

Preface



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Guest Editor

Techniques in endoscopic sinus and skull base surgery have continued to evolve, often propelled forward by technological innovations. The introduction of the rigid nasal endoscope to the diagnosis and surgical management of sinonasal disorders is undeniably the single greatest advance in the field of rhinology to date. Rigid nasal endoscopy provided improved visualization of sinonasal anatomy and ushered in minimally invasive techniques of functionally oriented sinus surgery. Emboldened by the later application of powered microdebriders, drills, and surgical navigations systems, rhinologists continued to refine their endoscopic skills and began to follow disease processes that extended outside of the confines of the sinonasal tract. This evolution has led endoscopic surgeons to greatly expand their repertoires to safely and confidently address more complex pathologies involving the orbit, skull base, and even brain.

Technology plays a major role in all aspects of medicine and surgery, but few disciplines have been as robustly affected by technological advances as the field of rhinology. The reasons for this are likely multiple: a wide surgical audience that performs procedures for a very common, incurable problem that has a significant impact on quality of life; a relatively young technology-savvy specialty that actually redefined itself based on a technological innovation; and the backdrop of a larger movement across all areas of surgery to become “minimally invasive.” Industry was watching—and it still is.

This collection of articles explores the technical workings, clinical applications, and impact on outcomes of the use of recent technological innovations in endoscopic sinus surgery. The leading experts who have kindly contributed to this effort have been charged with frankly commenting upon the current limitations and advantages of these new tools, and to project what future modifications may follow. We have also included an in-depth discussion of the current processes that device developers are required to negotiate to obtain Food and Drug Administration clearance before their instruments can be integrated into our operating rooms. As mentioned, *industry is watching*—and our relations with the companies that develop and market the tools that enable us are sensitive, highly complex, and under increasing scrutiny.

Like the endoscope, microdebrider, and the surgical navigation system, which have left an indelible mark on the face of rhinologic surgery, the innovations highlighted in this resource may also one day, as we venture toward new horizons, become mainstays in the endoscopic surgeon's armamentarium.

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DEDICATION

To my girls,
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