

# PRELIMINARY REPORT OF MINIMALLY INVASIVE ENDOSCOPIC GUIDED LUMBAR SURGERY IN A FREE-STANDING OUTPATIENT CENTER IN WASHINGTON STATE

## Topic: Low Back Pain

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### BACKGROUND

Minimally invasive surgery (MIS) has become increasingly popular in managing intractable low back pain and radiculopathy due to degenerative disc disease. In the literature, traditional open lumbar surgery has been done in the hospital setting with reports that patients could need days of post operative care[1]. In comparison, MIS approach done in an Ambulatory Surgery Center (ASC) might provide potential advantages over traditional open surgery such as reduced surgery-related pain, lower comprehensive morbidity and zero hospital stay.

### METHOD

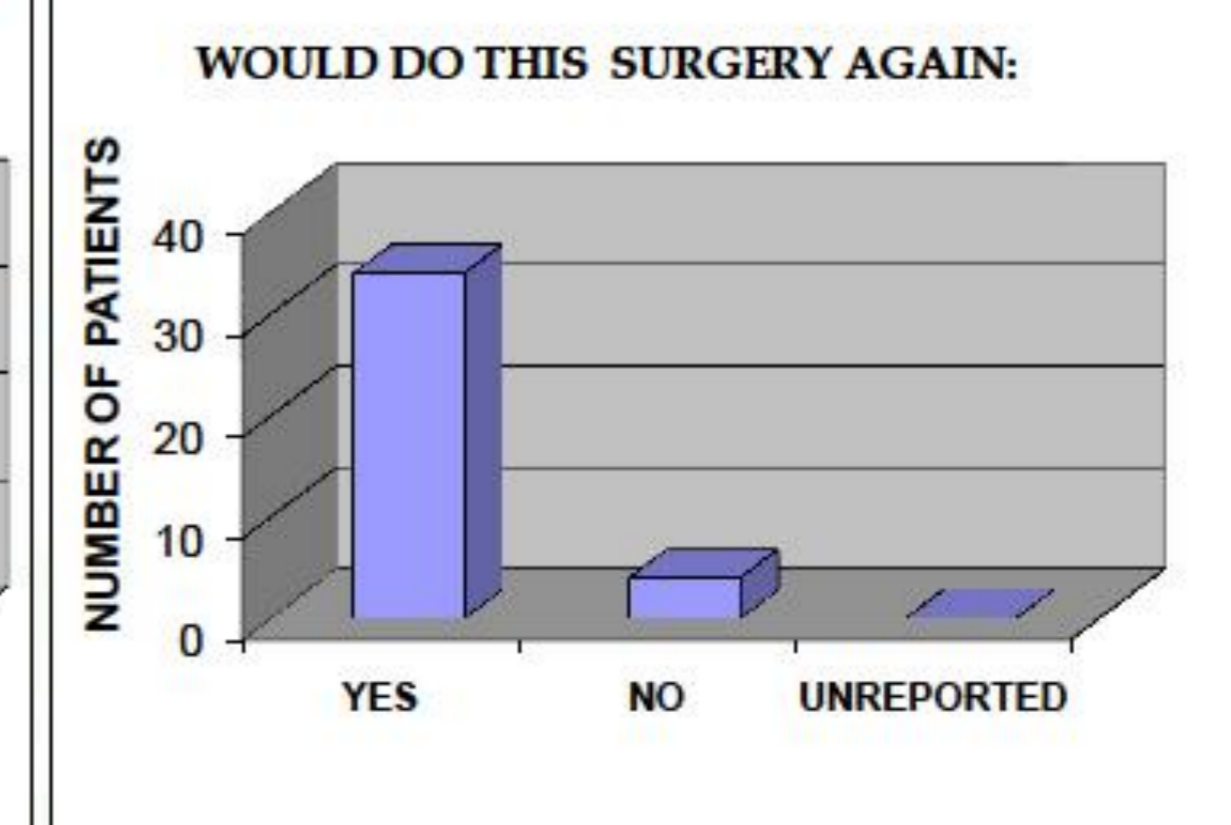
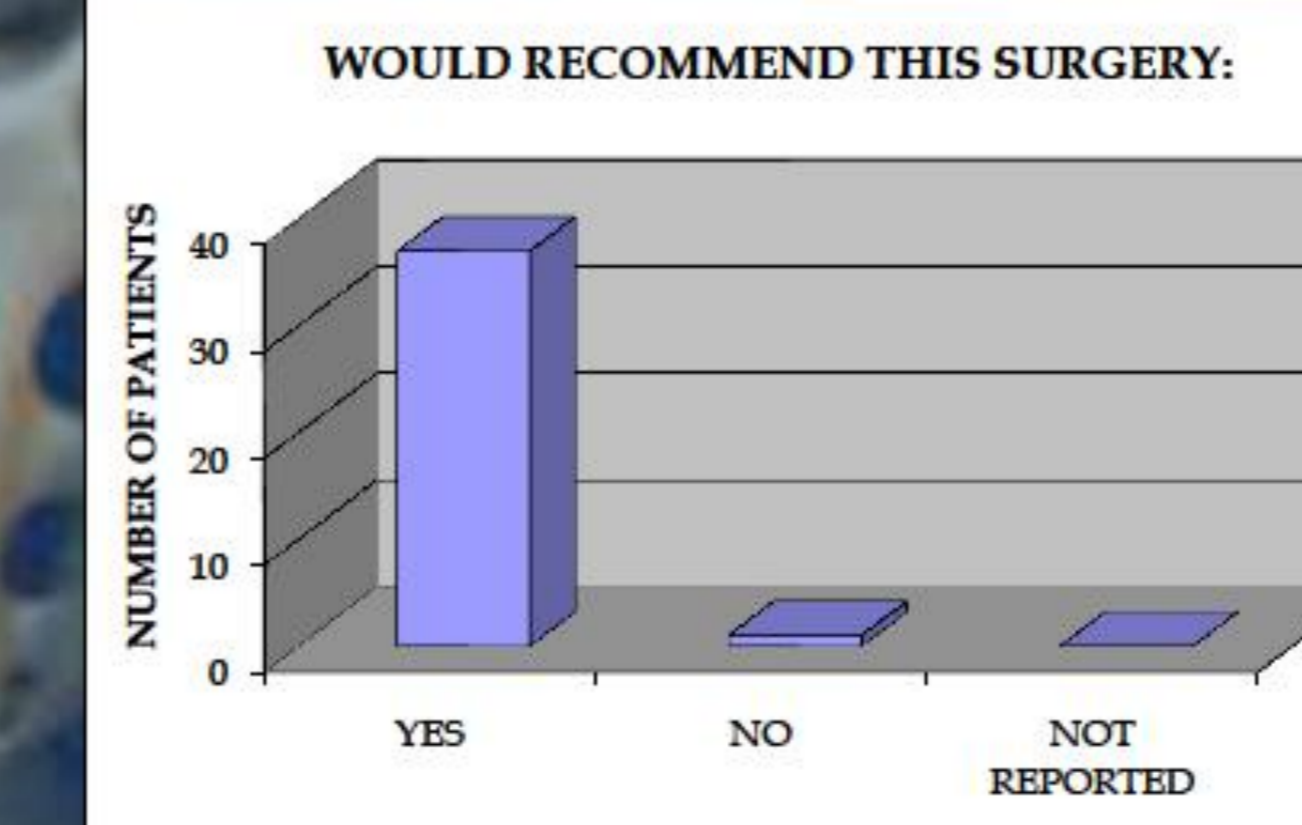
