

## **New Medical Technology at the Institute for Nerve Medicine Puts Police Officer Back On The Job**

*Police Officer Wounded By Gunfire Returns To Work*

For Immediate Release

LOS ANGELES/EWORLDWIRE/May 10, 2004 --- Police officers who are shot in the line of duty resulting in debilitating injury may be able to seek a new medical procedure to minimize or eliminate the effects of paralysis and loss of mobility.

Daniel Dunnigan, a police officer for the Corona Police Department in Corona, California, was shot on the eleventh of November 2002. As a result of the shooting, his leg was paralyzed and he was expected to live on disability rather than return to work. New nerve-repairing technology enabled him to return to full duty.

Dunnigan was 28 when he was shot with a 9mm from a range of approximately ten feet. After initial emergency surgery, Dunnigan's search for medical help for his paralyzed leg went on fruitlessly for four months. He then found a neurology institute that was able to repair his damaged nerve.

At the Institute for Nerve Medicine in Santa Monica, Dunnigan met with neurosurgeon Dr. Aaron Filler. Four months after Dunnigan's injury, Filler was able to do what any other doctors that Dunnigan had visited could not do. He was able to locate the cause of Dunnigan's paralysis, which was a damaged femoral nerve, and to see exactly where the nerve was damaged. Dr. Filler used Magnetic Resonance Neurography, or MRN, to diagnose Dunnigan.

MRN is a high density imaging technology, for which Filler holds the patent, that allows doctors to view patients' nerves without invasive surgery. Surgery then revealed that Dunnigan's femoral nerve was damaged and covered in scar tissue, one of the biggest problems encountered when seeking to repair damaged nerves.

The second piece of technology that led to Dunnigan's miraculous recovery is a new implant called a neurogen tube. This tube, manufactured by Integra Neuroscience, aids in the repair of a nerve in three ways.

After Dr. Filler carefully removed the scar tissue from Dunnigan's femoral nerve, he implanted a neurogen tube into his leg, around the injured nerve. The neurogen tube helped to guide the nerve's growth as it healed.

The inside surface of the tube is designed to stimulate and encourage nerve growth, a result that has formerly been attempted, with less success, by the utilization of chemical growth stimulants. Very important to Dunnigan's recovery is the tube's ability to prevent scar tissue from forming on the nerve.

The standard procedure for nerve repair surgery is to graft the sural nerve from the bottom of a patient's leg and stitch it into the damaged nerve, a process that Dr. Filler describes as slow and inefficient. As for procedures using the neurogen tube implants, Filler says, "My experience is that you get a rapid and high-quality recovery."

The use of the neurogen tube in the procedure was something for which Dr. Filler had to fight. Knowing that the surgery may be dangerous because it required entry through Dunnigan's abdomen, Dr. Filler decided to go to UCLA to perform it. At UCLA, he encountered opposition about using the implants. The technology was about one year old at the time and Dr. Filler is one of the few surgeons to utilize it for such large-scale surgery.

One of the most notable aspects of Daniel Dunnigan's recovery is that his surgery took place more than six months after his injury. He was shot on the seventh of November 2002. Dr. Filler did not operate on him until June 3, 2003. One of the causes for delay for the surgery was the controversy over the use of the neurogen tubes. The more significant cause of the delay was the fact that Dunnigan's case was under the worker's compensation program, which hindered his ability to find the right doctor quickly. It is not uncommon for

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worker's compensation patients in California to see as many as twenty to thirty doctors for a single incident, according to Dr. Filler. Because of suspicion about abuse of the program, and recent budget cuts, worker's compensation patients such as Dunnigan are finding it difficult to receive proper medical attention so that they can return to work in a timely manner.

Dr. Filler says that the neurogen tube technology that he used to treat Dunnigan has much potential, and he sees the possibility for a similar implant to be designed to treat spinal chord injuries.

"It's given me a whole different outlook on what I'm going to be able to do now," said Dunnigan about the success of the surgery. "It's a miracle as far as I'm concerned."

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