INTRODUCTION

Endoscopic spine surgery

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ALTHOUGH the beginning of endoscopic spine surgery happened more than 40 years ago, the field today is “new” and represents the culmination of the evolution of both technology and surgical experience. Endoscopic spine surgery is defined as spine surgery performed using endoscopic visualization. Direct visualization of spine pathology requires light to travel 30–50 cm to the surgeon’s eye, whether through loupe magnification, microscopic magnification, or no magnification at all. Indirect visualization of spine pathology puts the camera’s eye millimeters away from the spine pathology for the surgeon to appreciate those images in high definition on a video monitor. In this sense, “indirect” visualization may be the most “direct” means to visualize spine pathology.

In this issue of *Neurosurgical Focus*, the lead article

reviews the history of endoscopic spine surgery and credits those surgeons who pioneered a novel approach to the treatment of spine pathology. What follows are descriptions of surgeons’ clinical experiences with what is possible, and cadaveric demonstrations of what might be possible, with endoscopic spine surgery. Demonstrations of surgical skill and technological advances are presented for the treatment of pathology that extends from the craniovertebral junction to the sacrum.

The challenge for the next 40 years will be to see how we can adopt these endoscopic spine surgical techniques in neurosurgery residencies, spine fellowships, and surgeons’ practices.

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DISCLOSURES Dr. Wang is a consultant for DePuy Spine, Aesculap Spine, joimax, and K2M. He is a patent holder with DePuy Spine.