

# Editorial

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Welcome to the first issue of the *Journal of Spine Surgery* for 2017. As a new year begins, we would like to update our readers, authors, and reviewers with the changes that will be made. The Masters of Surgery section has been launched via an online video addendum, with a PubMed linked abstract attachment within the Journal. The Masters section provides an opportunity for surgeons to showcase various tricks and techniques that add value to their operative procedures, as well as surgical workflow that is new and innovative. A problem generally has more than one solution, and we anticipate the Masters of Surgery section will provide insight into the many and varied ways that spinal pathologies can be managed.

On behalf of the Editorial Board, we would like to thank OSSpress for ongoing services to *JSS*, and making the Journal a success over the last 3 years. As the journal matures, the needs and goals will evolve, to move forward and into the future. The editorial board is open to the readership to recommend additions and changes, and can be contacted via email on: [jss@osspress.com](mailto:jss@osspress.com). An ongoing challenge for *JSS* is the financial viability of the concept. Our primary goal is to provide an open forum for authors and readers to access the journal without financial burden. This is the way of the future, with freedom of information sharing not bound by pecuniary limitations, and on this note the journal will encourage fiscal assistance. Commencing soon, the Journal website will feature relevant focused advertising. There is no other way to assure the viability and future of the journal.

We trust you will enjoy and learn from the latest contributions from this edition of *JSS*. There are some notable contributions. Tuck and colleagues report the 12-months outcomes of an expandable stand-alone interbody fusion device and demonstrate effective symptom relief with reasonable fusion rates. The concept of posterior interbody fusion without additional fixation is appealing, however further work is required to define the appropriate patient population for this technique. This issue also includes a prospective study comparing unilateral versus bilateral transpedicular fixation in patients undergoing MI-TLIF and showed that both approaches had similar clinical results at 12-months follow-up. Oliveira and colleagues from Brazil performed a cost-analysis comparing patients who had cell salvage versus those who did not when undergoing surgery for adolescent idiopathic scoliosis. They found that cell salvage reduced allogeneic blood transfusion requirements as well as associated costs. Our colleagues in Vancouver report an interesting study of factors predictive of topographical accuracy in spine level localisation.

Enjoy the current issue and online Masters of Surgery content!

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