PIL SUN CHOI

- ❖ FOUNDING PRESIDENT OF BRAZILIAN ASSOCIATION FOR THE DEVELOPMENT OF MISS (BRAMISS/ABCMIC) - 2004
- **❖** FOUNDING PRESIDENT OF BRAZILIAN ASSOCIATION OF MISS (SBC-MISS/CCMI) 2006/08
- ❖ COORDINATOR OF MISS GROUP OF ORTHOPEDIC INSTITUTE OF MEDICINE SCHOOL OF SÃO PAULO UNIVERSITY (2011-13)
- **❖ PRESIDENT OF III WCMISST (BRAZIL) 2012**
- **❖ PRESIDENT OF INTERAMERICAN SOCIETY OF MISS (SICCMI) 2016-17**













DISCLOSURE - NONE

COMMITTED:

- PROVIDE THE BEST SPINE CARE TO OUR PATIENTS
- THE DEVELOPMENT OF SPINE SURGERY (MINIMALLY INVASIVE SPINE SURGERY & TECHNIQUES)

PIL SUN CHOI



HISTORY OF SPINE ENDOSCOPY IN BRAZIL

PIL SUN CHOI

HISTORY OF ENDOSCOPY

✓ PHILIP BOZZINI, 1806

BLADDER ENDOSCOPY: JOSEPH ACADEMY OF MEDICAL SURGERY – AUSTRIA

✓ MAX NILTZE, 1877

CYSTOSCOPE:CANDLELIGHT



HISTORY OF ARTHROSCOPY

KENJI TAKAGI, 1918

- ✓ (TOKYO UNIVERSITY)
- CYSTOSCOPE: CADAVER KNEE
- ✓ FIRST USE IN PATIENT: 1931

MASAKI WATANABE, 1950

✓ FIRST ARTHROSCOPE



LAMP AT THE TIP

HISTORY OF ARTHROCOPY/ENDOSCOPY

- **✓** DISBELIEF
- **✓ SKEPTICISM**
- **✓** FEAR



"GREAT SURGEONS, GREAT INCISIONS"

HISTORY OF ARTHROSCOPY IN BRAZYL





1980-1990



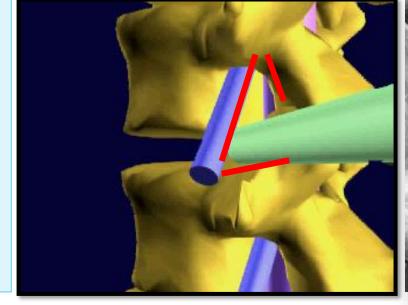
1990 - 2000

TRANSFORAMINAL LUMBAR PERCUTANEOUS DISCECTOMY: HISTORICAL EVOLUTION

- > CHEMONUCLEOLYSIS (Smith & Brown, 1967):chemical
- ➤ MECHANICAL NUCLEOTOMY (Hijikata, 1975): mechanical
- > AUTOMATIC DISCECTOMY(Onik et al.,1985): aspirated
- LASER DISCECTOMY (Asher & Choi, 1986): thermic
- > ENDOSCOPIC MICRODISCECTOMY (Kambin, 1992): mechanical
- ➤ VIDEOENDOSCOPIC MICRODISCECTOMY (2000): mechanical
- ➤ NUCLEOPLASTYTM (2001): thermic
- ➤ DEKOMPRESSORTM (2005): aspirated
- ➤ NUCLEOTOMETM (2005): aspirated
- ➤ DISC-FX SYSTEM TM (2008): thermic
- ➤ SPINEJETTM (2009): aspirated
- ➤ DIODE LASER (2010): thermic
- > OTHERS

TRIANGULAR SAFE ZONE (KAMBIN'S SAFE ZONE)

TRIANGULAR ENTRY SPACE
IN THE FORAMEN
THROUGH WHICH THE
WORKING CANNULA CAN
BE SAFELY INTRODUCED
IN POSTEROLATERAL
PERCUTANEOUS
PROCEDURES





