Christopher P Kellner, MD, Neurosurgeon, Associate Professor Department of Neurosurgery, & Director of Intracerebral Hemorrhage Program at Mount Sinai, New York

Born in New York and raised in Boston, became interested in neuroscience during college at Harvard, inspired by the beauty and complexity of the nervous system and the experiences of patients with neurologic disease. Then in medical school at Columbia, he gravitated toward neurosurgery because of the rigorous training required to master its operations, my inspiring surgical mentors in the field, and the ability to make a real difference in patients' lives inside and outside of the operating room.

As the Director of the Intracerebral Hemorrhage Program at Mount Sinai, he had the privilege of working with experts who devote their careers to patients with hemorrhagic stroke throughout the continuum of care, from the emergency room when the bleeding first occurs, to the operating room if needed, to the neurorehabilitation unit and beyond. He and his colleagues have developed a novel minimally invasive treatment for removing brain hemorrhages called the SCUBA technique which many centers around the world are now using in addition to initiating an Enhanced Stroke Recovery Program in collaboration with the Department for Rehabilitation and Human Performance to offer Vagus Nerve Stimulation for patients recovering from stroke. His team has developed a post-stroke monitoring program called the Precision Recovery Program, which uses a digital health mobile application and care platform developed at Mount Sinai to keep our patients connected to the care team, helping them prevent a second stroke, and maximizing their recovery.

Dr. Kellner's clinical practice focuses on patients who are found to have aneurysms, vascular malformations (including AVMs, cavernous malformations, and dural AV fistulas), Moya Moya disease, carotid stenosis, chronic subdural hematomas, pseudotumor cerebrii (also called idiopathic intracranial hypertension), and pulsatile tinnitus. Most of the time, these problems do not require surgery and can be followed by repeating imaging studies like MRI, CT, or ultrasound. Reviewing the data-driven risks and benefits of observation versus surgery with every patient and their loved ones remains a high priority for his team.