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Titolo	Minimally Invasive Spinal Deformity Surgery : An Evolution of Modern Techniques / / edited by Michael Y. Wang, Yi Lu, D. Greg Anderson, Praveen V. Mummaneni
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Livello bibliografico	Monografia
Note generali	Description based upon print version of record.
Nota di bibliografia	Includes bibliographical references at the end of each chapters and index.
Nota di contenuto	Deformity Surgery Principles: The epidemiology of adult spinal deformity and the aging population -- Classification scheme for scoliosis -- Indications for surgery -- Sagittal balance -- Lumbopelvic parameters -- Importance of the fractional curve -- Importance of the fractional curve -- Radiation safety -- Impact of MIS surgery on costs -- Percutaneous Segmental Fixation: Fluoroscopic techniques -- Image guidance -- Nuances of thoracolumbar screw placement -- Rod contouring, passage, and connection -- Percutaneous pelvic screw fixation.- Managing osteoporotic bone.- Use of cement in MIS deformity surgery -- Posterior Approaches: Interbody cage options -- Multi-level TLIF for spinal deformity -- Expandable cages for thoracic spinal deformity -- Expandable cages for lumbar spinal deformity -- Lumbar endoscopic fusion -- Osteotomy techniques -- Lateral Approaches: Thoracoscopic approaches -- Role of neuromonitoring -- Single incision approach to the lumbar spine -- Dual incision approach to the lumbar spine -- Which side to approach from?- Stand-alone lateral surgery for deformity -- Thoracic interbody surgery.- Complications of the lateral approach -- Dealing with the Lumbo-Pelvic Junction: Mini-open ALIF for fusing the lumbosacral junction -- Trans-sacral interbody fusion as an adjunct to anchoring constructs at the

lumbosacral junction -- Minimally invasive sacroiliac joint fusion -- Achieving Intersegmental Arthodesis: Bone graft extenders.-Minimally invasive Wiltse approach posterolateral fusion -- Facet joint fusion -- Future Directions.

Sommario/riassunto

Contemporary spinal surgeons, whether orthopedic or neurosurgeons, are increasingly recognizing minimally invasive spine surgery (MISS) as a valuable option for managing advanced degenerative diseases. MISS techniques minimize blood loss and surgical site pain, while speeding recovery. Thus, the combination of MISS with adult spinal deformity was a natural choice. Currently, the techniques, technologies, and education of surgeons have finally reached a point where MISS deformity surgeries are becoming commonplace. Nevertheless, the field is young enough (and still evolving) that no comprehensive texts have addressed the unique challenges it poses for surgeons. This book fills that gap.