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Editorial

## Nerve Pain Surgery



Nerve pain has plagued humanity, in some form, for millennia. Whether due to trauma, post-traumatic changes, compression, metabolic abnormalities, infections, inflammatory pathologies, or another neuropathic etiology, consistent and reliable treatments for these nerve pain issues are still needed. Throughout history, as science and technology have changed, so have the proposed treatments. Yet one of the main limitations to overall progress is that we still do not truly understand the nature of many nerve pain problems, making finding a proper treatment even more difficult.

Over the past two decades there has been a notable resurgence in surgical treatments for nerve pain. This is driven by numerous factors, including: **Surgical Innovation** – with the discovery and deeper study of Targeted Muscle Reinnervation (TMR), Regenerative Peripheral Nerve Interface (RPNI), and other related surgical techniques for preventing and/or treating neuromas, opportunities to help patients have grown considerably. **Technologic Innovation** – with lower-cost, smaller, safer, more durable technology available, a renewed focus on peripheral nerve stimulators, pain tracking devices, improved ability for intra-operative nerve mapping, and other related technologies have provided new opportunities for surgical solutions to nerve pain. **Biologic Innovation** – improved development and access to nerve allograft, conduit, and other novel biologic options for augmenting or enhancing nerve surgery has added to the growing interest in exploring new surgical options. Perhaps most importantly, **Continued Need** – nerve pain and nerve pathology remain a common problem impacting patients across all age and demographic groups. Every upper extremity surgeon treats patients dealing with nerve pain, and we all understand the need for improved treatment options.

With a rapid expansion of ideas, techniques, and products available, it is data, rigorous investigation, and honest reporting that are critical to ensuring high-quality progress. In this special

issue we took a broad approach to delve into various aspects of nerve pain surgical management, focusing on harder-to-tell pieces of this growing puzzle. Proper surgical patient selection and understanding how to identify and monitor nerve pain before and after treatment will ultimately be required for proper scientific study of treatments and outcomes. Looking at the history and new progress in technology solutions may open doors to new study. Investigating longer-term outcomes of established procedures, or early outcomes for new procedures, are all important steps in building a much-needed breadth and depth of literature in this growing area of surgical care. We hope that through these different articles the reader will gain a deeper understanding of the complexities and nuance surrounding nerve pain and surgical nerve pain treatments and identify new areas of clinical care and/or research study that drives their personal work in the future.

Thank you to all the authors who contributed their hard work, time, and energy to making this exciting special issue possible. It was an honor to learn from each of them. And thank you to Dr. Rozental, the Editor-in-Chief, for the honor of leading this special issue. A final thanks to all the readers for supporting our work and taking the time to learn alongside us; undoubtedly many of you will take these ideas to the next level and beyond.

Enjoy!

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