

# European Musculoskeletal Review 2006

## EXTRACT

### Developments in the Area of Endoscopic Spine Surgery

*a report by*

**Florian Maria Alfen, Beate Lauerbach  
and Wolfgang Ries**

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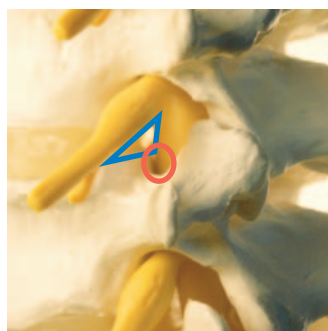
## INTRODUCTION

The use of endoscopic surgery on a daily basis began in the 1980's in the fields of laparoscopy and arthroscopy. In the 1990's endoscopic/minimally invasive neuro and cardiac surgery followed. As technologies have continued to evolve they have made possible more delicate and disease specific applications, and as a result endoscopic spine surgery has become a reality.

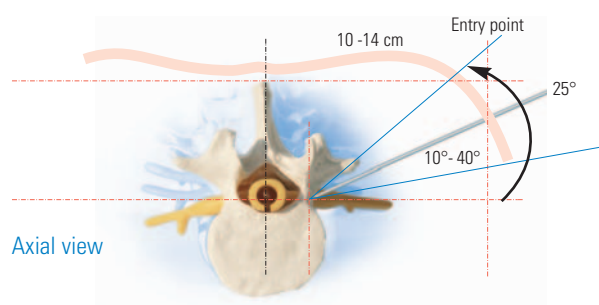
Endoscopic techniques may speed recovery, minimize postoperative pain and improve the final outcome. What once required 3 to 6 months to recover from now only requires 3 to 6 weeks!

The Cleveland Clinic Foundation

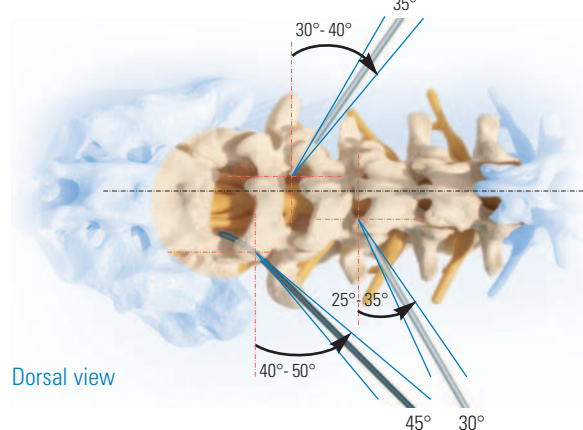
## ACCESS PLANNING



The triangular working zone according to Parviz Kambin and the target area of the THESSYS<sup>™</sup> approach.



Axial view



Dorsal view

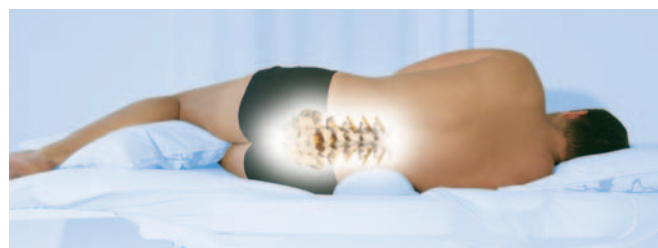


X-ray: lateral



X-ray: A-P

## PATIENT POSITIONING



Stable lateral positioning



Prone positioning

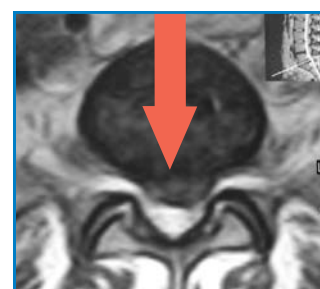
Patents pending



## RESULT EXAMPLES



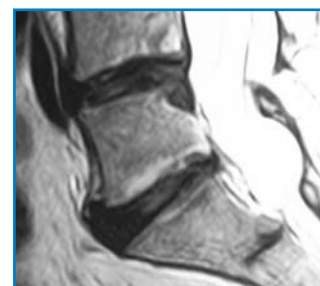
MRI: L5-S1 lateral



MRI: L5-S1 axial



L4-L5, bi-lateral view



## Developments in the Area of Endoscopic Spine Surgery

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### Pioneers in Endoscopic Spine Surgery

