

Outcome of nonfusion spine surgery: Where we are?

Nonfusion spine surgery is increasingly becoming popular with multiple advances in optics and imaging technology in terms of surgical technique, equipment, and outcome. Improved surgical methods have raised expectations of both patients and surgeons. Nonfusion surgeries of the spine predominantly refer not only to minimally invasive surgery but also to different percutaneous procedures. Nonfusion surgery is currently getting popular and generally relevant to the lumbar spine. However, there is currently no evidence that nonfusion implants are superior to fusion in mid- to long-term follow-up, and it is very imperative to understand the potential risks and benefits of nonfusion technology is essential for spine surgeons and their patients.^[1] Any newer techniques in its initially phase always been critically analyzed for its long-term outcome and results. Hence, the results that the value of nonfusion surgeries are still debated. It would be relevant to conduct researches based on the outcome and adequacy of the treatment.

There has been very sparse literature on the outcome of nonfusion surgeries, and nothing has been observed about adequacy which refers to the ability to identify the type of patient who may really get benefit from a given treatment. Then, how should the result of a surgical intervention be measured? Fundamentally, the outcome can be quantified based on some subjective and others objective, and both types carry risks of general bias. However, treatment validity is an essential condition for the pragmatic evaluation of any surgical efficacy. This is largely important notion in studies in regards to outcome, particularly in areas, such as nonfusion spine surgery.

To discuss it further, the choice of treatment should, nowadays, invariably be a shared decision between

patient and surgeon; however, treatment options solely should be based on evidence. I believe that inclined trend of researches on the outcome will expand our knowledge exponentially and we will have increasingly useful tools and validated surgical methods to tackle complex spine disorder.

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Reference

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Access this article online	
Quick Response Code: 	Website: www.joas.in
	DOI: 10.4103/joas.joas_54_17

How to cite this article: Singh PK, Khan SM. Outcome of nonfusion spine surgery: Where we are?. *J Orthop Allied Sci* 2017;5:57.