KAMBIN e BRAGER, Clin Orthop,1987

FORAMINAL PORTAL

PARVIZ KAMBIN (1990)

TRIANGULAR PROCEDURE ZONE

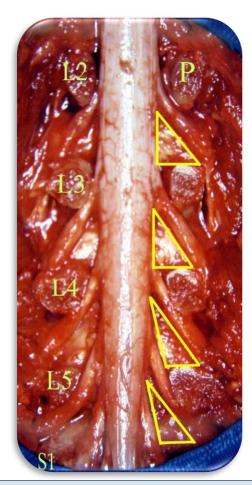
TRIANGULAR SAFE ZONE

e dorsal

Ganglio

sensitivo

Gordura



Choi, P. S., Estudo anatômico da zona triangular de segurança aplicado aos procedimentos percutâneos pósteros-laterais lombares. Thesis, Orthopedic Institute – University of São **Paulo, 2000**

Disco intervertebral normal Raízes ventral Raiz emergente Disco intervertebral protuso Raiz descendente perineural

Revista COLUNA; V. 2, N. 1, Abril 2003 http://www.coluna.com.br/revistacoluna/

CHOI, P. S. et al. Fundamental anatomic aspect of the lumbar foraminal zone Applied to the transforaminal procedures. In: ARVIND BHAVE, Modern Tecniques in spine surgery, P. 1-3, Jaypee Brothers Medical Publishers (P) Ltd, New Delhi, 2015

2000

SBC/CCMI



FOUNDATION: 2004

FOUNDING PRESIDENT: PIL SUN CHOI

FIRST NATIONAL ANNUAL SYMPOSIUM: SIMINCO - 2004

VENUE: HOSPITAL ROBERTO A. SODRÉ (AACD) -SÃO PAULO



FOUNDATION: 2005

FOUDING PRESIDENT: PIL SUN CHOI (2006/2008)

FIRST NATIONAL BIANNUAL CONGRESS (COMINCO - 2008)

VENUE: GRAMADO (RS)

CONGRESS CHAIRMAN: ERNANI ABREU

SIMINCO

SIMINCO - INTERNATIONAL SYMPOSIUM OF MINIMALLY INVASIVE SPINE SURGERY

- ✓ SHOWCASE OF NEW MINIMALLY INVASIVE SPINE SURGERIES AND TECHNIQUES
- ✓ MAIN FEATURE: LIVE SURGICAL DEMONSTRATIONS AND BROADCAST TO THE AUDITORIUM



Jean Destandau 2004



Thomaz Hoogland 2010



Anthony Yeung



Stephan Joubert 2006



Sang Ho Lee 2007



Gun Choi 2009



Hyeun Sung Kim 2012



Jeffrey Wang 2016



Sang Kyu Son 2018

COMINCO -GLOBAL LEADERS

COMINCO - BRAZILIAN CONGRESS OF MINIMALLY INVASIVE SPINE SURGERY

MAIN CHARACTERISTIC - INTEGRATION OF THE MAIN NATIONAL SPINE ENTITIES: BRAZILIAN PAIN SOCIETY (SBED), BRAZILIAN ORTHOPEDICS SOCIETY (SBOT) AND BRAZILIAN NEUROSURGERY SOCIETY (SBN); AND INTERNATIONAL MISS ENTITIES (IITS, IMLAS, ISMISS, SICCMI, SMISS) ALONG SIDE HIGH SCIENTIFIC LEVEL











Renowned surgeons who, somehow, whether by teaching, researching, assisting or promoting surgeries and minimally invasive spine techniques, have encouraged the development of the specialty worldwide

FELLOWSHIP- CCMI/SBC-MISS

GERMANY (2009-2014)

Service of Prof. Dr. Uwe Vieweg

Location: Leopoldina Krankenhaus, Schweinfurt

Duration: 6 months

Scholarship: AESCULAP

SOUTH KOREA (2008-2013)