Minimally invasive spinal surgery is emerging as an alternative, reliable method of treatment for a variety of spinal disorders. The operative techniques being used for discectomy, retrieval of herniated disc fragments and stabilisation of unstable spinal motion segments are being utilised more widely on a daily basis.<sup>1</sup> Mixer, Barr and Dandy are credited with the diagnosis and treatment of herniated lumbar discs via laminectomy and the exposure of the spinal canal.<sup>2,3</sup> Within the last 40 years many investigators have attempted to find alternatives to laminectomy and discectomy, including evacuation of the nucleus via an anterior retro-peritoneal approach,<sup>4</sup> automated percutaneous nucleotomy,<sup>5</sup> suction-excision of herniated lumbar discs, and chemonucleolysis and laser nuclear ablation.<sup>6-13</sup>

In the 1970s, Parviz Kambin and Hijikata started to use specifically designed cannulas for performing a percutaneous dorso-lateral nucleotomy, with a reported satisfactory outcome of 75% in their patients.<sup>14-16</sup> The principle of mechanical nucleotomy was subsequently pursued by other investigators in the 1980s.<sup>17,18</sup> Increased understanding of the endoscopic anatomy of the foraminal and extra-foraminal region,<sup>19,20</sup> the description of radiographic landmarks of the working zone on the dorsolateral annulus by Parviz Kambin combined with the availability of smaller calibre rod-lens fibre-optics have permitted further lateralisation of the skin entry points.<sup>15,21,22</sup> Specifically the later approaches had been pursued by Anthony Yeung,<sup>23</sup> Martin Knight,<sup>13</sup> Sang Ho Lee,<sup>21</sup> Thomas Hoogland and others.<sup>12,25-33</sup> Over the last decade, all of them have performed some thousands of endoscopic spinal procedures using a very similar approach, but varying their specific methods and technologies.

### The THESSYS™ Concept

For the removal of herniated inter-vertebral disc material, THESSYS (Transforaminal Endoscopic Spine System) utilises a special lateral, trans-foraminal

endoscopic approach. This represents a less traumatic approach for the patient than the typically used dorsal approach. With the use of dorsal laminectomy procedures for the removal of intra- and transforaminal disc fragments, extensive sacrificing of vital spinal stability structures can be required in order to reach the target point, often leading to immediate spinal fusion. In contrast, THESSYS allows access to every herniated disc fragment or protrusion except those located fully dorsally. The documented recurrence rate with the THESSYS method is very low.<sup>11,25,30-34</sup> With this method, sequestered disc material is completely removed directly through the foramen, which is gradually widened in a step-wise fashion with specially designed reamers and accompanying instrumentation. The patient can be placed in both the prone position and the lateral position. He/she is awake during the entire operation, which is carried out under local anaesthesia. This allows communication with the patient during the entire procedure. The whole operation can be performed effectively in both a hospital and an out-patient surgery centre.

### Operating Technique

Proper patient positioning and thorough planning of the approach to the herniated intervertebral disc via the skin entry point, as shown in the figures, is crucial in obtaining a good surgical outcome.

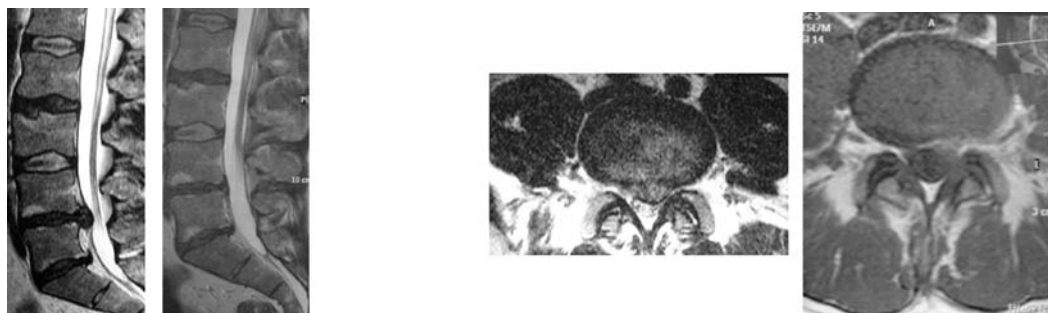
Confirmations of the exact position of an annular tear protrusion and/or sequestered intervertebral disc material can be obtained using the intra-operative discography.

With the combination of methodology and technology, the THESSYS total system makes access possible at all lumbar levels, including L5-S1. Any sequestered disc fragment or protrusions can be removed with the system immediately (see *Figure 1*).

The specific approach for herniated intervertebral discs using the method is through the intervertebral foramen, which most of the time is very narrow due to the disease. The affected nerve roots exit cranially



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**Figure 1: MRI Pre-operatively and Three Months Post-operatively**

and are often encapsulated by fibrous tissue and/or bony structures. In order not to irritate any nerve close to the foramen and to ensure a safe access to the spinal canal, the caudal part (safety zone) of the foramen is widened millimetre by millimetre with specially designed reamers.

