

Two Years Experience of Endoscopic Treatment in Lumbar Disc Herniations

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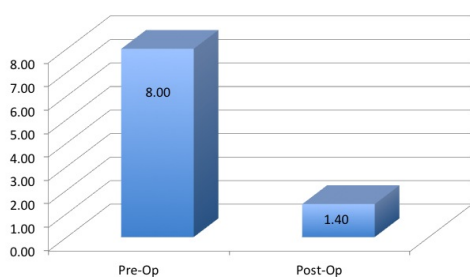
Introduction

Parallel to technical advances, minimally invasive techniques is becoming more and more popular and prevalent among surgical procedures in order to induce lesser tissue trauma. These changes can be seen not only in cranial surgeries but also in degenerative disc disease surgeries. We are experiencing a change in surgeons' attitudes from radical interventions to more tissue preserving procedures.

Methods

In our study we evaluated outcomes of a newly implemented surgical technique in our clinic, full endoscopic lumbar discectomy (transforaminal or interlaminar). Oswestry Disability Index (ODI) and visual analog scale (VAS) were used to analyze the outcomes.

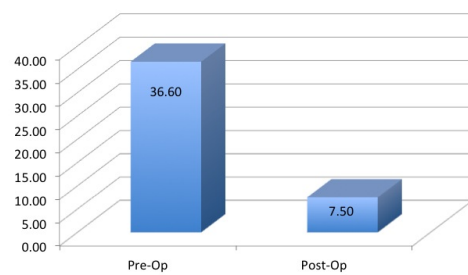
Visual Analogue Scale Back and Leg Pain



Results

One hundred and sixty three patients underwent full endoscopic lumbar discectomy between August 2009 and January 2012. There were 74 male and 89 female patients in our study. Mean follow up period was nine months (ranged one to 29 months). Mean pre-operative VAS was 8, ODI was 36,6 while mean follow-up VAS was 1,4, ODI was 7,5. At follow-up, 114 (%70) patients had no complaints, 30 (%18) patients had occasional pain and 19 (%12) had no improvement.

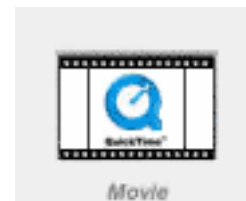
Oswestry Disability Index



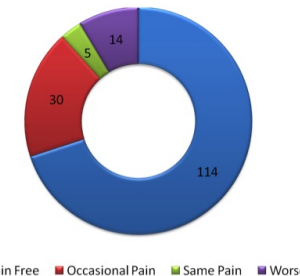
During the mean postoperative follow-up period of nine months, six patients had to be re-operated on due to recurrence or residual fragments. Postoperatively, four patients experienced disesthesia, all completely resolved in a couple of days. Five patients neurologically deteriorated, four of which completely got better without any intervention. Dural tears were encountered in six patients. Dural repair and lumbar drainage was performed on the very first of these six patients.

Conclusions

The results of our study show that full endoscopic interlaminar or transforaminal surgeries are safe and effective treatment modalities for lumbar disc herniations. The study is significant for the demonstration of the learning curve for those who want to implement this technique to their clinics.



Post-op Evaluation



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