Service of Prof. Dr. Sang Ho Lee

Location: Wooridul Spine Hospital (WSH) in Seoul,

South Korea (www.wooridul.com)

Duration: 01 year Scholarship: WSH

UNITED STATES (2014-2018)

NASS President: Jeffrey Wang

Location: several U.S. universities

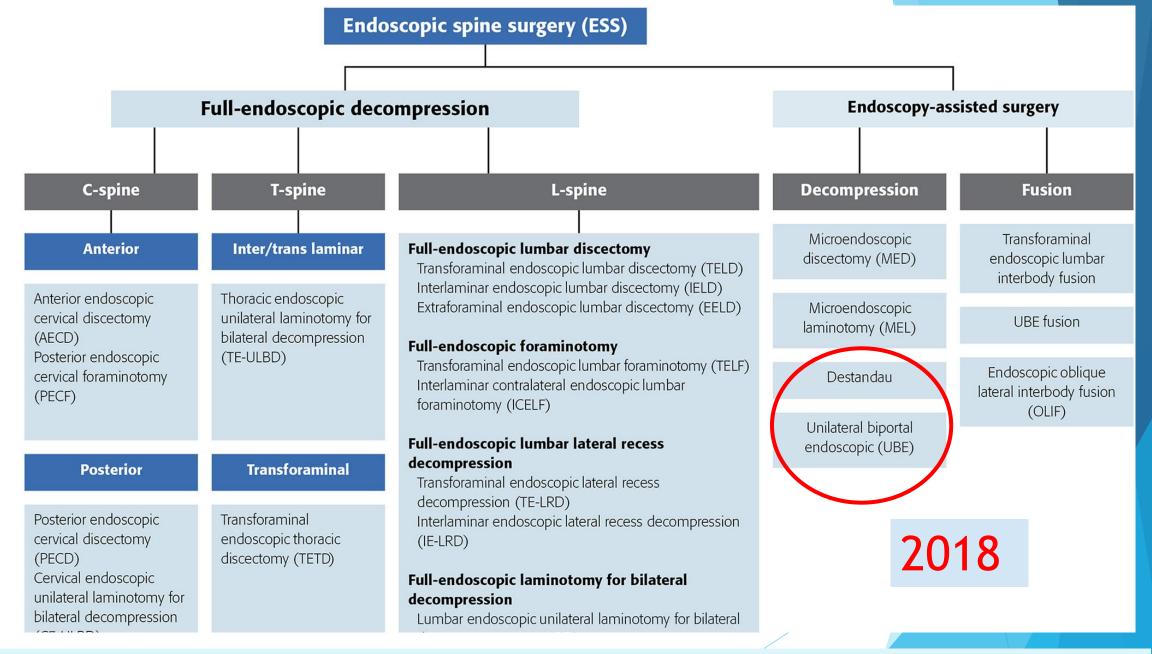
Duration: 3 months Scholarship: NASS



2010-



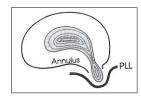
2012

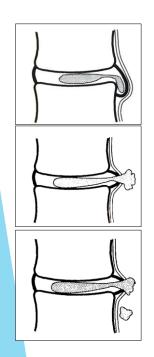


Summary of current spinal procedure using endoscopic visualization in the literature and article (AOSpine MISTFT)

ENDOSCOPIC SPINE SURGERY (FULL ENDOSCOPY)

CONTAINED DISC EXTRUSION





NON CONTAINED

TRANSFORAMINAL



- ✓ LUMBAR
- ✓ TORACIC

Lee SH et al., Mt Sinai J Med (2006)

LIMITATIONS: LARGE CENTRAL DISC HERNIATION AND CENTRAL AND SUBARTICULAR CANAL STENOSIS

FULL ENDOSCOPIC DISCECTOMY/DECOMPRESSION (TRANSFORAMINAL)

- > CHALLENGING TECHNIQUE
- > SURGEON MUST BE SKILLFUL
- > NOT SO EASILY REPRODUCIBLE
- > SOME TECHNICAL LIMITATIONS
- USUALYY MORE EXPENSIVE THAN MICRODISCECTOMY

GIBSON JNA ET AL., EURO SPINE J MED (2017)

RANDOMIZED CONTROLLED TRIAL TED X MICRODISCECTOMY.

