

## **Brain Endoscopy ( when & how )**

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The level of obstruction, extent of dilatation and the shapes assumed by the ventricular system in hydrocephalus both dictate the suitable neuroendoscopic procedure/s .The preoperative plan, the plan of action during the procedure/s and the contingency plan are all pre hand issues that should be designed separately for each and every case . The changes in the ventricles vary and the data obtained are the key stone for the tailored approach .

One of the crucial factors associated with the surgical team's level of experience and technical skills is how to deal with these variations and how to complete the procedure/s without aftermaths . Having a structured, systematic approach will immensely help in decreasing the tedious learning curve of brain endoscopy and reduce its duration.

Whether to persevere or convert to the microscope ? Is it doable or not ? Which part of the surgery can be done totally by the endoscope or the endoscope assisted/controlled microsurgical techniques without the pendulum carrying away the surgeon to either extremes .

Additionally extraventricular arachnoid cysts constitute a defiance for endoscopic surgery . It is how to tackle these problems and achieve an acceptable both clinical result with a control radiological proof, that are a real challenge .

Defining success in neuroendoscopy is a staged process, that starts by accomplishing the mission . The ongoing clinical improvement is a must and comes chronologically thereafter . The ability to develop a realistic plan for your endoscopic approach will keep the enthusiasm and minimize any undue frustrations .