



# Preface

The drive toward less invasive surgical techniques has accelerated since the first edition of this book, *Atlas of Endoscopic Spine Surgery*. The realization of improved clinical outcomes has occurred with endoscopic spinal techniques. Smaller incisions, muscle-sparing techniques, and improved endoscopes and microscopes have also been employed in posterior approaches to the spine. As in anterior endoscopic approaches to the spine, the surgeon willing to commit the time to master the technique is rewarded with a patient who has less pain and recovers faster with less long-term morbidity than with open techniques.

Motion preservation has become the buzzword in spine surgery. Information on this important topic is included in this revision. Also new to this edition are advances in disc replacement and the recent FDA approval of bone morphogenetic protein 2 (BMP-2) that shows promise in combination with laparoscopic fusion of the lumbar spine by means of fusion cages. In select cases of disc space collapse, patients tolerate the procedure well enough to leave the hospital the same day as the procedure.

The purpose of the *Atlas of Minimal Access Spine Surgery* is to continue the success of the first edition with presentation of current techniques used to perform minimal access surgical procedures. Experience gained from the experts in this field is represented in the outcomes summarized.

The endoscopic techniques first described in the initial edition have been updated inasmuch as technology as well as technical expertise has greatly improved. Minimal access posterior techniques such as microendoscopic decompres-

sion and micro-TLIF (transforaminal lumbar interbody fusion) are newer techniques that are receiving a great deal of attention in the spine community. These procedure-specific chapters are designed to give the reader a step-by-step guide to performing minimal access procedures.

Internationally recognized experts in the field of minimally invasive surgery have contributed to this book. We appreciate the valuable contributions of all of the authors and are grateful for the insightful comments of Drs. Vaccaro and Benzel.

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