

Endoscopic Discectomy

Brief description of the procedure

Endoscopic discectomy is a minimally invasive spine procedure used to remove herniated disc material that is causing uncomfortable pain and pressure in the back. Endoscopic discectomy is an alternative to open lumbar disc surgery and does not involve bone removal or large incisions to the skin. Instead, the procedure involves the use of X-ray imaging and magnified video to help your surgeon insert an endoscopic probe through the skin of your back, between the vertebrae and into the herniated disc space. This is all done through an incision that is 1/8th to 1/4th of an inch.

Once the endoscope has been inserted, your surgeon sends tiny surgical attachments through the hollow center of the probe which he then will use to remove portions of the herniated disc. If needed, the surgical tools also can help push a bulging disk back into place or remove disc fragments and small bone spurs.

A local anesthetic is used prior to the start of the procedure, which lasts about an hour. The amount of pain that patients experience is minimal, and there are no stitches required upon completion of the procedure.

Disorders it treats

Neurological disorders and pain caused by disc Herniations (HNP) and Degenerative Disc Disease (DDD).

Possible Post-Op findings

The risk of complications from scarring, blood loss, infection and anesthesia that may occur with open disc surgery are reduced or, in some cases, completely eliminated with this procedure. Your surgeon will determine if you are a candidate for this procedure based on your condition and previous medical history. We will discuss all risks, benefits and complications with you during your office visit.

Most patients are able to go home the same day or early the next day after surgery. Before patients go home, Physical Therapists work with patients and instruct them on proper techniques of getting in and out of bed and walking independently. Patients are instructed to avoid bending at the waist, lifting (more than five pounds), and twisting in the early postoperative period (first 2-4 weeks) to avoid a strain injury or recurrent disc injury.

Patients should try to avoid sitting in the same position for more than 45-60 minutes in the first few weeks after surgery. After sitting for 45-60 minutes, patients should get up and stretch or walk for a little bit, then sit down again if desired.

Factors influencing recovery

Slower healing rate caused by i.e. diabetic, smoker, old age, osteoporosis, obesity, and malnutrition.

Brace (Y/N)

Occasionally, patients may be issued a small, soft lumbar corset that can provide additional lumbar support in the early postoperative period, if

How long:

If needed 4 weeks

Driving restrictions (Y/N)

Patients may begin driving when the pain level has decreased to a mild level, which usually is between 2-10 days after surgery. Patients should not drive while taking pain medicines (narcotics). When driving for the first time after surgery, patients should make it a short drive only and have someone come with them, in case the pain flares up and they need help driving back home. After patients feel comfortable with a short drive, they can begin driving longer distances alone.

Physical Therapy Needed?

Yes

PT restrictions

While in Physical Therapy, patients are instructed to avoid bending at the waist, lifting (more than five pounds), and twisting in the early postoperative period (first 2-4 weeks) to avoid a strain injury or recurrent disc injury.

PT objectives

Physical Therapy will initially focus on reducing pain and increasing functional mobility while helping the patient return to their Prior Level Of Function (PLOF). The patient will also receive a CORE and an endurance/cardio training program to help strengthen the back.

PT Modalities

Physical Therapy Modalities used may include US/E-stim but will mainly focus on strengthening the CORE muscle of the lumbar spine and restoring correct functional mobility.

Work/Hobby restrictions

Patients may return to light work duties as early as 1-2 weeks after surgery, depending on when the surgical pain has subsided. Patients may return to heavy work and sports as early as 4-6 weeks after surgery, if the surgical pain has subsided and the back strength has returned appropriately with physical therapy. Prior to any return, the patient will be provided with a return to work instruction sheet.

When to call your surgeon

If your temperature exceeds 101° F, or if the incision begins to separate or show signs of infection, such as redness, swelling, pain, or drainage. If your swallowing problems interfere with your ability to breathe or drink water.

Follow up with surgeon

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Patients will return for a follow-up visit to the Surgeon approximately 8-10 days after surgery. The incision will be inspected and one stitch will be removed. Patients will be given a prescription to begin physical therapy for back exercises, to start 3-4 weeks after the surgery. Medications will be refilled if necessary.

Outcomes

The results of micro-discectomy surgery in the treatment of a painful, herniated disc are generally excellent. Numerous research studies in medical journals demonstrate greater than 90-96% good or excellent results from microdiscectomy surgery. Most patients are noted to have a rapid improvement of their pain and return to normal function