INTRODUCTION

Lumbar spinal stenosis

Robert F. Heary, MD,¹ Paul A. Anderson, MD,² and Paul M. Arnold, MD³

¹Department of Neurological Surgery, Rutgers University Medical School, Newark, New Jersey; ²Department of Orthopedics and Rehabilitation, University of Wisconsin, Madison, Wisconsin; and ³Department of Neurosurgery, Neuroscience Institute, Urbana, Illinois

This issue of *Neurosurgical Focus* is a joint venture in conjunction with the Lumbar Spine Research Society (LSRS). This edition has addressed a very common problem encountered by spine surgeons in the United States and abroad. As such, we received a very large number of papers that addressed the diagnosis, management, and outcomes related to the treatment of lumbar spinal stenosis. Much has changed and evolved over the past few decades in treating patients with this disease. This issue of *Neurosurgical Focus* covers methods ranging from minimally invasive surgeries to open fusion procedures.

Over the past 5 years, *Focus* has partnered with the LSRS to produce 4 issues. In July of 2014, the first issue addressed the topic of lumbar trauma. Our second combined effort, in October of 2015, was on complications of lumbar spine surgery. The January 2018 issue covered the treatment of spondylolisthesis. Now, the fourth combined effort of LSRS and *Neurosurgical Focus* deals with the topic of lumbar spinal stenosis. The manuscripts reflect the diversity of surgical approaches to the lumbar spine. An assortment of surgical variations are described that have been utilized to improve the surgical outcomes for the individuals with this degenerative condition.

Many theoretical innovations have occurred in the treatment of lumbar spinal conditions over the past 20 years. Simple decompressive laminectomies remain a common form of management for patients with stenosis in whom instability is absent. With the improvements in spinal instrumentation, related methods have become increasingly utilized by spine surgeons who manage stenosis when stability issues are present. This includes surgeries performed from anterior, posterior, and combined anterior-posterior approaches. Since the treatment of lumbar spinal stenosis has increasingly involved older patients, with their frequent medical comorbidities, strategies that

limit approach-related morbidity, through the use of minimally invasive approaches, have enabled surgical treatment to include elderly individuals who might not have been considered candidates for surgical intervention in the past. Furthermore, some patients who have a combination of stenosis and spinal deformity or scoliosis are able to undergo more complex surgeries that both decompress the lumbar spine and correct the deformity, which can positively affect the quality of life of the afflicted patients.

The partnership between *Neurosurgical Focus* and LSRS has been advantageous to both parties. LSRS members, as well as all spine surgeons, were invited to submit their manuscripts for this edition. Furthermore, *Neurosurgical Focus* has graciously agreed to publish the abstracts of the LSRS annual meetings for the past 5 years, which has provided searchable and citable access to these presentations.

The LSRS originated 11 years ago at a meeting of 32 innovative spine surgeons. LSRS members are derived from both the neurosurgical and orthopedic spine surgical subspecialties. The LSRS annual meeting is held in Chicago. The next annual meeting will be held April 3–5, 2019, and all spine surgeons are invited. At the initial meeting of the LSRS, a decision was made to have the annual meeting free of any industry financial support and, in the process, any influence over the content of the meeting. This has led to spirited discussions and open discourse on a wide variety of topics related to the lumbar spine.

We are happy to serve as the topic editors for the current issue on lumbar spinal stenosis, and we thank all of the researchers who have submitted their high-quality manuscripts. We anticipate that these papers will expand the understanding of the treatments available for lumbar spinal stenosis. For this outstanding issue, we received 43 papers. As such, we needed to recruit additional reviewers,

Introduction

and we would like to specifically thank all of them, and in particular, Dr. Richard G. Fessler, from Rush University in Chicago, for his assistance in reviewing a large number of submissions to greatly help in the editorial process.

<https://thejns.org/doi/abs/10.3171/2019.2.FOCUS19151>

Disclosures

Dr. Anderson reports ownership stakes in Titan Spine, SI Bone, and Spartec. He is a consultant for Titan Spine and Globus and a patent holder at RTI.

Correspondence

Robert Heary: heary@njms.rutgers.edu.