



Book Review

Thoracoscopic Spine Surgery

Edited by CA Dickman, DJ Rosenthal and NI Perin

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This is the first of what I am sure will be many books on the subject of thoracoscopic spinal surgery. The technique of thoracoscopic surgery only really came into being in the last 5 years and there are very few experts in the world. The technique is dangerous with a very steep learning curve; however, much like laparoscopic cholecystectomy, this will undoubtedly be the treatment of the future.

All spinal surgeons under the age of 45 years are going to be obliged to learn this technique, especially if they are dealing with deformity and tumour. If one were dogmatic one would assume that this book was a good technical manual of the half dozen surgeons in Europe who can undertake this technique. Danny Rosenthal is undoubtedly the European expert.

This book should be read perhaps as an *hors d'œuvre* but in no circumstances should surgeons read it and assume that they could undertake the surgery. The book itself does make the point that no one should simply read it, attend a few lectures and carry out the procedure.

There are excellent workshops arranged in Britain at the Royal College of Surgeons and cadaveric work in Europe. However, at the end of the day one needs to visit an expert and watch and learn. The person to visit in Europe is Danny Rosenthal who is extremely approachable and keen to teach.

Having said all that, the book is an excellent manual of the different techniques and portals. It is right up to date because not only is bi-planar surgery described but also 3D endoscopy using a monitor and goggles. In this case there are two small cameras in the endoscopic instrument which give a 3D image on the monitor. When starting endoscopic

surgery of the thorax, depth perception is extremely difficult and this lessens the problem.

For those who have started using the technique the manual is extremely useful to illustrate portals of entry and the correlation between photographs and line drawings does explain the anatomy very well.

This book must be on the shelves of any hospital that is undertaking thoracoscopic surgery and is well worth reading by the orthopaedic or neurosurgeon who is going to undertake this work. There are four main uses of thoracoscopic spine surgery – correction of deformity, excision of tumours, excision of infections and excision of thoracic discs. Thoracic discs and disc space infections are extremely rare and can very well be done in just a few centres. However, anterior release for scoliosis and anterior instrumentation is already standard practice and is much better done with closed methods. Patients who have secondary metastases removed and stabilised by thoracoscopic methods get out of hospital very much more quickly. This is important to a patient with a limited life expectancy.

As the technique is so new there are no long term results but there is no reason to suppose they will be much different from those of open thoracotomy, the only difference being there is a much smaller chest hole.

If your hospital is interested in starting this type of surgery one could not do better than to ask Danny Rosenthal to come and lecture. He is a very good speaker and an amusing companion.

This is undoubtedly a book of the future.

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