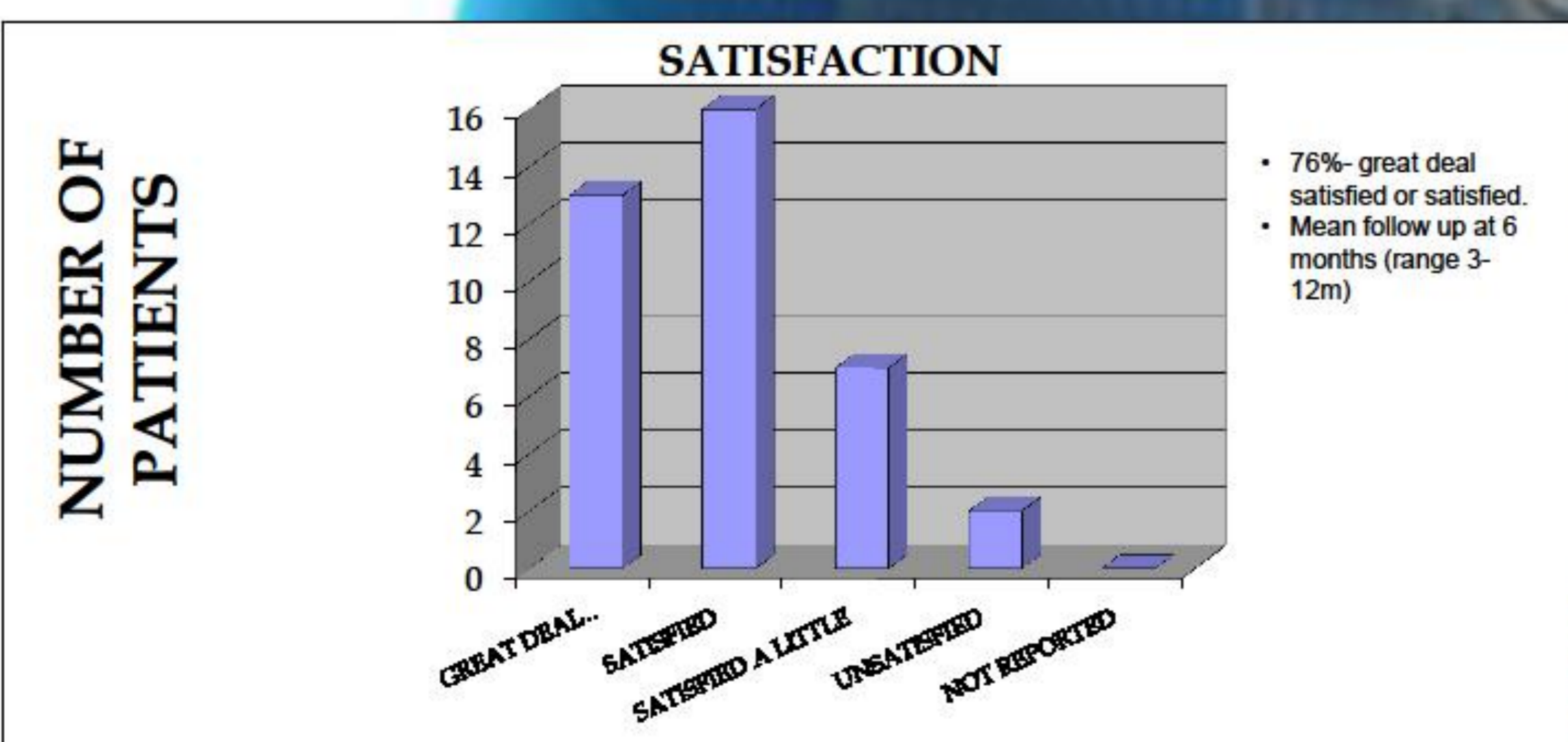
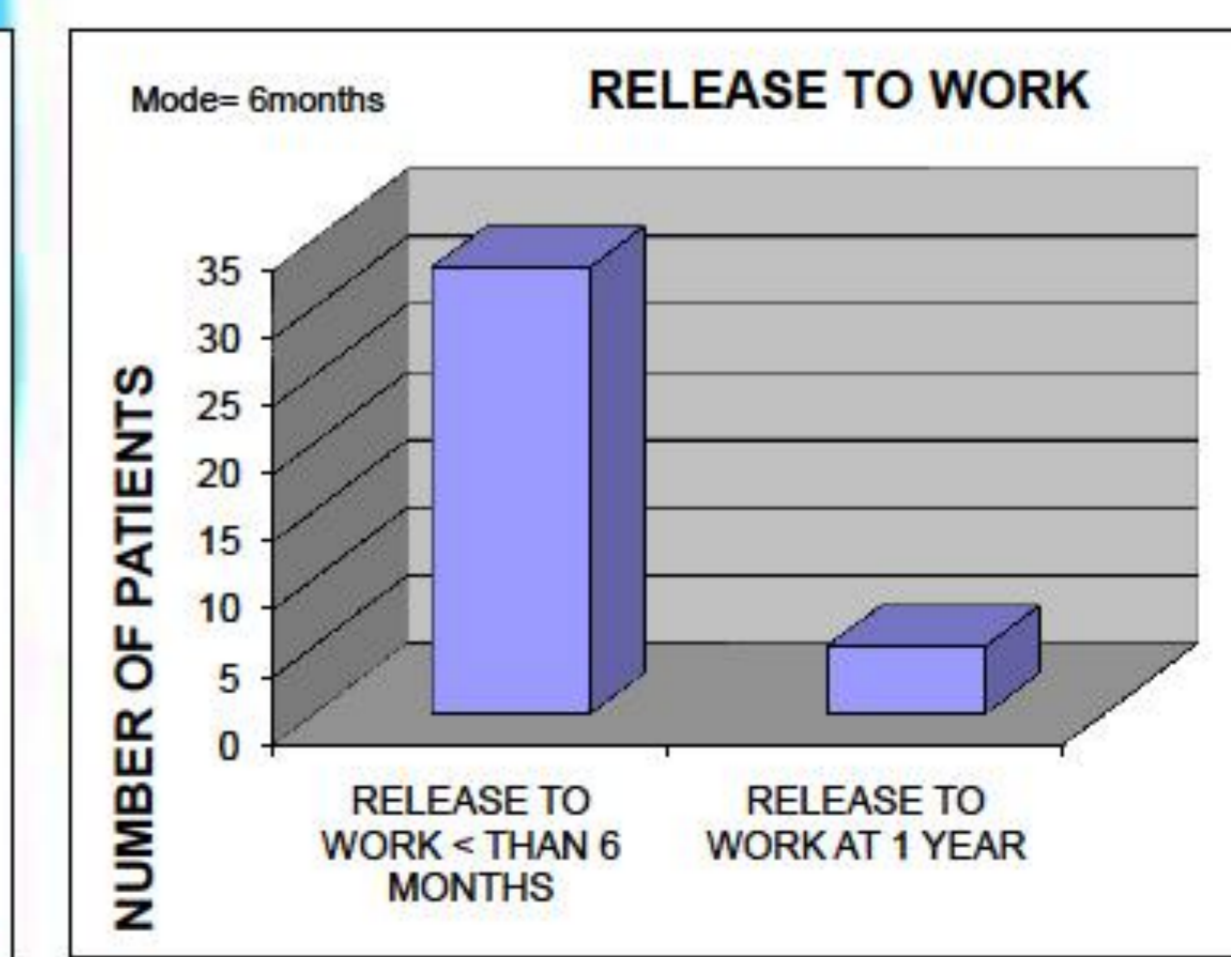
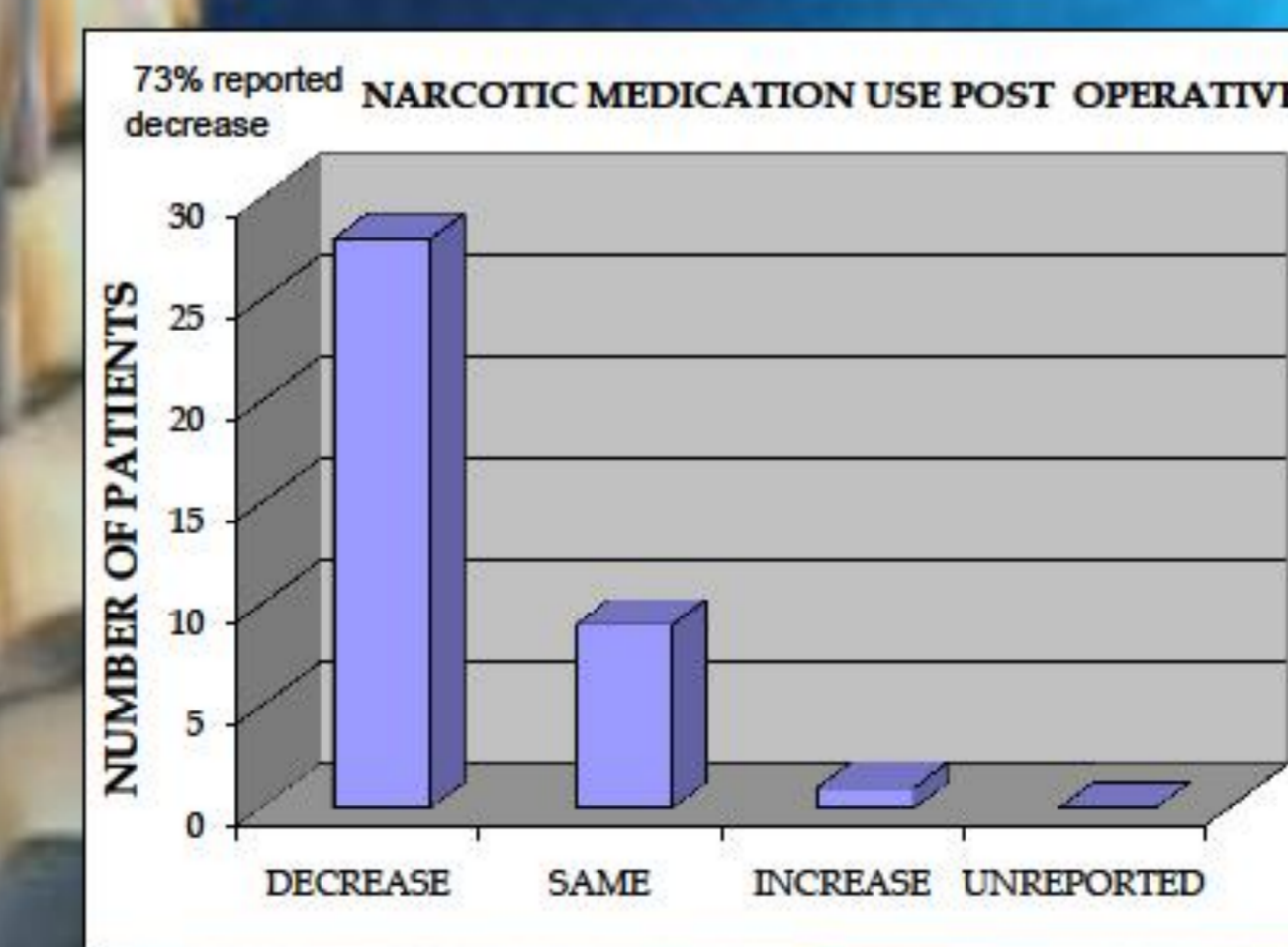
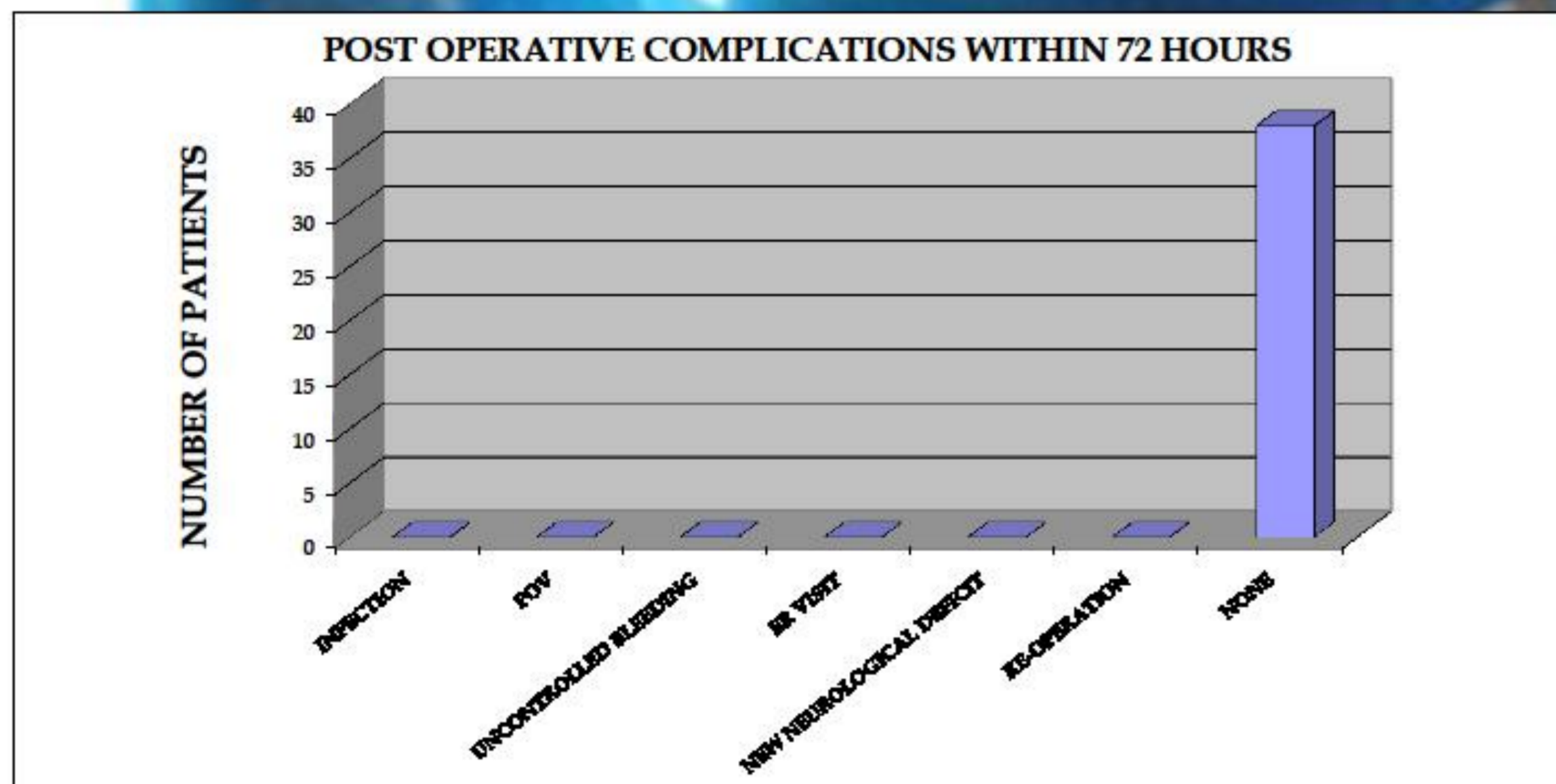
