

## Navigation systems in maxillofacial surgery and neurosurgery and their potential advantages

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**Operating microscopes, navigation systems and intraoperative neurophysiological monitoring are essential in modern neurosurgical and maxillofacial procedures. Advances in surgical planning in neurosurgery and maxillofacial surgery led to the more common navigation system that helps surgeons know more information and ultimately do more for their patients. The benefits of a contemporary navigation system in the complicated brain, skull-base, maxillofacial and spine surgery are undeniable. Workflow analyses and cost-benefit evaluations must be carried out to increase the efficiency of neuro-navigation systems in the next future.**

Operating microscopes, navigation systems and intraoperative neurophysiological monitoring are essential in modern neurosurgical and maxillofacial

procedures (1-8). Advances in surgical planning in neurosurgery and maxillofacial surgery led to the more common use of navigation systems that helps surgeons

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to know more information and ultimately do more for their patients (9-16). All intraoperative navigation systems incorporate a computer digitizer to track the location of the patient and instruments in space. Four different digitizer modalities have been developed: optical, electromagnetic, electromechanical, and ultrasonographic. Optical tracking is most used (17). Registration is accomplished by identifying specific fiducial markers on the virtual patient, as seen on the navigation system monitor (17).

Innovation in the medical equipment industry led to the update of navigation equipment such that the systems are now more user friendly, have dynamic referencing and offer multiple tracking capabilities, including 3D imaging (18). In addition, the systems can also be integrated with external devices like microscopes, endoscopes and ultrasound (18-27).

The benefits of the contemporary navigation system in the complicated brain, skull-base and spine surgery are undeniable (28-37). For example, small lesions in eloquent brain areas can be operated on more radically with less morbidity than the pre-neuro-navigation era (18, 24, 38-40). Similarly, in the case of external drainage and small ventricles, navigation can be helpful (41-43).

Craniofacial approaches with intra-operative neuro-navigational guidance in a multidisciplinary setting allow safe resection of large tumors of the upper clivus and the paranasal sinuses involving the anterior skull base (18, 44-46). Complex skull base surgery with the involvement of bony structures appears to be an ideal field for advanced navigation techniques, given the lack of intraoperative shift of relevant structures (47-50). Also, in oral surgeries, the usefulness of the navigation system has been indicated by its surgical applications in craniomaxillofacial trauma, orthognathic surgeries, head and neck pathological resections, complex skull base surgeries and surgery involving temporomandibular joints (9, 51-63).

In maxillofacial surgeries, open reduction and internal fixation for the treatment of facial fractures remains the standard of care for most facial fractures. However, symmetric repair of complex facial fractures remains extremely challenging (17, 64-71). The use of a navigation system permits to treat

of complex facial fractures, reducing the risk of a discrepancy between symmetrically opposite facial bones. It has the benefits of combining 3D computed tomography (CT) and computer-aided design technology for the development of custom-designed prostheses are applied in the repair of posttraumatic and congenital facial contour deficiencies (64, 72-86).

Although primarily developed for a neurosurgical application, intraoperative navigation has gained acceptance even in maxillofacial surgery with an increasing field of indications (87). Heiland et al. (87) showed one of the best examples of the benefit of navigation in secondary orbital reconstruction in maxillofacial surgery.

Computer-assisted surgery has evolved from its earliest introduction with utility in the neurosurgical field. Within the past twenty years, optical navigation systems have emerged and developed into a great tool for dentistry and craniomaxillofacial surgery (88). Currently, computer-assisted surgery is useful for orthognathic and temporomandibular joint surgery, facial trauma, maxillomandibular reconstruction, implantology, and restorative dentistry (88). Similarly, ablative tumor surgery and orbital and midface reconstruction, as much as orthognathic surgery, require detailed planning using CT or magnetic resonance imaging (MRI) (89). These techniques also allow the simulation of complex surgeries preoperatively. Proper reconstruction depends on reliable information to choose the correct type of grafts and to predict the outcome.

Hohlweg-Majert et al. (89) reported in their study the benefit and indications of computer-assisted surgery in the treatment of 107 patients who underwent craniomaxillofacial surgery, showing that intraoperative navigation makes tumor and reconstructive surgery more reliable by showing the safety margins, saving vital structures, and leading the reconstruction to preoperatively planned objectives.

In spine surgery, the navigation system significantly reduces intraoperative radiation time, puncture time, and operation time, reshapes the learning curve, and improves percutaneous surgical treatment of spine fractures (90-99). Workflow

analyses and cost-benefit evaluations must be carried out to increase the efficiency of neuro-navigation systems in the next future (18).

Advances and innovations in neuroimaging, surgical techniques and medical equipment over the last decades have given an enormous boost to the improvement and success of contemporary neurosurgery and maxillofacial surgery. One of these advances has been image-guided surgery which can be defined as any method that uses imaging technology to enhance brain, maxillofacial and spine surgery (100). However, more and more assessments of neuro-navigation from the perspective of health care system efficiency, effectiveness, and economy are required (18).

With the opportunity to perform preoperative planning, surgical simulation and postoperative prediction, computer-assisted navigation shows great value in improving the accuracy of maxillofacial surgery and neurosurgery, reducing operational risk and postsurgical morbidity, and restoring facial symmetry (101-138).

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