



## Introduction

# Introduction to Endoscopic Spinal Surgery



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There has been a recent surge in interest in minimally invasive spinal surgery (MISS). This heavy interest level is apparent on a global scale, with many prominent international spinal societies emphasizing MISS in their educational agendas. This shift in interest from open to less invasive surgery, seems to be driven by surgeons, patients, healthcare economics, and to some degree, industry, as increasing importance is placed on less morbid surgery, faster recoveries, and cost efficiency. This comes as no surprise, as this parallels the paradigm changes we have observed in the developmental history of laparoscopy and joint arthroscopy, where these aforementioned factors have driven surgical evolution.

One MISS technique that has gained particularly heightened attention as of late, is spinal endoscopy. While it was first introduced several decades ago, initial technological limitations hindered its widespread applicability and consequently, its acceptance as a viable surgical option. However, with the discovery of Kambin's triangle and other MISS surgical corridors by some of today's key opinion leaders, a relatively rapid expansion of spinal endoscopic techniques has ensued. Today, spinal endoscopic techniques can be broadly applied in the cervical, thoracic, and lumbar spine for the management of degenerative disease, trauma, tumor, and even infections. While the most robust clinical data exists to support the efficacy of endoscopic spinal decompressions, spinal instrumentation is also possible utilizing spinal endoscopy. However, higher quality evidence is warranted to fully support its clinical efficacy for these more novel surgical applications.

While a very steep learning curve and equipment related costs continue to serve as hindrances to technique adoption in many surgeons' practices, more widespread adoption of spinal endoscopy appears inevitable. As the surgical landscape continues to pressure today's surgeons to adopt less invasive techniques, surgeons must nonetheless remember to exercise careful optimism in the adoption of spinal endoscopic techniques into their practices. Only after receiving thorough education on endoscopic techniques and indications via participation in cadaver courses and expert mentorships, should these techniques be very slowly integrated into one's day-to-day practice. Stringent patient selection and rigid surgical indications are essential, particularly in the early adoptive phase. Furthermore, self-awareness and humility are crucial, as a ceiling effect in surgical skill may ultimately limit a surgeon's ability to adopt the most advanced endoscopic techniques. While the allure of spinal endoscopy is certainly powerful, the patient's needs and safety must always remain the primary objective of our surgical care.



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Title: Bullfight  
Artist: Pablo Picasso  
Year: 1934

More information <https://www.pablocicasso.org/girl-before-mirror.jsp>  
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