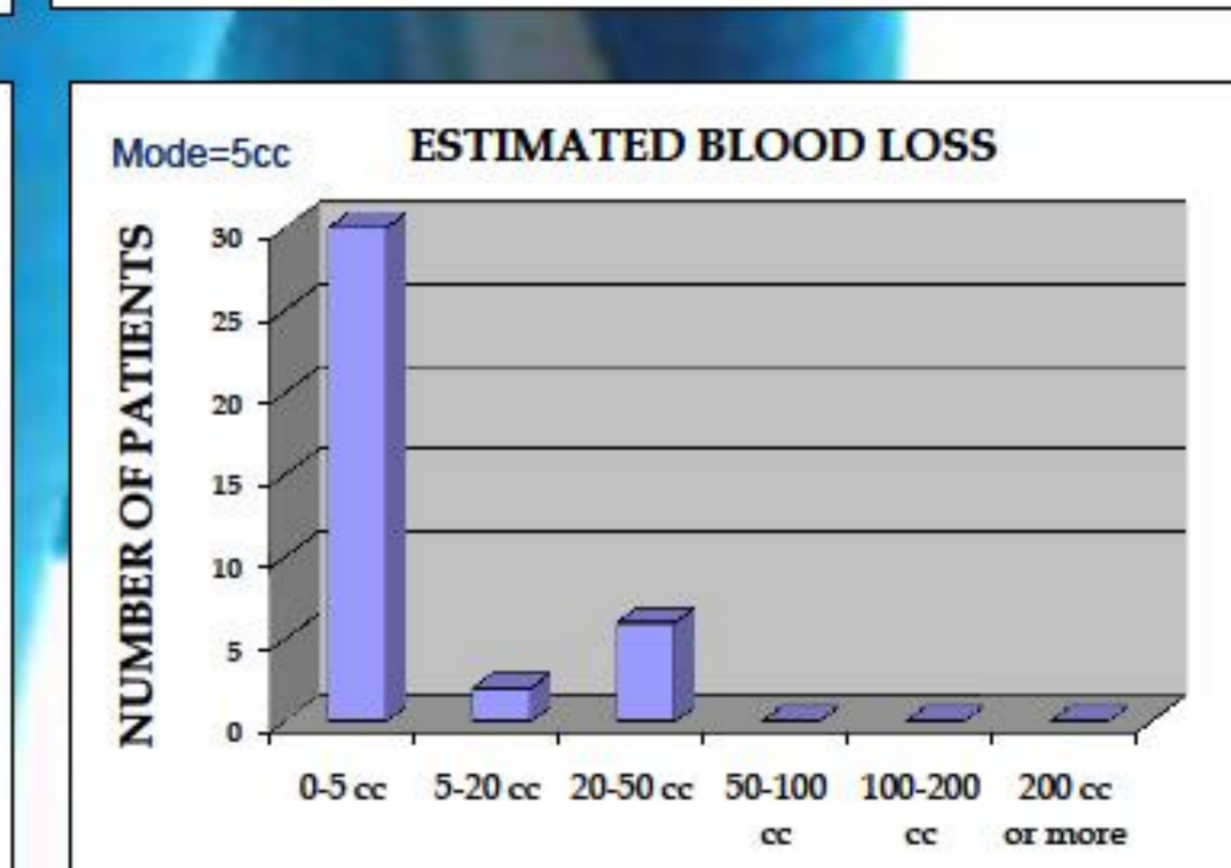
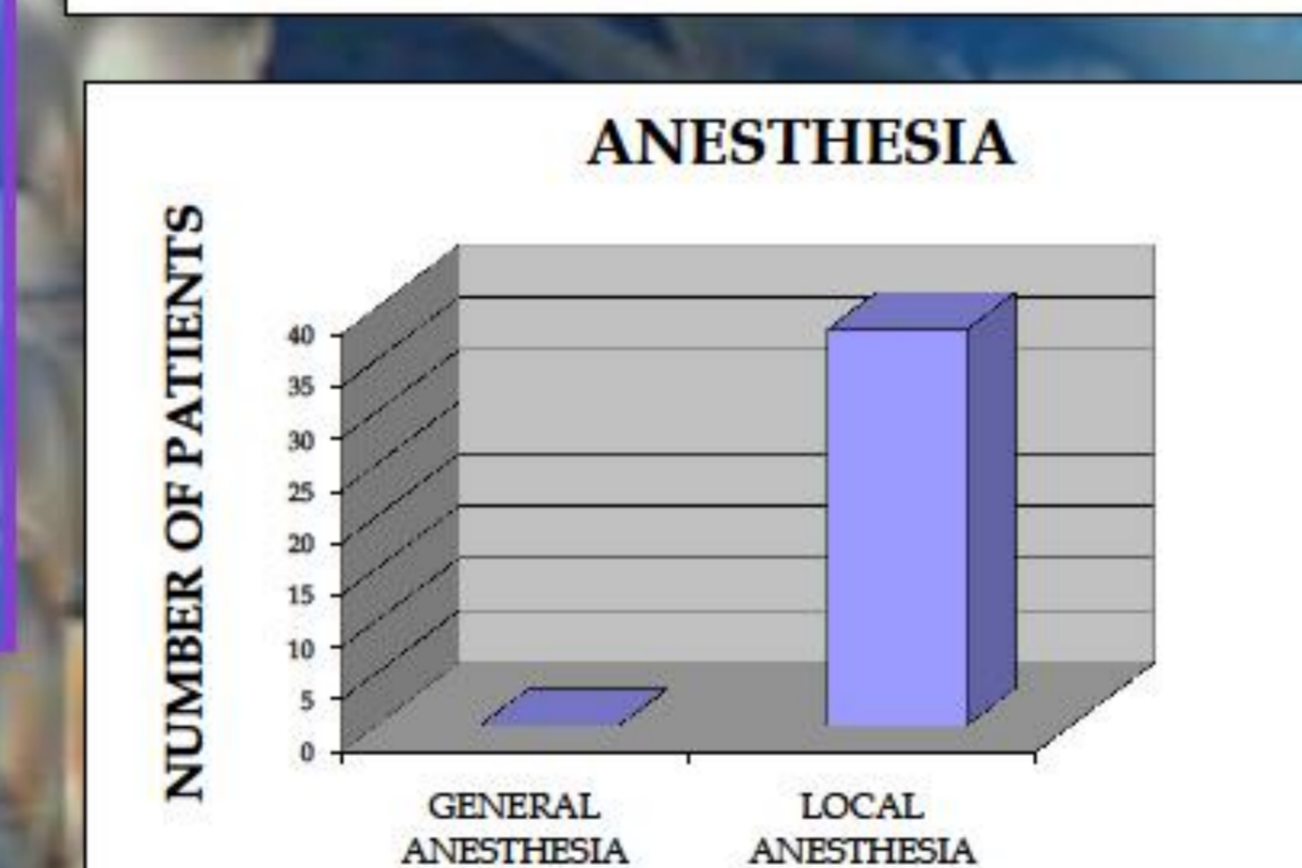
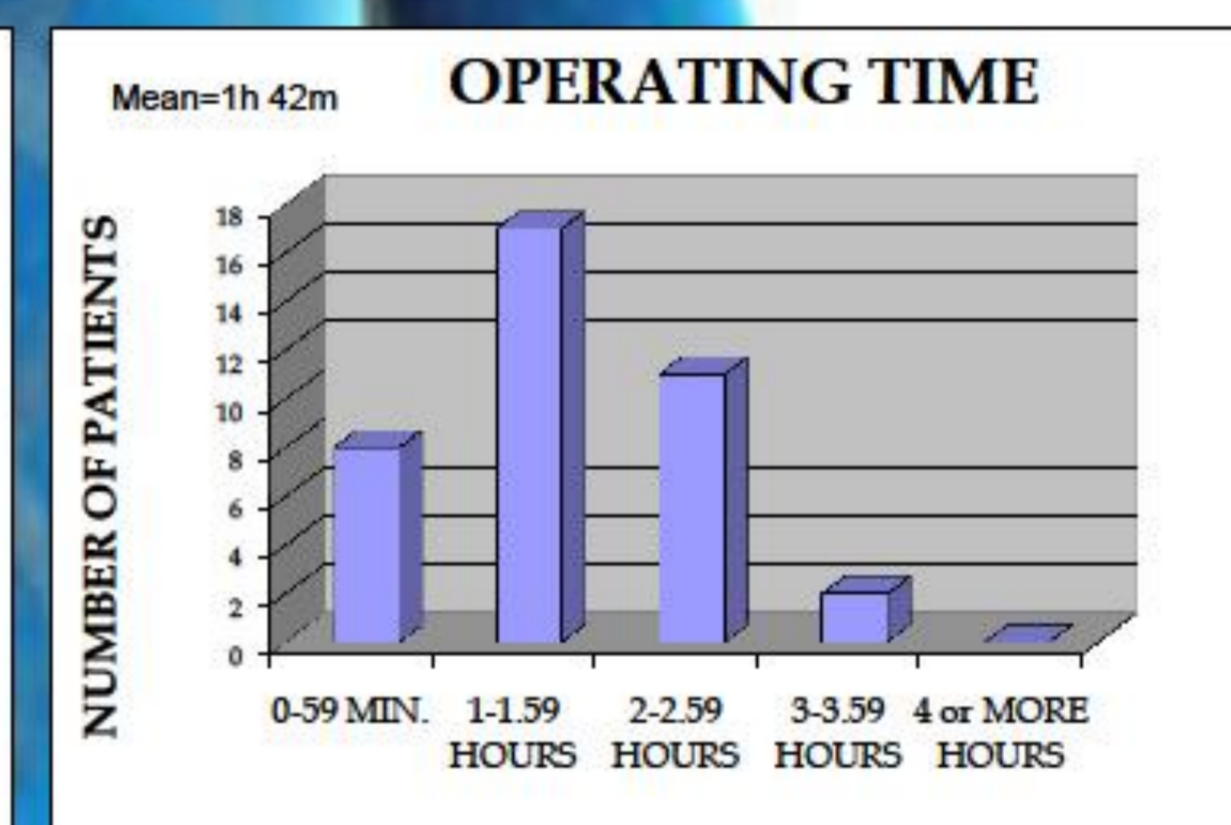
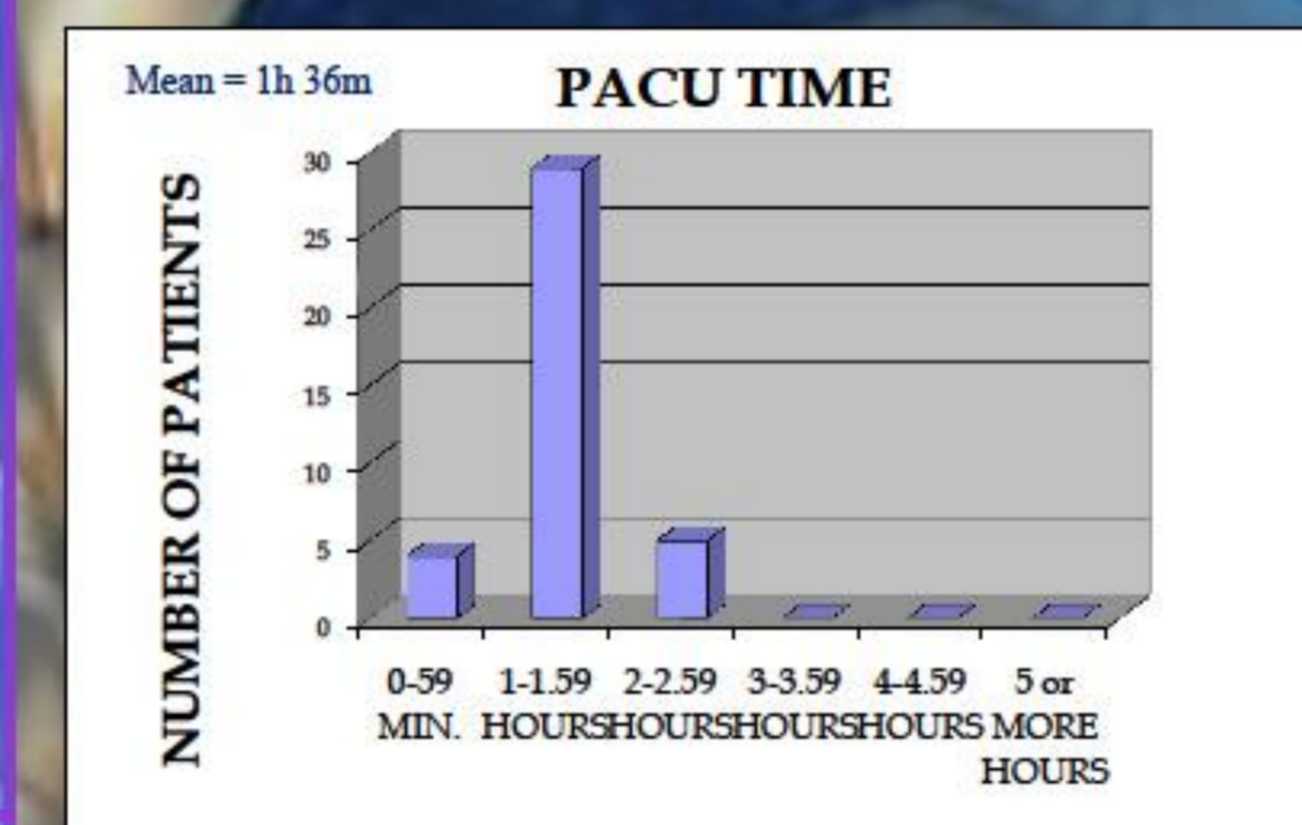
