

Preface

From small seeds grow big trees

It is with great pleasure that I present the second edition of the *Journal of Spine Surgery (JSS)*. After substantial interest in the first edition, from its modest beginnings amongst a group of interested local spine surgeons, we have significant traffic through the jss.osspress.com website including numerous downloads of available articles, as well as a healthy volume of submissions from around the globe. Many thanks to the authors, reviewers and editorial board, for assisting in getting the journal off the ground.

This edition continues the journal focus with clinically relevant articles for the busy spine surgeon. Winder & Gambhir (1) discuss the pros, cons and risk profile of approach to the L4/5 level for interbody fusion. The article highlights that surgeon experience and comfort with a particular approach, whether lateral or anterior, is likely of greater importance rather than the nuances of the approach itself. This serves as a relevant summary for the surgeon at an early stage of their career, who is contemplating which technique will provide their primary corridor for L4/5 arthodesis. Further studies are required to assist in addressing the next question: Anterior, Lateral or Oblique?

Phan *et al.* (2) provide a thoroughly researched meta-analysis, and honest assessment of interspinous process devices. Some years ago, as many of us will recall, these devices were the most topical item in town. Many companies developed their own “me-too” version of an interspinous distraction implant for the management of canal stenosis. Industry-sponsored articles predictably reported positive outcomes for these devices; however, independent clinical studies comparing these implants against the gold standard of a simple decompression have revealed less impressive outcomes. Many surgeons ceased using these devices after a brief experience, mostly negative with early recurrence of symptoms, although without firm data to support their “gut feeling”. Our anecdotal sentiments have now been confirmed by the current available clinical evidence, and thus the use of these devices remains controversial. Careful consideration of the indications, risks, benefits and costs is essential prior to surgery.

At times simple articles confirm the obvious, yet provide us with confidence that a particular technique or approach is within the standard of care. Adogwa *et al.* (3) present a modest article on comparing clinical outcomes following anterior cervical decompression and fusion using microscope *vs.* no microscope. The outcomes are essentially of equivalence. This supports the notion that magnification and illumination are important in our specialty; however, how these elements are applied in the operating theater should be based on surgeon training and experience, rather than a singular focus on only one method.

Over time, spine surgery as a craft has generated a myriad of surgical techniques to address the same problem. Take lumbar fusion for example; there are literally dozens of surgical techniques described to fuse one bone to another. Surgeons develop and evolve their technique through experience and training to ultimately arrive at a particular method, for a particular pathology. *JSS* will soon commence a video library of techniques: “*Masters of Surgery*”. All surgeons are welcomed to submit videos of unique or variations of standard techniques. We are confident that this will grow into a formidable video library for surgeon perusal, revision and training.

References

1. Winder MJ, Gambhir S. Comparison of ALIF vs. XLIF for L4/5 interbody fusion: pros, cons, and literature review. *J Spine Surg* 2016;2:2-8.
2. Phan K, Rao PJ, Ball JR et al. Interspinous process spacers versus traditional decompression for lumbar spinal stenosis: systematic review and meta-analysis. *J Spine Surg* 2016;2:31-40.
3. Adogwa O, Elsamadicy A, Reiser E, et al. Comparison of surgical outcomes after anterior cervical discectomy and fusion: does the intra-operative use of a microscope improve surgical outcomes. *J Spine Surg* 2016;2:25-30.

Ralph J. Mobbs

(Email: ralpbmobbs@hotmail.com.)

Kevin Phan

(Email: kphan.vc@gmail.com.)

The NeuroSpine Surgery Research Group (NSURG), Sydney, Australia

Conflicts of Interest: The authors have no conflicts of interest to declare.

doi: 10.21037/jss.2016.03.06

View this article at: <http://dx.doi.org/10.21037/jss.2016.03.06>