A stepwise, three-staged guide wire principle is used, inserting into the foramen, under X-ray control from the THESSYS manual instrumentation tray, which consists of a variety of guiding rods, guiding tubes, working cannulas and the previously mentioned crown reamers. The foramen is gradually widened by reaming bone material away. Because of this procedure, safe access to the spinal canal is enabled. Through this access channel and the specifically developed spinal foraminoscopes, which allow full endoscopic visualisation, the prolapsed disc material causing serious radicular symptoms can be removed using the specially developed forceps, graspers and punches.

### Indication

The THESSYS operating method can be used in any minimally invasive surgical procedure on a herniated intervertebral disc. All sequestered disc material and protrusions of the lumbar spine (including level L5-S1,) can be removed with the complete system through the lateral transforaminal approach under local anaesthesia.

The use of the complete system is indicated in any radicular syndrome caused by a herniated intervertebral disc or major protrusion and long-term pain, in which conservative therapy failed to achieve sufficient improvement. A cauda equina syndrome represents an indication for immediate intervention. As with any herniated disc operation, a THESSYS operation also requires pre-operative magnetic resonance tomography (MRT) and regular X-ray imaging.

### Statistics

Published international literature report a 75–85%

success rate for percutaneous nucleotomies performed by experienced spine specialists.<sup>15,35</sup> Herniated intervertebral disc operations performed with the help of microscopic technologies, used in most centres, demonstrate an average success rate of 87%.<sup>19,35,36</sup> In one-year and two-year follow-up studies, the application of the THESSYS method for the removal of sequestered intervertebral disc material, by referenced THESSYS users, has achieved a success rate of more than 90%.<sup>25,26,30–33,34</sup> Overall, the early recurrence rate is under five per cent. In patients with a recurrent herniation, the success rate is more than 84%.<sup>25,26,30,31</sup>

### Statistics – Private practice Florian Maria Alfen (MD)

#### Evaluation

- 4/2004–5/2005, N=189
- Retrospective non-randomised clinical study
- Data compiled for single/multi-level endoscopic transforaminal nucleotomies (ETNs) from 4/2004–5/2005
- N=189 (48 female/141 male)
- Average age 50 years (range 24–79 years)

ETN – disc level (frequency of occurrence; N=189)

ETN – complication rate: 5.5% (N=147, FU 6w)

ETN – patient's satisfaction on the visual analog scale (VAS)

### Conclusion

In our opinion, the ETN with THESSYS is a fully developed technique to remove lumbar spine disc herniations. The disadvantages are: a long learning curve, a two-dimensional view, the distinction of tissue and initial expense. The advantages are: local anaesthesia only, a reduced risk of infection, reduced risk of instability, less subsequent scars, open-door surgery and a shorter rehabilitation time. ■



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# THESSYS™

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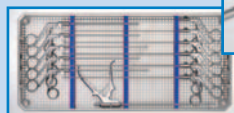
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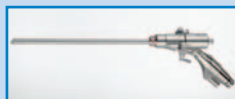
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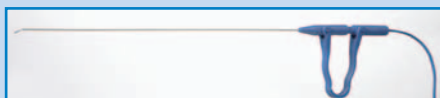
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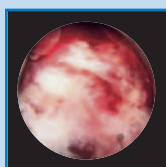
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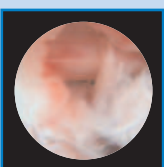
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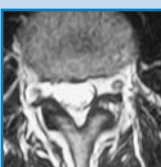
Pre-surgical: L3-L4, lateral



Herniated fragment



Freed nerve root



Post-surgical: L3-L4, lateral

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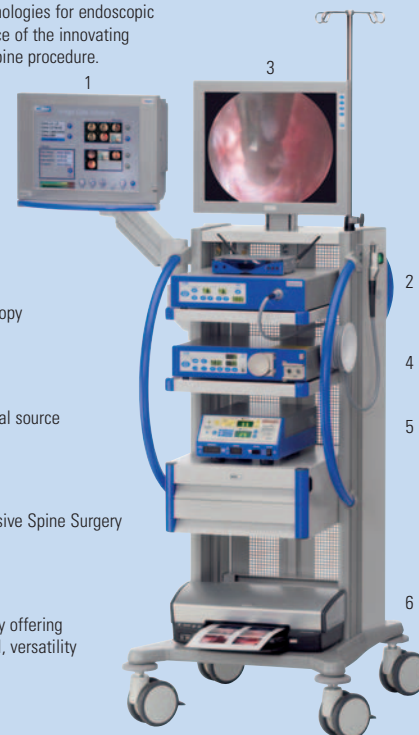
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