

ABSTRACT

Title of Abstract:	Multicenter Study of Percutaneous Endoscopic (lumbar, cervical and thoracic) Discectomy
Purpose:	The purpose of the present study was to gather a comprehensive series of percutaneous endoscopic discectomies (lumbar, cervical and thoracic) to accurately assess the overall incidence of complications and morbidity, to determine the rate of re-operation, and to adjudge the current role and efficacy of minimal invasive surgery in the armamentarium of a spinal surgeon.
Materials and Methods:	Forty spine surgeons of minimally invasive spinal surgery from 19 centers around the world were contacted, and the statistics for 27,760 operations were gathered and analyzed. The type of endoscope varied the anatomical approaches or minimized tissue trauma, and methods of tissue modulation included radiofrequency, laser, and bipolar coagulation.
Results:	The incidence of surgical complications--such as discitis, wound infection, transient cerebral fluid leak, motor or sensory loss, and sympathetic mediated pain and dysethesis, was less than 1 % in entire series. The rate of recorded re-operation for the entire series was less than 1 %. The mortality is 0. The patient satisfaction was over 90%.
Conclusion:	Percutaneous endoscopic spinal discectomy has become a significant alternative to open spinal surgery for herniated lumbar, cervical and thoracic disc disease, that are protruding, prolapsed or extruded.

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