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the upcoming

INTERNATIONAL 29th COURSE FOR
PERCUTANEOUS ENDOSCOPIC SPINAL
SURGERY AND COMPLEMENTARY
MINIMAL INVASIVE TECHNIQUES

SYMPOSIUM WITH INTERNATIONAL GUEST FACULTY
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SSO / SGO - Credits: 16 (CME)
Endoscopic transforaminal disectomy 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 disectomy (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 Lasègue, numbness or adynamia in the leg that did not respond satisfactorily 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 4.8 % 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 2.6% 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 disectomy appears to be an effective treatment with few complications and a high patient satisfaction for recurrent disc herniation.