curac2004
3. Jahrestagung der Deutschen Gesellschaft für Computer- und Roboterassistierte Chirurgie e.V.

Perkutane endoskopische versus offene mikrochirurgische Dekompression beim lateralen lumbalen Diskusprolaps

Percutaneous Endoscopic versus Open Microdiscectomy in Far Lateral Disc Herniation

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Objective

The aim of the present study was to compare the percutaneous endoscopic technique (PE) and the open microsurgical decompression by
posterolateral approach (OM) in the treatment of far lateral lumbar disc herniation.

Methods

Between 12/1996 and 07/2004 130 patients were surgically treated for far lateral lumbar disc herniation (89 PE and 41 OM). Mean age 56 yrs. (20-79
yrs.). 62 male and 68 female. There were no significant differences in both groups concerning age, sex and levels. Fluoroscopic monitoring was used in PE: A
working channel was introduced 8 -12 cm from the midline and the nerve root decompressed under endoscopic visualization according to Mathews et al. OM
procedure: Skin incision was done 8 - 12 cm from the midline, to approach the foramen according to O.Brien et al. Follow up was done in frequent intervals. Data
were collected from the patients. records and analysed with t-test and chi square ($p \leftarrow 0.05$).

Results

In the PE-group, significantly less postoperative complications, time of surgery significantly shorter, consumption of analgetics much lower and postop.
hospitalization time significantly shorter.

Conclusion

Percutaneous endoscopic surgical technique (PE) proved to be superior to the open microdiscectomy (OM): Shorter time of surgery, less consumption of analgetics, shorter duration of hospitalization.

Literature: O.Brien, et al.: J Neurosug 83:636-640, 1995.

Mathews HH, et al.: Neurosurg Clin N Am, Jan 1996, 7(1)p59-63.