

Preface to Special Issue Minimally Invasive Surgery Spine-II

James J Yue^{1,2*}

¹Connecticut Orthopaedic Specialists, Frank H. Netter School of Medicine, Quinnipiac University, University in Hamden, Connecticut, USA

²International Endoscopic Spine Society AKA IITS.org, USA

Editorial

This special issue on Minimally Invasive Spine Surgery II was put together to provide updated information that is lacking in high profile established journals where published articles are subject to review by established Spine Journals with the highest ratings. These Journals usually only publish articles subject to their restrictive guidelines of level I and II EBM validated, and powered by statistical analysis. Level I and II EBM, however, always starts with level 5 expert opinion EBM that deserves access to the literature. Open access Journals supported by publication fees after peer review provide important timely scientific information tend to reflect more recent contemporary research, and opinions ultimately become listed and cited by PUB Med 5-10 years later with meta-analysis, statistically powered numbers, and consolidation of multiple case series. By the time these articles become part of the established literature, it is often outdated.

This special Issue has topics and opinions by authors offering level 5 opinions that will eventually work its way to Level I and II EBM or establish a more contemporary collection of EBM articles.

The acceptance and survival of these level 5 opinions reflect my 27 years of focused expertise gathered from my personal experience of 20 years as a general orthopedic surgeon with an interest in spine, to focused subspecialty transforaminal endoscopic surgery and endoscopic spine surgery using traditional trans laminar and other approaches. Currently the high cost of spine surgery is under attack due to affordability that is affected by the Politics, Business and Reimbursement by payors. Patients willing to pay for surgical treatment supplemented by, or without insurance makes open access journals a valuable source of updated scientific information in this digital world. While the Role and future of endoscopic and minimally invasive surgical care is universally touted as desirable, it is imperative that Percutaneous and Endoscopic Spine Surgery require high standards for acceptance and survival. This special Issue reflects the reality of good results backed by “warranties” by the selected providers.

The articles in this issue reflect this practical reality.

I invited James Yue, M.D. former chief of Spine at Yale to write the preface to this special Issue.

Endoscopic spine surgical techniques continue to evolve in terms of indications as well as training programs and surgeon acceptance. From the perspective of a former long term full-time academic physician, the incorporation of endoscopic spinal surgical techniques has been both challenging and rewarding. Hospital purchasing and formulary committee as well as insurance coverage policies have traditionally been barriers to the early adoption of innovative minimally invasive technology including endoscopic spine methods. Educating academic hospital surgical formulary committees often comprised of both spinal and non-spinal surgeons who decide on whether or not certain new technologies are permitted to be used in an academic hospital setting often requires patience and perseverance. Early surgeon training methods have involved physician to physician learning sessions as well as overseas cadaveric training modules.

The professional and clinical advantages of utilizing endoscopic

spinal surgical techniques have far exceeded the, at times, monumental efforts required to overcome the above barriers and hurdles. Endoscopic spinal surgical techniques have re-defined the basis for minimally invasive surgical decision making. Lumbar pathologies such as extra foraminal, recurrent and/or multi-focal disc herniations which have traditionally been defined as requiring fusion methods can be approached with endoscopic techniques utilizing local awake anesthetic techniques on an ambulatory surgical basis. When fusion is required, access to the intervertebral disc space is ideally suited for less destabilizing endoscopic approaches which enable directly visualized endplate preparation as well as neural element decompression. Expandable intervertebral implants which allow indirect foraminal decompression and spinal realignment coupled with directly visualized spinal decompression afford an ultra-minimally invasive approach to spine care. Cervical endoscopic techniques are also being utilized to treat upper level cervical herniations through trans corporeal approaches as well as posterior excision of soft disc and foraminal stenosis.

Continued advancements in the development of biologic tissue as well as fixation implants that can both be delivered utilizing endoscopic techniques will soon revolutionize the care and treatment of the spine patient. Additionally, navigation-based technology is poised to permit higher levels of precision and accuracy. Formulated training which is currently being incorporated into sanctioned society, residency and fellowship training is advancing the learning process of surgeon and ancillary care providers. As the patient population ages, the necessity for minimally invasive procedures that can be delivered in a maximally least morbid and a high value-based manner will be most applicable to patients and society. Endoscopic spine surgical techniques continue to evolve in terms of indications as well as training programs and surgeon acceptance. From the perspective of a former long term full-time academic physician, the incorporation of endoscopic spinal surgical techniques has been both challenging and rewarding. Hospital purchasing and formulary committee as well as insurance coverage policies have traditionally been barriers to the early adoption of innovative minimally invasive technology including endoscopic spine methods. Educating academic hospital surgical formulary committees often comprised of both spinal and non-spinal surgeons who decide on whether or not certain new technologies are permitted to be used in an academic hospital setting often requires patience and perseverance. Early surgeon training methods have involved physician to physician learning sessions as well as overseas cadaveric training modules.

***Corresponding author:** James J Yue, Associate Clinical Professor, Connecticut Orthopaedic Specialists, Frank H. Netter School of Medicine, Quinnipiac University, University in Hamden, Connecticut, USA and President of International Endoscopic Spine Society AKA IITS.org, USA, Tel: +2034945475, E-mail: jamesyue65@gmail.com

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