

Lumbar Discoscopic Discectomy

Overview

This minimally-invasive procedure is designed to relieve pain caused by herniated discs pressing on nerve roots. This surgery is performed through a small tubular device under local or epidural anesthesia, allowing the patient to leave the hospital the same day.

Guide Wire Inserted

After the disc protrusion is confirmed, a guide wire is inserted to the disc. The surgeon uses a special type of x-ray machine called a fluoroscope to find the correct route to the herniated disc.

Dilating Tube Inserted

The surgeon passes a dilating tube over the guide wire to push apart the tissue down to the disc and to move the nerve root out of the way. Painful tissue in the path of the tube may be anesthetized.

Working Sleeve Positioned

The working sleeve, through which the surgery will be performed, is slid over the dilating tube and positioned on the disc surface. The guide wire and dilator are then removed.

Endoscope Inserted

The surgeon inserts an endoscope (which contains a light and a small camera) through the tube. The surgeon can now view the disc and epidural space on a video monitor. The rest of the procedure is viewed with this endoscope, allowing the surgeon to carefully guide the surgical tools and inspect the results.

Damaged Portions Removed

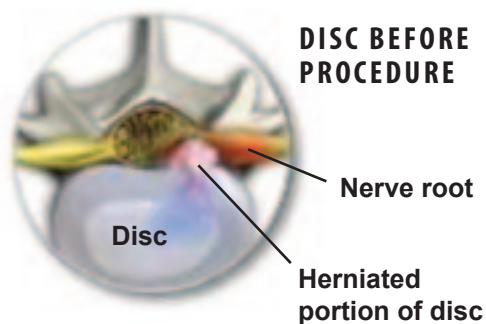
Surgical instruments are used to remove degenerative and extruded portions of the disc nucleus. Because only enough of the disc is removed to reduce pressure inside the disc, the spine remains stable.

Disc Wall Treated

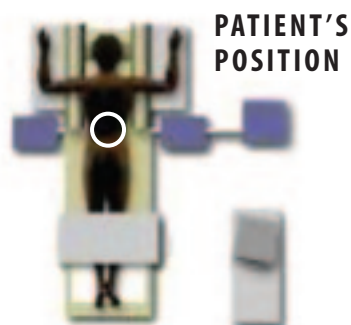
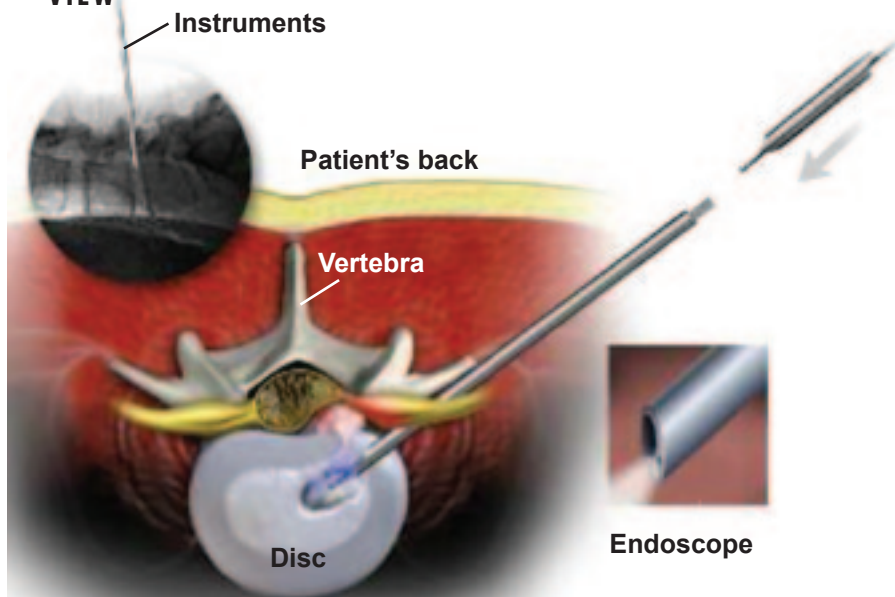
The disc wall defect is treated with a laser and radiofrequency probe. The surrounding vertebral bones and nerves are inspected to make sure decompression was successful. The instruments and sleeve are removed.

End of Procedure

The insertion area in the skin is covered with a small bandage. Because no muscles or bone are cut during the procedure, recovery is fast and scarring is minimized. The patient may need a day of bed rest after the procedure and physical therapy. Most may return to normal activity within one to six weeks.



LEFT SIDE FLUOROSCOPIC VIEW



DISC AFTER PROCEDURE

