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“LOOSE CHAINS” DRUMMER EDDIE CLELAND RESUMES LIFE AFTER BRAIN SURGERY

LOS ANGELES (June 1, 2009) – It is not uncommon for musicians to have to work around scheduling conflicts, but Eddie Cleland, drummer for “Loose Chains” and two other bands, had to adjust his calendar to accommodate brain tumor surgery, which was performed by [Keith Black, M.D.](#), chairman of the [Department of Neurosurgery at Cedars-Sinai Medical Center](#).

On Thanksgiving Day 2007, Cleland thought he might be having a stroke as he stepped out of bed because the left side of his body was extremely weak. His wife, Stephanie, called 911, and even though Cleland was feeling better by the time paramedics arrived, they took him to the nearest hospital for evaluation. The emergency room physician first suspected he was having a panic attack, but Cleland, a self-described “pretty mellow guy,” didn’t think so, and when his hand started to twitch during the evaluation, a CT scan was ordered. It showed a mass deep within Cleland’s brain.

The neurosurgeon who evaluated Cleland told him that although the tumor was causing mild seizures, it was not immediately life threatening. Cleland was released from the local hospital with anti-seizure medication and instructions to follow up with a brain tumor specialty center. Friends of friends referred him to Cedars-Sinai, which he called on the morning of Dec. 3, 2007. He was able to get an appointment with Black early that afternoon, and after reviewing the images of the tumor together, the two began to set a date for surgery.

“He said, ‘How about the 13th?’ I said I had a gig booked on the 15th with a lot of people coming out – even my mom was flying out from northern Nevada. I said I really didn’t want to cancel the gig, thinking this could be my last gig. Who knows?” Cleland recalled. They settled on Dec. 20.

Cleland’s tumor was a diffuse astrocytoma, also called a Grade II glioma. Gliomas arise from glial cells, which provide support for nerve cells in the brain. Low-grade gliomas (Grade I and II) are considered pre-malignant. Although not yet cancers, 70 percent to 80 percent will increase in grade to become cancers over time. Grade IV gliomas, also known as glioblastoma multiforme, are the most aggressive type of brain cancer.

“The treatment of choice is to try to get all of it out if we can,” Black said. “Complete resection is not curative because there can still be some areas where microscopic cells that we cannot see may be hiding, and they can re-grow. But we’ve gotten 99.99 percent of the tumor cells out, which means there are fewer cells that can convert and become cancerous.”

The surgical team used sophisticated imaging and electrical stimulation techniques to map out Cleland’s tumor and protect eloquent areas of his brain.

"His tumor was actually quite deep and we had to find a safe corridor to approach it. We were able to go between the two halves of the brain, sneak underneath the normal brain and shell the tumor out," Black said.

The operation was made more challenging by the fact that the tumor extended into the premotor area of Cleland's brain. While the motor area is responsible for sending nerve impulses to the muscles to make them move, the premotor area is where the thought originates to initiate movement. Activation of the premotor area results in activation of the motor area.

"We know that if we remove a tumor in the premotor area, about 80 percent of patients will wake up with some significant weakness, but about 90 percent of those patients will completely recover because this area can be reprogrammed and retrained very quickly," Black said. "This brings up a very important trade-off. Do we give the patient the benefit of getting the entire tumor out, thereby decreasing the chance that it's going to become malignant, or do we leave that part of the tumor that has extended into the premotor area? We always have a discussion with patients beforehand about how aggressive they want us to be."

Cleland opted for aggressive removal and did experience initial weakness. He underwent inpatient physical therapy and rehabilitation at Cedars-Sinai until Jan. 11, 2008 before transitioning to outpatient rehabilitation at a hospital closer to his Sunland home. By mid-April, the members of the band decided it was time for him to go back to work, which turned out to be an important part of his therapy.

"The first rehearsal was brutal. It was horrible – like a 5-year-old," said Cleland, who will celebrate his 46th birthday on May 30. "The funny thing was, the next day, when I went back to therapy, my brain was working 10 times better. Answers to problems were coming quicker and I was doing better on the tests."

With each rehearsal, he improved dramatically. "I had my physical therapy, my speech therapy and my music therapy," he said.

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