Hospital, Oxford. Radiosurgery is typically undertaken at the Churchill Hospital in Oxford. We work as a multi-disciplinary team of surgeons, oncologists, specialist nurses, neuroradiologists, pathologists, nurses and allied health professionals such as physiotherapists and occupational therapists. We all work closely together to ensure that you are comprehensively managed and supported.

What is a meningioma?

A meningioma is a benign (non-cancerous) tumour that arises from the protective lining of the brain or spine called the dura, a membrane that sits between the brain and the skull and spinal cord/nerves and spine. They do not come from, nor spread to, the rest of the body. Most meningiomas are slow growing with an average growth rate of 1 to 2mm per year. Some, once detected, do not grow further and we refer to this as having 'burnt out'.

They can occur in any location and sometimes there can be more than one. Your surgeon will give you more information about the location of your specific tumour and if there is evidence of others. When they grow they tend to do so by growing inward from the dura, sometimes causing pressure on the brain or spinal cord giving rise to symptoms. Sometimes they can cause an overgrowth of the surrounding bone, giving an appearance of thickening of the surrounding bone on scans.

At least a quarter of primary brain tumours are thought to be meningiomas. Their overall prevalence is approximately 1 in 40,000 in the general population. They are more frequently found in women and those over 40.

The most common locations for meningiomas in the brain are as follows:

- Convexity – These tumours grow on the surface of the brain.
- Falx and parasagittal – The falx is a sheet of dura that runs between the two sides of the brain, front to back. Running along the top of this sheet is a large blood vessel, called the superior sagittal sinus which helps to drain blood from the brain. Falx tumours arise from dura folded into the groove between the two hemispheres. Parasagittal tumours arise from the dura close to the superior sagittal sinus at the top.
- Sphenoid wing – These tumours lie along the sphenoid bone, which makes up part of the skull base, behind the eyes.

- Olfactory groove – Olfactory groove meningiomas grow from the area at the front of the skull base where the nerves for smell run between the brain and the nose, and therefore very commonly affect smell and taste.
- Suprasellar – These meningiomas grow above a bony depression that houses the pituitary gland and are very close to where the optic nerve from each eye intersects with the other. As a consequence they can affect vision if they grow.
- Posterior fossa – Posterior fossa tumours arise at the underside of the brain. They commonly affect balance and co-ordination.
- Intraventricular – Intraventricular meningiomas are associated with the connected chambers of fluid, known as cerebro-spinal fluid (CSF), that circulate throughout the brain and spine.
- Spine – They can occur at any point in the spine and grow in from the lining (dura) which surrounds the spinal cord and cauda equina. Symptoms depend on their size, and where in the spine they occur.

What are the causes of meningiomas?

For the majority of people the cause is unknown. A small number of people develop meningiomas after radiotherapy to the head and spine. This tends to be after whole brain or spine radiotherapy, although this is rare, and occurs years after the treatment. A very small proportion of patients with meningiomas, usually multiple, have a genetic condition that pre-disposes them to meningiomas. This again is uncommon. Your surgeon will discuss your specific case with you if this is applicable.

What are the symptoms?

Symptoms are very variable according to the location of the meningioma. Many patients do not have any symptoms related to their meningiomas and they have been found incidentally while performing brain or spine imaging for a different problem. Your doctor will talk through your symptoms, if you have any, when they see you as to whether they relate to your meningioma.

How will the diagnosis be made?

Usually diagnosis is made from imaging, a computerized tomography scan (CT) or a magnetic resonance imaging scan (MRI). Often if you have only had a CT scan and can safely have an MRI scan you will be asked to attend for an MRI scan as it gives greater detail than a CT for meningiomas.

You may be sent for other tests such as blood tests, scans of the rest of your body, visual tests, hearing tests. Each test will be explained fully if it is required.

What treatments are available?

