

INTRALAMINAR LUMBAR MICROENDOSCOPIC DISCECTOMY

Overview

This minimally-invasive procedure, performed through a tube called a cannula, is designed to relieve the pain caused by herniated disc tissue pressing against nerve roots in the spine. The surgery is performed under general anesthesia, and the patient is allowed to leave the hospital the same day.

1. Preparation

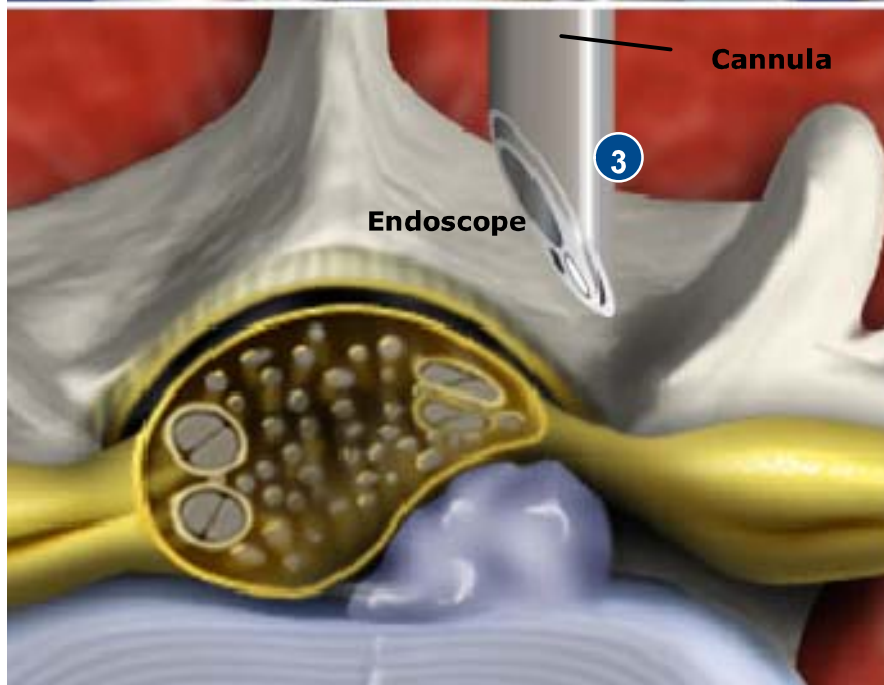
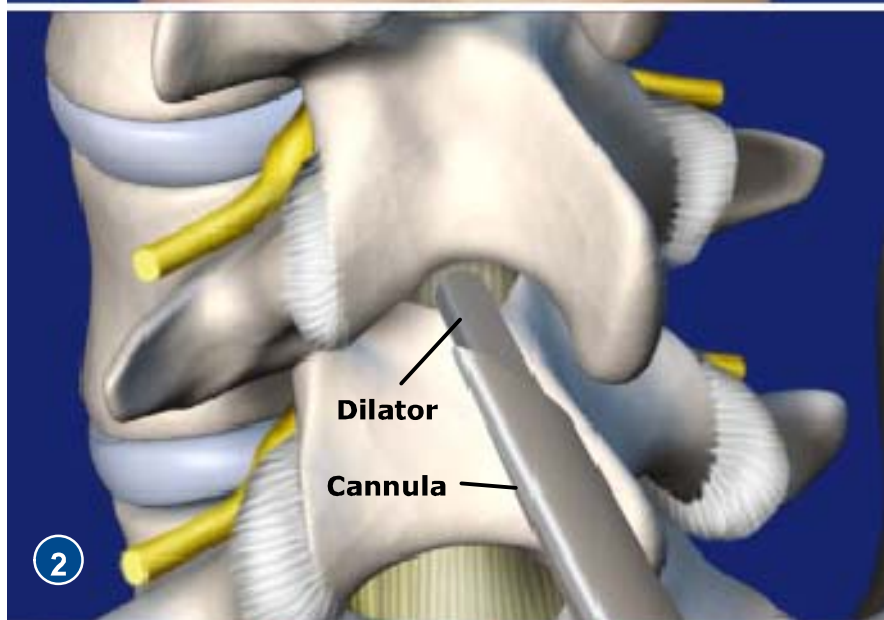
The patient is positioned, and the back is cleansed and sanitized. The surgeon uses a fluoroscope to confirm the location of the disc protrusion.

2. Accessing the Spine

A tiny incision is made just next to the midline of the back. A tapered metal rod called a dilator is passed between vertebrae down to the ligamentum flavum, a wall of ligaments that covers the rear of the spinal canal. A cannula is passed over the dilating tube and pushed down to this wall, and the dilator is removed. The cannula now acts as a working channel for the surgeon.