A GREATER REVISION RATE AFTER TED
WAS OFFSET BY A MORE RAPID
RECOVERY

PUBMED

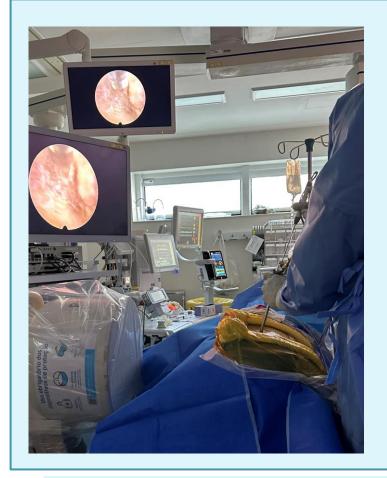
LAST 36 YEARS: 1014 PUBLICATIONS

2018/2019: 100 PUBLICATIONS (85 ASIAN)

CHINA: 57 (67%)/OTHERS (SOUTH KOREA, JAPAN, INDIA, ITALY, BRAZIL, ETC.)

ENDOSCOPIC SPINE SURGERY (FULL ENDOSCOPY)

INTERLAMINAR





- ✓ LUMBAR
- ✓ CERVICAL
- ✓ TORACIC

COMPLETES THE LIMITATIONS OF TRANSFORAMINAL ACCESS

FULL ENDOSCOPY DECOMPRESSION/DISCECTOMY

(INTERLAMINAR)

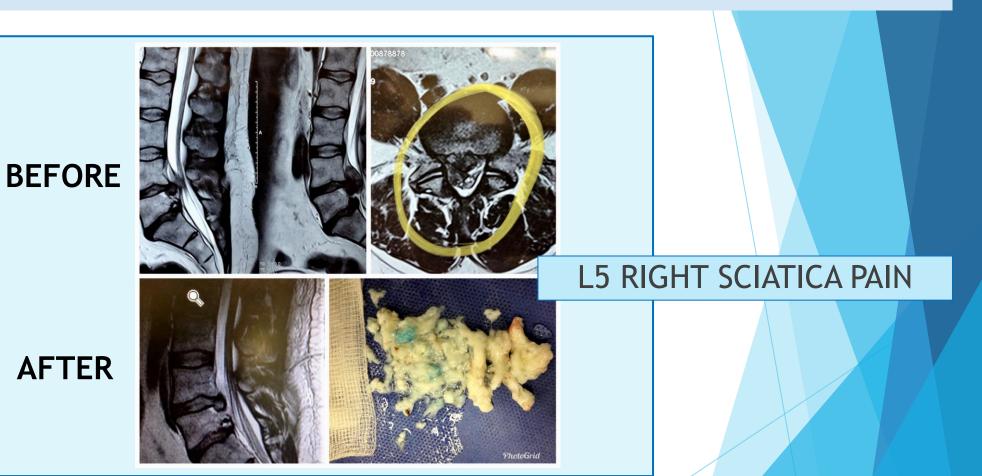
- ✓ TECHNICALLY EASIER THAN TRANSFORAMINAL TECHNIQUE
- ✓ SHORTER LEARNING CURVE IF COMPARED TO TRANSFORAMINAL TECHNIQUE
- ✓ TECHNOLOGICAL DEVELOPMENT (INSTRUMENTAL, ENDOSCOPE, TV MONITOR, DRILL, RADIO FREQUENCY, ETC.)
- ✓ COMPLETE THE TRANSFORAMINAL TECHNIQUE
- ✓ LESS INVASIVE OPTION THAN DESTANDAU, METRIX & MICROSCOPIC TECHNIC
- ✓ MORE EXPENSIVE THAN MICROSCOPIC TECHNIC

