

Jho estandarizó la técnica de abordajes endoscópicos a la región selar.

WEB <http://www.drjho.com/>

Dr. Hae-Dong Jho is professor & chairman of Neuroendoscopy and director of the Jho Institute for Minimally Invasive Neurosurgery at Allegheny General Hospital in Pittsburgh. He had been assistant professor, associate professor and professor of Neurosurgery at the University of Pittsburgh from July 1989 till 2001. Then, he moved his practice to Allegheny General Hospital in Pittsburgh, Pennsylvania and has been appointed as professor of Neurosurgery at the Drexel University School of Medicine and Chairman of Neuroendoscopy at Allegheny General Hospital since 2002.

Despite advances in the art of neurosurgery, the risk of surgery for brain and spinal diseases is still significant. It is even greater for surgery involving skull base tumors, cerebral aneurysms and complex spinal diseases. Escalating health care costs are another important concern. Ideal neurosurgical treatment should provide patients with cure of the disease along with minimal risk and rapid recovery. Dr. Jho has developed numerous innovative neurosurgical techniques that have been applied to patient care for many years. Among these techniques are endoscopic transsphenoidal pituitary surgery through a nostril without skin incision or nasal packing, endoscopic skull base surgery through a nostril for various skull base tumors, a "Band-Aid" craniotomy via a small nose-bridge skin incision for midline anterior skull base tumors, a "Band-Aid" craniotomy via a small lateral eyebrow incision (so called orbital roof craniotomy) for meningiomas, craniopharyngiomas and other skull base tumors, a "Band-Aid" craniotomy via a small eyebrow incision (so called superolateral orbital craniotomy) for parasellar tumors and cerebral aneurysms, a subtemporal approach through a small temple incision for skull base tumors and aneurysms, and a retromastoid approach for tumors, cranial nerve diseases, and aneurysms. Postoperatively, patients wear a small "Band-Aid". Most operations are performed with an endoscope through a small and precise exposure. Brain retractors are never used in order to avoid unwanted brain retraction injury. Patients undergoing these cranial operations often stay in the hospital for a day or two.

New endoscopic surgical techniques for spinal diseases have also been developed by Dr. Jho. These innovative procedures include a minimally invasive disc-preserving anterior cervical foraminotomy for cervical disk herniation, minimally invasive spinal cord decompression via anterior foraminotomy for cervical stenosis, an anterolateral or posterolateral approach for cervical spinal cord tumors, minimally invasive endoscopic thoracic discectomy, minimally invasive endoscopic lumbar discectomy, minimally invasive endoscopic decompression for lumbar stenosis, etc. Anterior foraminotomy for cervical disc herniation is a new surgical technique which removes only the herniated portion of the disc and preserves the remaining disc intact. Spinal bone fusion or metal implant is not necessary. Normal neck motion is well preserved with this new surgical technique. Spinal cord decompression for cervical stenosis is also performed via anterior foraminotomy. This operation for cervical stenosis does not require bone fusion or metal implant, and does not require the use of a postoperative brace. When the spinal cord tumor is located anteriorly to the cervical spinal cord, the tumor is removed via an anterior

foraminotomy or a posterolateral approach. With these techniques, bone fusion is not necessary after tumor removal. Endoscopic transpedicular thoracic discectomy is performed via a 2-cm incision. With these minimally invasive operations, patients usually recover quickly with minimal discomfort and short hospital stay. Thus, Dr. Jho's minimally invasive spinal surgery can be called functional spinal surgery in that the normal anatomy and function is preserved as much as possible. However, If required for spinal instability caused by tumor invasion or trauma, spinal instrumentation and bone fusion can also performed by minimally invasive techniques.

Dr. Jho received his medical doctorate degree at Chonnam University Medical School in South Korea in 1971 after attending undergraduate studies at the same university. Dr. Jho graduated from Hanyang University with a M.M.Sc. degree in neurobiochemistry, and obtained a Ph.D. in neurobiochemistry at the same university. He interned at the Hanyang University Hospital, where he also did his neurosurgery residency, and was a faculty member in Neurosurgery of the Hanyang University Medical Center prior to his coming to the U.S.A. in 1982. Dr. Jho completed a fellowship in microneurosurgery at the University of Pittsburgh in 1983. Then, he repeated his internship and completed another residency in neurological surgery at the University of Pittsburgh in 1989. He was certified by the American Board of Neurological Surgeons in November, 1991.

Dr. Jho has published more than 110 papers in refereed journals, 150 abstracts, and 20 book chapters. Dr. Jho's publications can be reviewed through the National Library of Medicine's publication database. His current main interest is in Minimally Invasive Endoscopic Brain and Spine Surgery. He has been developing new and innovative surgical techniques for better patient outcome with lesser risk, faster recovery and cost effectiveness compared to conventional neurosurgical techniques. A few of those new techniques are endoscopic endonasal pituitary and skull base surgery (skull base surgery via a nostril without a skin incision), various simplified transcranial skull base surgeries ("Band-Aid" skull base surgery), minimally invasive endoscopic cranial brain surgery, and minimally invasive endoscopic spinal surgery for various spinal disorders. Those techniques also have been applied to patient care for

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