

Neurosurgery: A Brief Review

Alicia Lorentz*

Lorentz A. Neurosurgery: A Brief Review. *Int J Anat Var.* 2021;15(5):174-174.

ABSTRACT

A subgroup of neurosurgery aimed at affecting changes in a person's psychological qualities through modulating the brain's performance, with

the goal of treating or alleviating severe mental illness. The surgery of the nerve system is known as neurosurgery. It is a medical specialty that deals with the diagnosis and treatment of patients who have injuries to, or diseases/disorders of, the brain, spinal cord, and spinal column, as well as peripheral nerves in all sections of the body.

Key Words: *Ventriculoperitoneal; Neurosurgeons; Neurosurgery*

INTRODUCTION

A subgroup of neurosurgery aimed at affecting changes in a person's psychological qualities through modulating the brain's performance, with the goal of treating or alleviating severe mental illness. The surgery of the nerve system is known as neurosurgery [1-3]. It is a medical specialty that deals with the diagnosis and treatment of patients who have injuries to, or diseases/disorders of, the brain, spinal cord, and spinal column, as well as peripheral nerves in all sections of the body.

ROLE OF NEUROSURGEON

Neurosurgeons offer the operative and non-operative management (i.e., prevention, prognosis, evaluation, treatment, essential care and rehabilitation) of neurological disorders. Because neurosurgeons have large education with inside the prognosis of all neurological disease, emergency room doctors, neurologists, internists, own circle of relatives practitioners, and osteopaths frequently name upon them for consultations.

Neurosurgery is divided into several categories.

CRANIOTOMY

A craniotomy is a surgical procedure that exposes the brain by removing a portion of the skull's bone. The bone flap, which is a portion of bone, is removed with specialised equipment. After the brain surgery, the bone flap is temporarily removed and restored. A craniotomy is a neurosurgery technique in which a neurosurgeon surgically removes a portion of the skull to allow access to the brain. After the treatment is completed, the excised portion of the skull is replaced in its original position to protect the brain [4,5]. This surgery is widely used to treat brain tumours, skull fractures, aneurysms, hematomas, and infections, as well as varying amounts of brain edoema.

VENTRICULAR SHUNT

Ventriculoperitoneal shunting is a procedure that removes excess cerebrospinal fluid (CSF) from the brain's cavities (ventricles). A ventricular shunt is a procedure that relieves any pressure that has built up within the brain. A ventricular shunt is a technique that is used to relieve any pressure that has built up inside the brain. The shunt is surgically inserted in such a way that

it allows for the release of pressure caused by excessive fluid buildup, making it a common and required treatment. Too much fluid is being created, one's blood vessels aren't operating properly, and there's a clog in the manner that prevents the fluids from flowing properly, to name a few reasons why a patient would need this form of neurosurgery.

NEUROSURGERY'S FUTURE

In the early twentieth century, neurosurgical surgery became a recognized specialty. When it comes to removing cerebral tumours or correcting spine disorders, brain procedures are tricky. Neurosurgery has progressed in terms of the technology employed in procedures over the previous two decades. However, the proper application of technology necessitates the adoption of methodologies and protocols in order to achieve the greatest results. Today's reality is to remove the tumour while minimizing tissue damage, avoiding complications and morbidities, and enhancing postoperative circumstances and patient quality of life.

ACKNOWLEDGEMENT: None.

CONFLICTS OF INTEREST: None.

REFERENCES

1. Michael T, Guido N. Stereotactic neurosurgical treatment options for craniopharyngioma. *Front Endocrinol (Lausanne)*. 2012; 14(3):63-73.
2. Kush G, Douglas E, Rafael A, et al. Stereotactic body radiation therapy for nonresectable tumors of the pancreas. *J Surg Res*. 2012; 174(2):319-25.
3. Masaaki M, Yasutsugu Y. Persistent physical symptoms after laminoplasty: analysis of postoperative residual symptoms in 520 patients with cervical spondylotic myelopathy. *Spine*. 2012; 37(11):9-326.
4. Michael T, Guido N. Interpedicular travel in the evaluation of spinal implants: an application in posterior dynamic stabilization. *Spine*. 2012; 37(11):923-31.
5. Paul AK, Robert A. Morbid obesity increases cost and complication rates in spinal arthrodesis. *Spine*. 2012; 37(11):9-828.

*Faculty for Anatomical Sciences, Edward Via College of Osteopathic Medicine Medicine – Virginia Campus, Blacksburg, VA, 24060, USA

²Faculty for Anatomical Sciences, Edward Via College of Osteopathic Medicine Medicine – Virginia Campus, Blacksburg, VA, 24060, USA

Correspondence: Alicia Lorentz, Managing Editor, Faculty for Anatomical Sciences, Edward Via College of Osteopathic Medicine Medicine – Virginia Campus, Blacksburg, VA, 24060, USA, E-mail: alicialorentz@gmail.com

Received: 29-Apr-2022, Manuscript No: *ijav-22-4182*, Editor assigned: 2-May-2022, PreQC No: *ijav-22-4182* (PQ), Reviewed: 16-May-2022, QC No: *ijav-22-4182*, Revised: 20-May-2022, Manuscript No: *ijav-22-4182* (R) Published: 27-May-2022, DOI: 10.37532/1308.4038.15(5).195



This open-access article is distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC) (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits reuse, distribution and reproduction of the article, provided that the original work is properly cited and the reuse is restricted to noncommercial purposes. For commercial reuse, contact reprints@pulsus.com