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Spinal Surgical Indication: Surgeon Benefit versus Patient Benefit?

Farzad Omid-Kashani^{1*}

¹Professor of Orthopedic and Spine Surgery, Orthopedic Department, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran

***Corresponding Author:** Farzad Omid-Kashani, Professor of Orthopedic and Spine Surgery, Orthopedic Department, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran;
Email: omidif@mums.ac.ir

Received Date: 31-01-2021; **Accepted Date:** 25-02-2021; **Published Date:** 05-03-2021

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Letter to Editor

In the world of surgery, spinal surgery is one of the topics that their surgical indications largely depend on the patient's clinical symptoms and physical examination, while the para-clinics have only auxiliary or confirmatory roles. For instance, lumbosacral magnetic resonance imaging in asymptomatic population has a 30-35% incidental finding that is not necessarily associated with clinical complaints. These incidental findings include vertebral hemangioma, degenerative disc, transitional vertebra, thickened filum terminal, synovial cyst of the facet joint, or even spondylolysis or spondylolisthesis. None of these findings require treatment when they are not accompanied by clinical symptoms, but only the physician knows this principle, not the patient.

On the other hand, inventing new attractive and minimally invasive techniques in the field of spine surgery, has led to the over-popularity of these surgeries. Because the greater the number and complexity of surgeries, the greater the surgeon's benefit, these factors have cumulatively led to the over-prevalence of spinal surgeries, especially in the lumbar region.

In this turmoil and mess bazar, real surgical indications which is the most important and vital parts of medicine, has faded or may have been deliberately forgotten.

It seems that it is time to go back to the beginning and remember the holy oath at the medical graduation ceremony. And at least as altruism, we should always put the patient's benefit ahead

Kashani FO | Volume 2; Issue 1 (2021) | JOSR-2(1)-008 | Letter to Editor

Citation: Kashani FO. Spinal Surgical Indication: Surgeon Benefit versus Patient Benefit? J Ortho Sci Res. 2021;2(1):1-2.

DOI: <http://dx.doi.org/10.46889/JOSR.2021.2103>

of our own and come to believe that I may be the patient of a physician in a very soon future, and in this scenario, what do we expect from our trusted physician? Let us not allow the financial gain to be a barrier for the sense of humanity.