Is this treatment right for you?

**A quick checklist**

This procedure is specifically designed for patients with uncomplicated, herniated discs accompanied by the following:

- Intractable pain radiating along the spine and chest wall
- Symptoms that often include sensory loss, tingling, muscle spasms, and numbness
- A positive CT or MRI scan for disc herniation
- No improvement of symptoms after 8-12 weeks of conservative therapy, including physiotherapy or chiropractic treatment
- Positive electromyogram (EMG) study is helpful
- A positive provocative discogram

**The procedure is not designed for:**

- Evidence of acute or progressive degenerative spinal cord diseases
- Evidence of advanced spondylosis (significant bony spurs blocking the anterior disc space) with disc space narrowing, diffuse annular bulging and other spine irregularities
- Evidence of significant spinal stenosis, the narrowing of the spinal canal or lateral recess
- Evidence of a large extruded disc or a migrating free fragment
- Existence of other pathologies or conditions such as fractures, tumors, or active infections
- Evidence of neurological or vascular pathologies that mimic a herniated disc

Only patients with clinical abnormalities confirmed by physical examination, x-rays and scans are considered for the endoscopic procedure. Tests are done prior to the procedure.
What is Microdecompressive Endoscopic Thoracic Discectomy with Laser Application?

Microdecompressive Thoracic Discectomy with Laser Application is minimally invasive spine surgery that removes a portion of the herniated disc and will shrink the herniated disc.

By using local anesthesia and the help of x-ray and endoscopic guidance, the specially designed micro-instruments, a discectome, and a laser probe are inserted into the herniated disc space. A portion of the offending disc is removed with cutting, laser vaporization, and suction, besides laser shrinkage of the bulging disc, in place of the open, traumatic, surgery

Microdecompressive thoracic discectomy is different from the standard traumatic thoracic disc surgery because it is performed with much less tissue trauma when compared to an open surgical procedure. Therefore, complications that occur with conventional surgery are reduced with this less traumatic procedure.

The Procedure

The procedure is performed under local anesthesia with the patient awake and in a prone or lateral position. A small needle is inserted into the disc after local anesthesia has been administered.

Over this needle, a slightly larger introducer and a tube are inserted into disc itself. Using x-ray guidance the micro-instruments (forceps, curettes, trephines, rasps, burrs, and cutters), the discectome (a hollow probe with a cutting knife inside) and the laser probe are inserted into the disc space through the sleeve.

Small pieces of the disc material are removed and suctioned. The laser further shrinks the disc. The procedure takes about 30 minutes per disc, on average. X-ray exposure is minimal.

The supporting structure of the disc is not affected. Upon completion the needle is removed and a small band-aid is applied to the tiny incision.

Postoperative Course

The patient may feel relief from pain immediately following the procedure. This is an outpatient procedure. Walking and light exercise are usually encouraged on the next day. Some patients experience mild muscle spasms that can generally be relieved with mild analgesics.

Pain in the area of the operation is usually minimal. From the day after discharge, a daily exercise program is recommended and there is a re-evaluation examination several days later. Little, if any, postoperative medication is required for most patients. Normal activities can usually be resumed at the doctor's discretion within a few weeks.

Advantages

There are numerous advantages to microdecompressive endoscopic cervical discectomy compared to open spinal surgery. Patients who have large free fragments of disc in the spinal canal, as determined by the x-ray, might not benefit from this procedure. However, the laser can shrink the bulging disc further for disc decompression. Some advantages are:

1. Less traumatic physically since there is much less tissue trauma when compared to an open surgical procedure.
2. Hospitalization is not required since it is an outpatient procedure.

Summary

A small percentage of patients are not relieved of their pain with this procedure. There is much less risk of complications from performing microdecompressive thoracic discectomy than the traumatic, conventional thoracic surgery. If the endoscopic procedure is not effective, a patient could still be a candidate for future open micro-surgical procedures.

If you have any questions concerning this procedure, please feel free to further discuss the microdecompressive cervical discectomy procedure with us.