The need for treatment, and what type is required varies from person to person. It varies according to tumour size, location, growth rates, symptoms, your general health and preferences.

There are three treatment options available for any meningioma:

- Active surveillance with imaging.
- Surgery.
- Radiosurgery.

Active surveillance with imaging

If you do not have symptoms from your meningioma it may be appropriate to simply observe the meningioma with periodic scans to assess if it is growing, or has 'burnt out'. If it has 'burnt out' i.e. has stopped growing observation may be all that is required. Typically once detected, meningiomas are monitored with scans for up to 10 years from their diagnosis, yearly for the first 5 years then every other year for the remaining 5 to 6 years. This is due to the slow growing nature of most meningiomas.

Surgery

Surgery is generally considered for meningiomas that are causing symptoms, or those that are growing and there is concern that without intervention they could cause symptoms in the future. Surgery is very different, as well as the recovery period, depending on the location and size of your meningioma. Similarly the risks of the surgery vary greatly depending on these two factors too. Your surgeon will discuss the specifics of your surgery with you in great detail if that is required, including the recovery period, potential driving restrictions and so on.

Radiosurgery

This is an effective technique that uses highly targeted doses of radiation with the aim of stopping the tumour from growing any more. This is usually offered to patients with small but growing tumours, as an alternative to surgery. This can be delivered in one dose (single fraction) or several doses (fractionated). What type is offered, and whether this is a safe and appropriate option, depends on the size and shape of your tumour. Most of our patients wishing to be treated with specialist radiosurgery will have this in Oxford, at the Churchill Hospital. This will be discussed with you in more detail if required/appropriate by your Doctor.

Who to contact?

Many questions can and do arise and we are here to help you. We advise that if you have any questions, however small, or you are concerned about a change in symptoms to contact our specialist nurses in the first instance who will be able to help. If you call and we cannot answer the phone, please leave your name, date of birth and contact number and we will get back to you as soon as we can.

Skull Base Specialist Nurse:

Oxford Neurosciences Department
John Radcliffe Hospital
Telephone: 01865 231 427
Email: skullbasenurses@ouh.nhs.uk

Neuro-oncology Specialist Nurses:

Telephone: 01865 234 372

Your specialist nurse is available to advise in office hours Monday to Friday. Out of hours and at weekends you should contact your GP. If the GP has concerns then they should contact the on call neurosurgeons via the Oxford Acute Referral System on oars.ouh.nhs.uk.

Other useful contacts

Meningioma UK

Has a very useful website that offers information on meningiomas and their management.

Telephone: 01787 374 084

Website: www.meningiomauk.org/meningioma-facts/

Email: enquiries@meningiomauk.org

Frequently Asked Questions

What about Gamma Knife / Cyberknife?

Gamma Knife and Cyber Knife are alternative ways of delivering radiosurgery.

Are there any lifestyle changes I should make?

There are no specific lifestyle changes recommended for patients with meningiomas.

Is it safe to take oral contraception or hormone replacement therapy?

There is some evidence that certain hormones, in particular progesterone and oestrogen, can promote growth of meningiomas in some people. Therefore we would advise that you discuss this with your Doctor if you have a meningioma, and are on/considering starting treatment.

Can I drive?

There are no restrictions on driving for patients with a diagnosed meningioma provided that you do not have any seizures, blackouts, weakness, sudden and disabling dizziness or problems with your vision such as uncorrected double vision. If you are in doubt please consult your Doctor for advice. If treatment is required your Doctor again will advise. For many meningiomas, if surgery is required, there is a minimum of 6 months off driving due to the risk of seizures. Following radiosurgery we typically advise a minimum of 3 weeks off driving, but again this depends on where your meningioma is and the course of treatment required.

Can I travel?

Yes, there are no travel restrictions, but we would recommend that you inform your insurance company of the diagnosis. If you have surgery or radiosurgery we usually recommend you do not travel for a minimum of 6 weeks after the treatment has completed.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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