Spine surgery in Italy between neuro and ortho surgeons

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As in every year, at the end of a series of lessons on spine surgery to the residents of the last year of orthopaedics at Milan University, I asked if anyone was interested in spine and therefore intended to follow this surgery, bearing in mind that the request for orthopaedic surgeons who wanted to work on the spine is very high; this includes our hospital and therefore the employment is practically certain. The reply was the same as in recent years: although considering this kind of surgery interesting, nobody intended to take that road. A particularly interesting observation, somewhat naive but full of meaning, was made by a resident stating that the spine is not part of orthopaedics and that it is something apart, on the border between neurosurgery and orthopaedics.

Some specific factors can influence this situation:

1. Probably the time spent teaching spine in Italian orthopaedic residentship programs is limited and therefore young people are more prepared and attracted by limb surgery; they find arthroscopic and prosthetic surgery particularly attractive.
2. The orthopaedic departments, which offer top positions in spine are few and far between, therefore young people are aware of the fact that their carrier would be more difficult.
3. The general feeling is to prefer surgery with a short learning curve and few complications.

The latter point is probably the effect of a decadent cultural process in our society, which has very deep roots. Superficially this matter can be simplified when we

consider that very few young people today dream of doing a difficult job and that the biggest majority would like to earn as much as possible, working and risking as little as possible.

My perception as EFM professor of orthopaedics of neurosurgical residentship program at Turin University is exactly the opposite. These residents show great interest in spine and many of them state they want to work exclusively in this, giving up brain surgery. It is well known to organizers of educational events on the spine that almost all the participants are neurosurgeons.

Once again specific factors can influence this situation and explain the reason for a greater and greater involvement of neurosurgeons in spine surgery:

1. The neurosurgeons, rightly or wrongly, believe that the passage from the brain to the spine can be a passage from difficult to less difficult.
2. Since cervical myelopathy is the main cause of paraparesis in older people, family doctors and neurologists normally send these patients to the neurosurgeons. This process means, that more and more patients with cervical pathology are seen by neurosurgeons rather than orthopaedic surgeons. In the same way patients with radicular pain go more and more often to the neurosurgeons instead to the orthopaedic surgeons.
3. Back pain due to degenerative scoliosis is very often treated by neurosurgeons.
4. Cord tumours are another field almost exclusively treated by neurosurgeons.
5. In Italy in the 60s there were little more than a dozen neurosurgical departments while today there are about 130, greatly increasing the neurosurgical offer. On the contrary, the orthopaedic departments that deal exclusively with spine are about 30.

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If this trend is confirmed in the near future, spine surgery will be even more neurosurgical; it will therefore be necessary to reconsider the best strategy in the formation of neurosurgeons, transferring the genuine orthopaedic knowledge to their residents program. Naturally it

would be better if the policy was changed; otherwise, spine surgery in orthopaedics will die a sudden death.

Conflict of interest None.