Cost analysis comparison between conventional microsurgical decompression and full-endoscopic interlaminar decompression for lumbar spinal stenosis surgery Prudence Wing Hang Cheung1, Carlos King Ho Wong2,3, Sin Ting Lau1, Jason Pui Yin Cheung1,4 *J Spine Surg* 2020;6(4):721-728

Contraindications and Complications of Full Endoscopic Lumbar Decompression for

Lumbar Spinal Stenosis: A Systematic Review Chang-II Ju, Pius Kim, Sang-Woo Ha, Seok-Won Kim, Seung-Myung Lee; World Neurosurg. (2022) 168:398-410.

FULL ENDOSCOPIC DISCECTOMY/DECOMPRESSION (TRANSFORAMINAL)

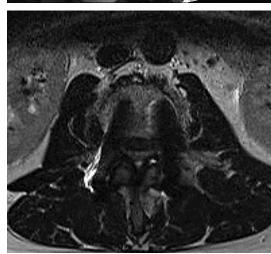


EXTRUDED DISC HERNIATION L4-5 & SPONDYLOLISTHESIS L5-S1 GRADE 1 - LITIC TYPE

FULL ENDOSCOPY DECOMPRESSION/DISCECTOMY (INTERLAMINAR)

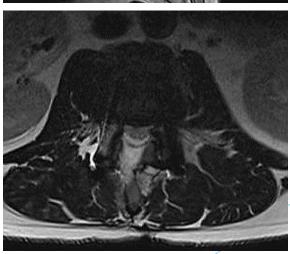


BEFORE





AFTER



LUMBAR SPINE STENOSIS - JUNCTIONAL SYNDROME L2-3 (2 WEEKS)

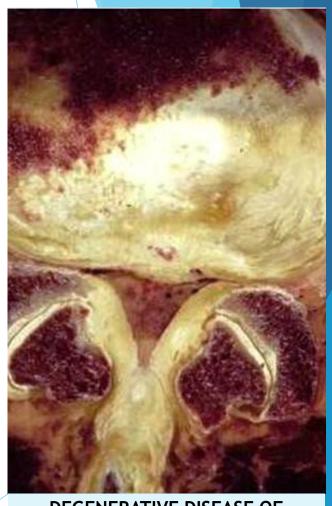
DEGENERATIVE DISEASE OF SPINE (HERNIA & STENOSIS)



DEGENERATIVE DISEASE OF CERVICAL SPINE (CANAL STENOSIS)



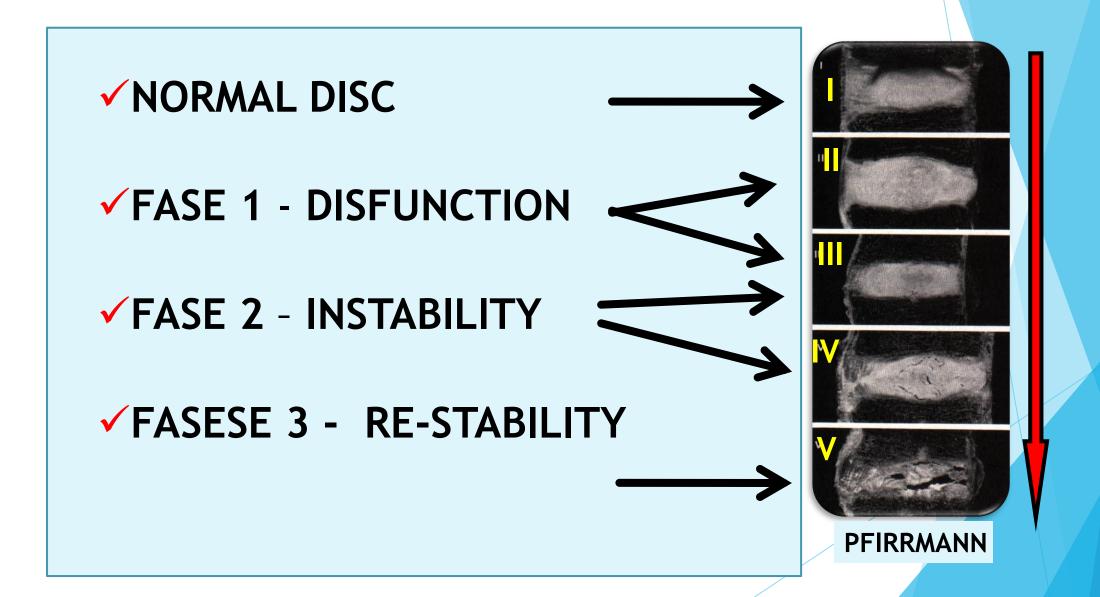
DEGENERATIVE DISEASE OF SPINE (EXTRUDED DISC HERNIATION)



