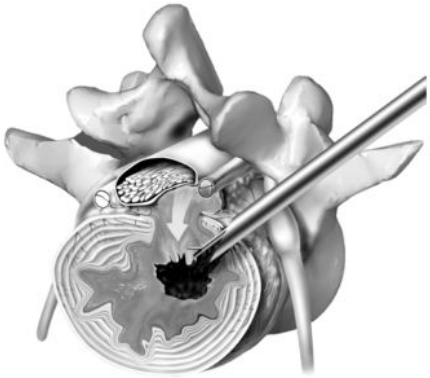
# Endoscopic discectomy



**Who needs it?**

Discectomy involves the removal of part of a disc, most commonly in the lumbar spine, when it is causing pain by bulging and pressing on a nerve. It generally is reserved for cases where other treatments, such as medication and physiotherapy have failed. Some disc herniations can not be treated by Endoscopic discectomy, due to their size, position or other factors, such as bone spurs or scar tissue. The beauty of Endoscopic discectomy is that it can be performed through a single small incision and the patients generally go home a few hours later.

**How is it done?**

The patient is positioned on an operating table in a sterile environment and an x-ray machine is used to localise the damaged disc, previously demonstrated on an MRI scan. The patient is given either a light general anaesthetic, or a sedative (if required). Local anaesthetic is injected into the proposed incision site and into the muscles below and a small incision, around 1cm is made in the skin. This is typically around 3cm off to the side of the spine, on the side that is painful. A blunt probe is then passed down to open up the track and the endoscope is then introduced, which is half the diameter of a 5p piece. This is connected to a monitor, so that the surgeon gets a very clear view of the anatomy. The disc fragment can usually be seen under the nerve root, which is gently moved off it and the disc fragment is pulled out. After checking that the nerve is free, the endoscope is removed and the wound is closed with either stick-on strips or a single stitch.

**What is the recovery like?**

Most patients recover very quickly, but the wound track can be sore for a week or so after the local anaesthetic wears off (typically within 6-8 hours). Physiotherapy is then required to strengthen the muscles to protect this disc and to get the patient moving properly again. Most patients will be back at work within a few days, but need to avoid heavy duties for several weeks, depending on their posture, work-load, positions etc. Driving is best avoided for a few weeks, as emergency stops would cause pressure on the disc, potentially causing another herniation.

**What are the risks?**

As with any operation there is a risk of infection, or of bleeding, which would lead to bruising in the muscles. There is a risk of nerve root damage, which could lead to permanent pain in the leg, as well as weakness and/or numbness – this is rare. There is a late risk of the disc bulging again, if another piece starts to herniated out – this is reduced by the physiotherapy post-operatively.