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Nota di contenuto	Part 1 Cervical – Introduction -- 1 Anatomical consideration of posterior cervical endoscopic approaches -- 2 Prevention of Complications -- Part 2 cervical – Uniportal -- 3 Uniportal - Cervical posterior foraminotomy and discectomy -- 4 Cervical Multi-level Foraminotomy Using Singel Incision -- 5 Posterior Full Endoscopic Cervical Foraminotomy and Discectomy using the Partial Pediculotomy and partial vertebrectomy -- 6 Uniportal full endoscopic posterior cervical decompressive laminectomy -- 7 Full endoscopic anterior

cervical discectomy and fusion (ACDF) and arthroplasty -- Part 3
Cervical – Biportal -- 8 Biportal Endoscopic Posterior Cervical Foraminotomy and Discectomy -- 9 Biportal Endoscopic Posterior Cervical Inclinator Foraminotomy and Discectomy -- 10 Cervical laminectomy via interspinous approach by unilateral biportal endoscopy -- 11 Endoscopic assistant cervical instrumentation -- Part 4 Thoracic – Introduction -- 12 Anatomical considerations for thoracic endoscopic spine surgery -- Part 5 Thoracic – Uniportal -- 13 Transforaminal Thoracic discectomy -- 14 Thoracic Full Endoscopic Unilateral Laminotomy With Bilateral Decompression (TE ULBD) -- Part 6 Thoracic – Biportal -- 15 Thoracic decompressive laminectomy by unilateral biportal endoscopy -- 16 Posterolateral approach for thoracic disc herniation by unilateral biportal endoscopy.

Sommario/riassunto

In the past, the cervical and thoracic vertebrae were areas that were not well performed by spinal endoscopy. However, with the rapid development of spinal endoscopic surgery techniques and instruments, various kinds of spinal endoscopic approaches are currently performing and developing in the cervical and thoracic spine. This is the first book covering the latest knowledge of cervical and thoracic spinal endoscopic surgery. This book will provide abundant illustrations and also surgical videos so that it can be easily understood by spinal surgeons who are learning and studying spinal endoscopy. In addition, the prevention of complications associated with endoscopic surgery will be discussed in detail.