3. Inserting the Endoscope

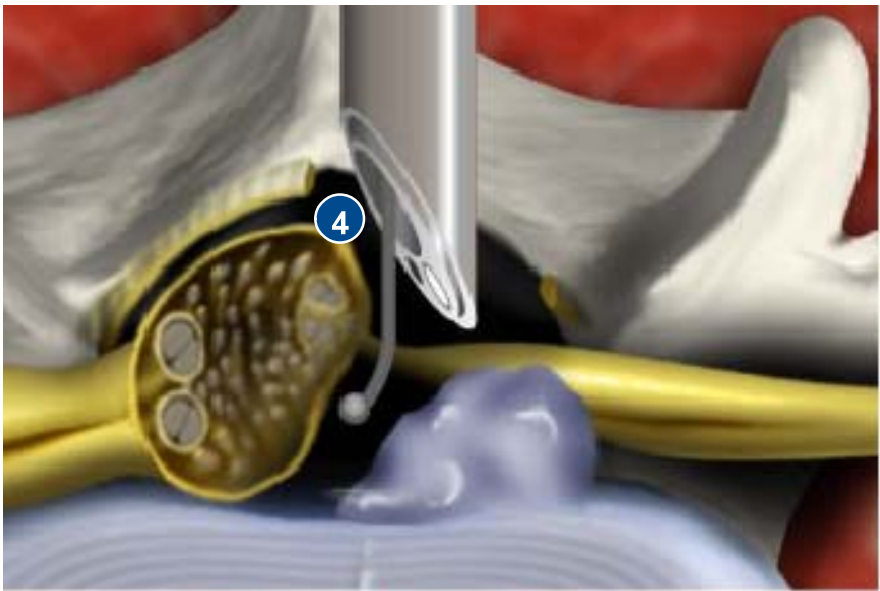
An endoscope is placed through the cannula, allowing the surgeon to view the surgical area on a video monitor. The surgeon will use the endoscope to guide the tools during the procedure.



INTRALAMINAR LUMBAR MICROENDOSCOPIC DISCECTOMY

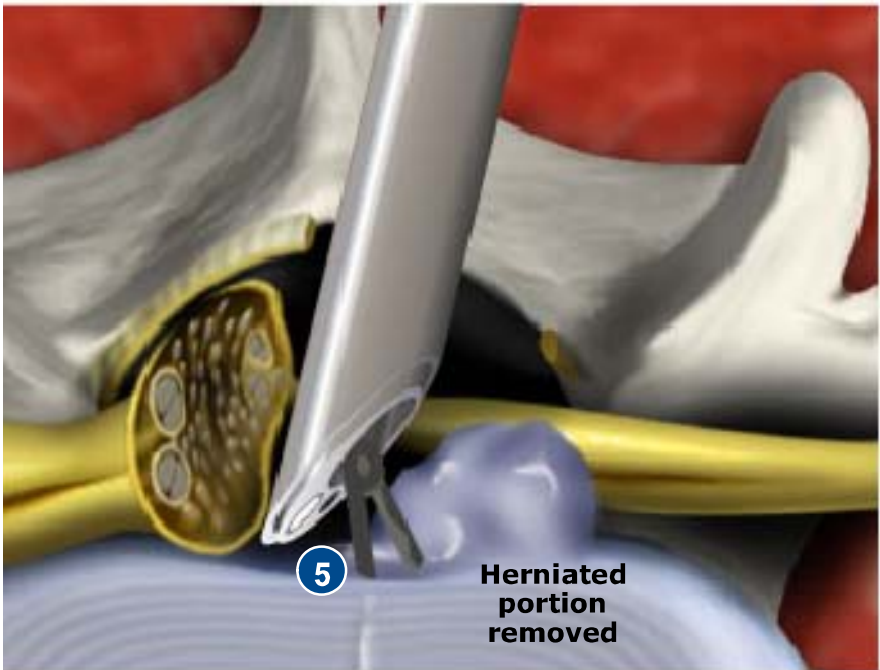
4. Exposing the Disc

The surgeon creates a hole in the ligamentum flavum. Sometimes, a small portion of bone is also removed. The endoscope is carefully pushed through the hole, allowing the surgeon to see the spinal canal and nerve roots. The surgeon uses blunt instruments to inspect the nerves, and then carefully uses the cannula to push them to the opposite side of the canal. This exposes the herniated disc.



5. Removing the Damaged Portions of Disc

The surgeon removes the degenerated and herniated portions of the disc nucleus, which will eliminate pressure on the nerve root. The surgeon uses the same types of instruments used during an open procedure, as well as a laser and a radiofrequency probe. The disc wall is treated to prevent further leakage. Because the surgeon removes only enough material to reduce pressure inside the disc, the spine will remain stable. The surgeon uses the endoscope to inspect disc and nerve root and confirm the success of the treatment.



End of Procedure and Aftercare

The incision is covered with a small bandage. Because few muscles or bone are damaged during the procedure, recovery is fast and scarring is minimized. The patient may need a day of bed rest after the procedure. Most patients may return to normal activity within one to six weeks.

