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How Many Holes in the Brain Are Too Many?

While scenes of general surgeons at work with laparoscopy and utilizing five or more portals into the abdomen are common, there are substantial differences for neuroendoscopy. Each portal which is placed in a patient for neurosurgery requires at least a burr hole, cerebrotomy and a dissected path through the cortex. Movement is restricted by the parenchyma, the procedure is carried out under water and there are limits on the insufflation of fluid. In a paper in this issue by Jallo et al, the authors have suggested that the working channels should be increased to two in order to perform procedures that have been completed by others using only one. This concept raises many important questions for which there is presently, little information. What is a safe working channel diameter? Are two small channels better than one big one? What is the upper limit in terms of channel numbers? Is there an increased risk of postoperative epilepsy with two cortical incisions? Are bilateral channels more harmful than two unilateral channels? Given the restrictions of number and movement, how are the channels best directed for maximum utility? All neurosurgeons who practise endoscopy need to consider these and other related issues carefully. While neurosurgery has always thrived on innovation and the experience with difficult cases, bland assumptions that another trans-cerebral tract is probably ‘OK’ requires careful scrutiny.