Neurosurgery for present and future

Trauma flap used all over world in brain injury patients, is the biggest cause of added damage to primary brain injury patients. It is rarely indicated today, with so many technological advancements in neurosurgery. Cutting skull bone more than required is a mistake for which patient has to pay a very heavy price. Limited craniotomies at appropriate sites without losing any part of bone is the success mantra today. Burr holes and craniectomies do not make surgery easy but add their own complications. Visible scars and bony depressions make a surviving patient look for a cover usually in form of skull caps and hats. When a good cosmetic look can be provided, no body should undergo deforming surgery. It is no more a question of survival, it has become a question of quality of survival and cosmetic outlook also. Working in this direction author has developed trephines with adjustable dura guards in various diameters and safe method of craniotomy changing forever trephines of Scoville, and osteoplastic craniotomy of Wilhelm Wagner, with simple tools which preserve all the bone. Author has also introduced simple calculations based on pre-operative CT and MRI both on skull and MRI. All the extraaxial tumours of cranium can be removed through already dilated cisterns or cisterns dilated with Foley catheter balloon. If cistern is small it can be changed to big space during surgery of few days pre-operatively by gradual dilatation of balloon of catheter. Therefore most of brain tumours can be removed without sacrificing brain matter. The transparent arachnoid is water proof and deserves reconstruction after surgery is over to provide adequate csf bathing. Finally I pay humble tribute to the creator having provided so many cisternal routes to access any part of brain. Well done Rhoton and Loos.