Foreword


Over the last decades, striking success has been achieved in many surgical disciplines with implants constructed from various biomaterials. There is now an expectation of long-term, and even life-long, survivorship in the vast majority of patients receiving implantable devices. This success comes with a cost. With such high levels of success, it becomes exceedingly difficult or even impossible to quantify continuing improvement in performance due to incremental changes in implant design or material. Indeed, the recent metal-on-metal bearing experience in orthopaedic surgery has shown that even small changes in implant design can have unexpected adverse effects on patient outcomes and procedure survivorship. These effects can result in real and serious problems for patients receiving these devices.

Another challenge that remains is to continuously improve or to “de-skill” the surgical procedure itself without increasing the financial burden to the health care system. Advances in imaging and instrumentation continue to promote less invasive procedures, reduced morbidity and reduction in hospital stay for many patients. New surgical techniques combined with biologically active implants have the prospect of reducing the need for secondary surgeries. Innovations in early intervention has given hope of reducing or delaying the need for surgery.

This edition of Surgical Technology International addresses many of these issues. The authors are to be congratulated on their work. The reader can follow their arguments with interest. At the same time the reader should remain aware that randomized clinical trials at many centers with many investigators are needed to truly document the efficacy of new implants and new procedures. In this era of financial stringency, data on efficacy, reduction in morbidity and improvements in survivorship will be required to justify the cost of adding technology to techniques that at present are accepted as the standard of care.

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