ABSTRACT

Title of Abstract: Microdecompressive Endoscopic Cervical Discectomy Non Ablative Disc Application (Laser Thermodiskoplasty)

Purpose: To demonstrate safety, efficacy and technique of outpatient Percutaneous Microdecompressive Endoscopic Cervical Discectomy performed for symptomatic cervical herniated nucleus pulposus. In addition, low energy non-ablative Holmium laser has been applied for shrinking and tightening effect on the disc.

Materials and Methods: Since 1994, 400 patients (720 Discs) who failed at least 12 weeks of conservative care were treated. Levels were C2 to C7, inclusive. All patients demonstrated unilateral radicular pain of a specific dermatome confirmed with EMG/NCV. MRI or CT scans demonstrated a contained soft cervical disc. Percutaneous Microdecompressive Endoscopic Cervical Discectomy technique is described. Non-ablative lower Holmium laser energy was added for disc shrinkage.

Results: Average time to return to work was ten days for the non-workers' compensation patient. At an average follow-up of 39 months (4 to 66 months) 378 patients (94.5%) had good to excellent symptomatic relief. There were no postoperative complications. Holmium laser at non-ablative lower level was utilized to shrink or to tighten the disc. Only eleven patients demonstrated persistent neck and upper extremity pain associated with paresthesia.

Conclusion: This Percutaneous Microdecompressive Endoscopic Cervical Discectomy with added application of non-ablative lower Holmium laser energy for disc shrinkage (laser thermodiskoplasty) appears to be easy, safe and efficacious. This less traumatic outpatient treatment leads to faster recovery and significant economic savings.

Title of Abstract: As above

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