

# Surgical Theater

<https://surgicaltheater.com/>

In a retrospective [institutional experience](#) with illustrative [cases](#) Shields LB et al. from the Norton Neuroscience Institute, Louisville published in [Epilepsia Open](#) to evaluate the role of the [Surgical Theater \(ST\)](#) [3D visualization](#) system in enhancing [presurgical planning](#) for [pediatric epilepsy surgery](#). The ST system enabled integration of multimodal imaging into immersive [3D models](#), improving collaborative [surgical planning](#), enhancing intraoperative [navigation](#), and allowing [VR-based](#) procedural rehearsal. It demonstrated utility across 85 cases and is posited as a promising adjunct for pediatric epilepsy surgical workflows <sup>1)</sup>

## Critical Review

This is a descriptive, non-comparative experience report centered on implementing the Surgical Theater (ST) system in a [pediatric epilepsy](#) context. While the authors present a visually compelling and potentially transformative [workflow](#) for [presurgical planning](#), the [study](#) is methodologically [weak](#)—it lacks controls, quantifiable [outcomes](#), or statistical [rigor](#). The “[results](#)” are largely anecdotal, with 4 case examples insufficiently discussed in terms of surgical [impact](#) or [clinical outcomes](#).

The ST system’s theoretical [benefits](#)—improved anatomical understanding, [interdisciplinary collaboration](#), and [anxiety](#) reduction—are intuitively appealing but require formal [validation](#). There’s no [comparison](#) to conventional [planning](#) or alternate [navigation systems](#). The [sample size](#) ( $n=85$ ) is respectable, but without [outcome](#) measures or procedural [benchmarks](#) (e.g., [seizure](#) freedom rates, operative times, [complication](#) rates), the [article](#) remains a promotional showcase rather than [evidence-based](#) advancement.

## Final Verdict

**Score:** 4/10

**Takeaway for the Practicing Neurosurgeon:** [Surgical Theater](#) provides promising visual tools for complex planning, but current evidence is insufficient to justify its routine use in pediatric epilepsy surgery without further validation.

**Bottom Line:** Potentially useful, but currently more [marketing](#) than medicine.

**Blog Categories:** Pediatric Neurosurgery, Technological Innovations, Epilepsy Surgery **Tags:** epilepsy, virtual reality, Surgical Theater, augmented reality, pediatric neurosurgery, surgical planning, imaging integration

<sup>1)</sup>

Shields LBE, Abri H, Karakas C, Davis SD, Mutchnick IS. Novel [planning pipeline](#) utilizing the [Surgical Theater system](#) for [pediatric epilepsy surgery](#). [Epilepsia Open](#). 2025 Jul 9. doi: 10.1002/epi4.70094. Epub ahead of print. PMID: 40632587.

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