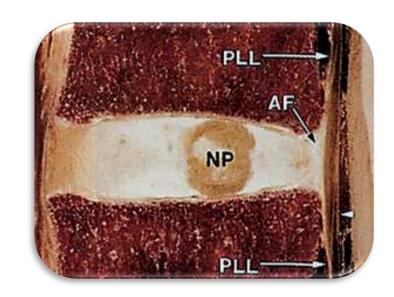
DEGENERATIVE DISEASE OF LUMBAR SPINE (CANAL STENOSIS)

W. RAUSCHNING

DEGENERATIVE CASCADE OF SPINE (KIRKALDY WILLIS)



DEGENERATIVE DISEASE OF SPINE (MOTION SEGMENT)





W. RAUSCHNING

- **✓** BENIGN DISEASE
- **✓ NATURAL TENDENCY TO CURE**
- **✓** USUALLY, ASYMPTOMATIC
- **✓ END RESULT: AUTO FUSION**
- SMALL MINORITY EVOLVES TO SYMPTOMATIC CANAL STENOSIS, THAT WILL NEED SOME KIND OF DECOMPRESSION

HISTORICAL EVOLUTION OF SURGICAL TREATMENT OF LUMBAR DISC HERNIA

EXPLORATORY LAMINECTOMY (Elsberg, 1916)

LIMITED LAMINECTOMY (Mixter & Barr, 1934)

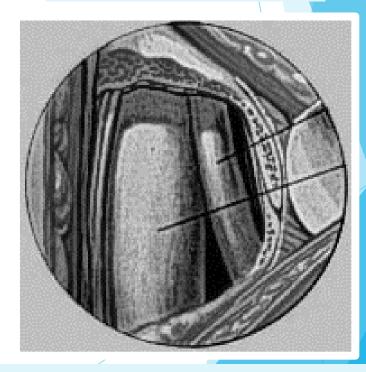
ANTERIOR ACCESS (Lane & Moore, 1948)

RETROPERITONIAL ANTERIOR ACCESS (Hult, 1951)

MICROSURGICAL (Yasargil, Carpar (1977), Williams (1978))

ENDOSCOPIC (Kambin, Destandau, Yeung, Hoogland, Ruetten, Gun Choi & Others, 1990/2020)

MIXTER & BARR, 1934



IPSILATERAL LIMITED LAMINECTOMY

CHANGE IS INEVITABLE.

EVERYTHING AND EVERYONE WE KNOW IS A CONSTANT STATE OF FLUX



MAURÍLIO AMORIM

- ✓ PEOPLE
- ✓ TECHNOLOGY
- ✓ INFORMATION
- ✓ SPINE SURGERY

HAS CHANGED AND IT
WILL CONTINUE TO
CHANGE TOWARD TO
ENDOSCOPIC
TECHNIQUES

http://www.maurilioamorim.com/2012/01/are-you-adapting-to-the-change-accelerators/