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UNDER THE AUSPICES OF THE
INTERNATIONAL SOCIETY FOR MINIMAL INTERVENTION IN SPINAL SURGERY
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p r e s e n t s

t h e **f i n a l p r o g r a m** o f
t h e u p c o m i n g

**INTERNATIONAL 29th COURSE FOR
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SURGERY AND COMPLEMENTARY
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& WORKSHOP DEMONSTRATIONS / TECHNICAL EXHIBITION

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S S O / S G O - C r e d i t s : 1 6 (C M E)

Endoscopic transforaminal discectomy in primary & recurrent lumbar disc herniation

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Background: Recurrent herniation is a significant problem as scar formation and progressive disc degeneration may lead to increased morbidity after traditional posterior re-operation. The advantage of the ETD could be that there is no need to go through the old scar tissue. The disadvantage may be a long learning curve for the spinal surgeon.

Purpose: To review complications and results of the endoscopic transforaminal discectomy (ETD) for recurrent herniated discs.

Study Design: A prospective clinical study.

Patient Sample: 262 consecutive patients over a four year period with a MRI proven disc-herniation in the lumbar spine with radicular symptoms, positive Lasegue, numbness or adynamia in the leg that did not respond satisfactory to conservative treatment over 3 months. Previous surgery had been performed in our own centre in 82 cases, 180 patients had previous surgery performed elsewhere.

Outcome Measures: The patients had a clinical evaluation 3 months after surgery and returned at two years an extensive questionnaire including VAS Scores, MacNab Score as well as subjective satisfaction

Methods: First a discography of at least 2 levels was conducted. The prolapsed or ruptured part of the posterior disc segment was removed with special forceps and special curettes. The procedure was performed under local anaesthesia.

Results: At two years 85,7% of the patients rated the result of the surgery as excellent or good. 9,7 % reported a fair and 4,6 % patients an unsatisfactory result. Patients recorded an average improvement of their back pain of 5,7 points and 5,9 points of their leg pain on the VAS scale(1-10). According to Mac Nab criteria 30,7% of the patients felt fully regenerated, 50 % felt their efficiency to be slightly restricted, 16,8% felt their efficiency noticeably restricted and 2,5% felt unaltered. All patients had a 3-month follow-up where possible complications were registered. The complication included: 3 nerve root irritations and 6 (2,3%) early recurrent herniations (<3 month). There was no case of infection or discitis. 11 patients have been reoperated for recurrence, after 3 months and within 2 years (4,6%).

Conclusion: Endoscopic transforaminal discectomy appears to be an effective treatment with few complications and a high patient satisfaction for recurrent disc herniation. ♦