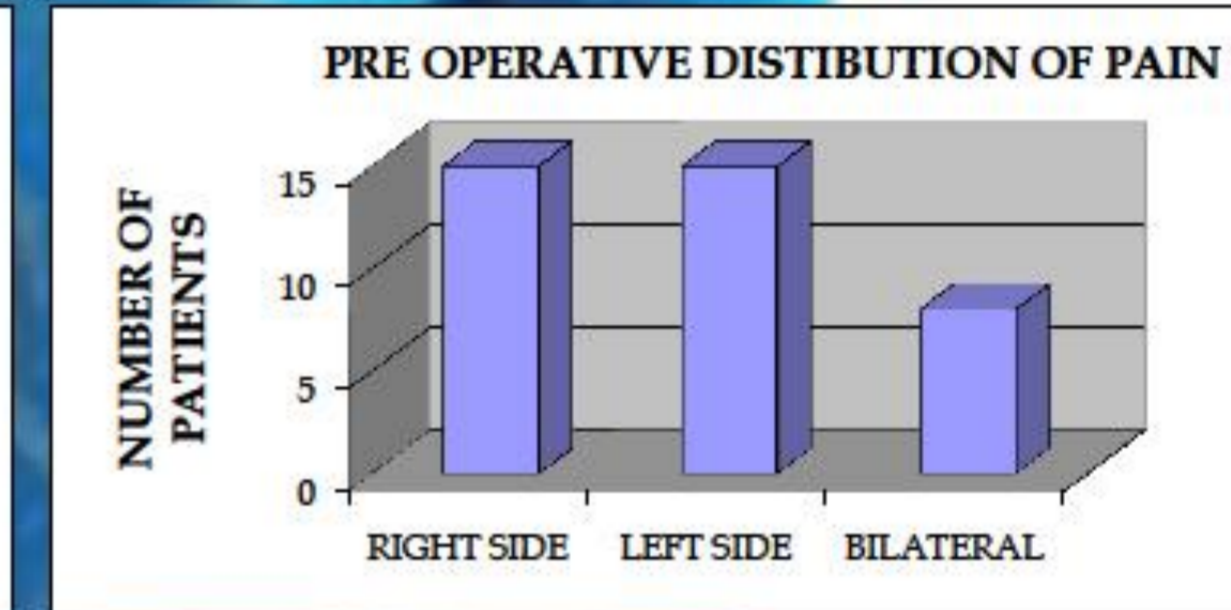
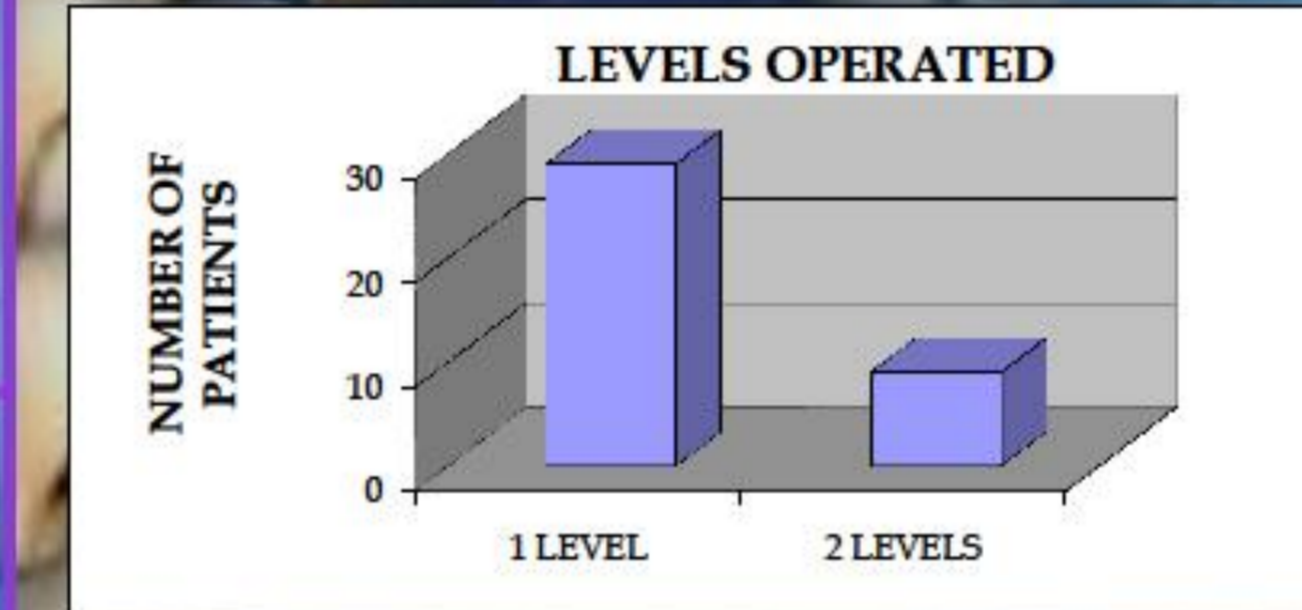
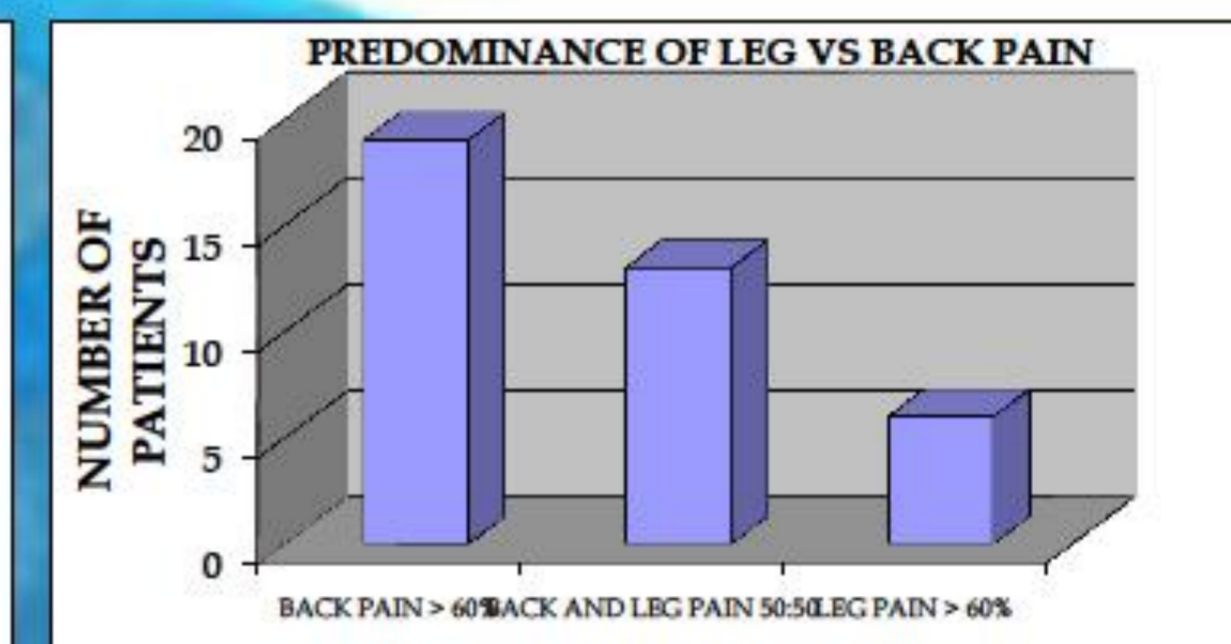
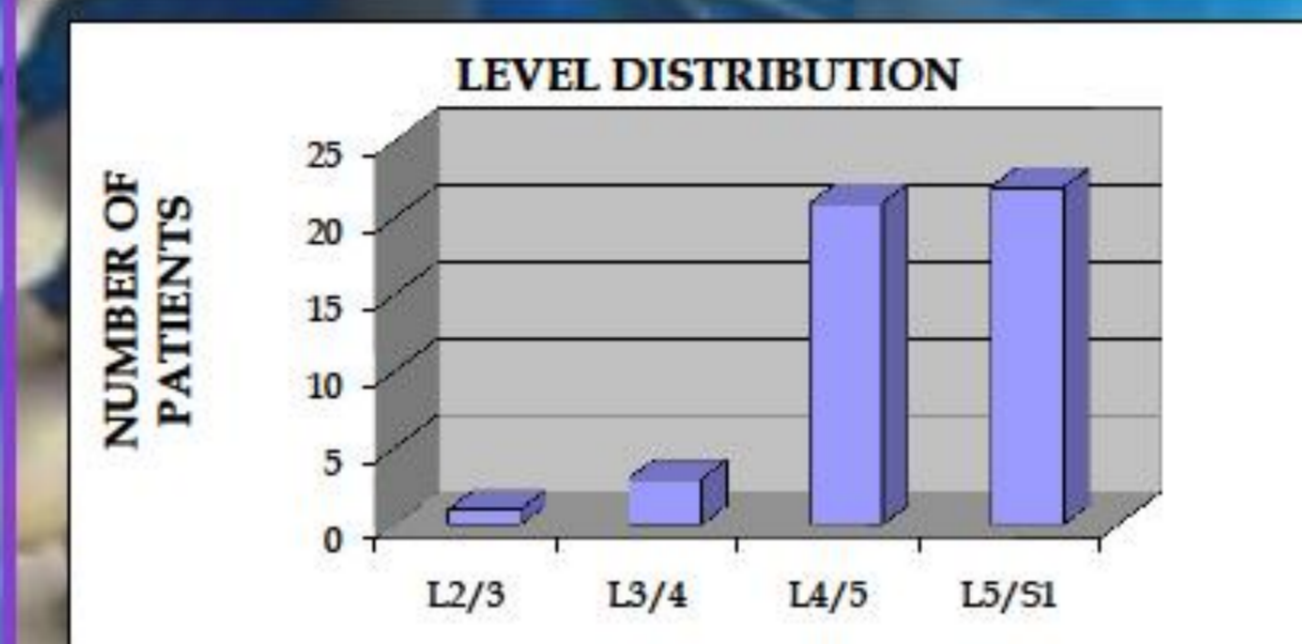
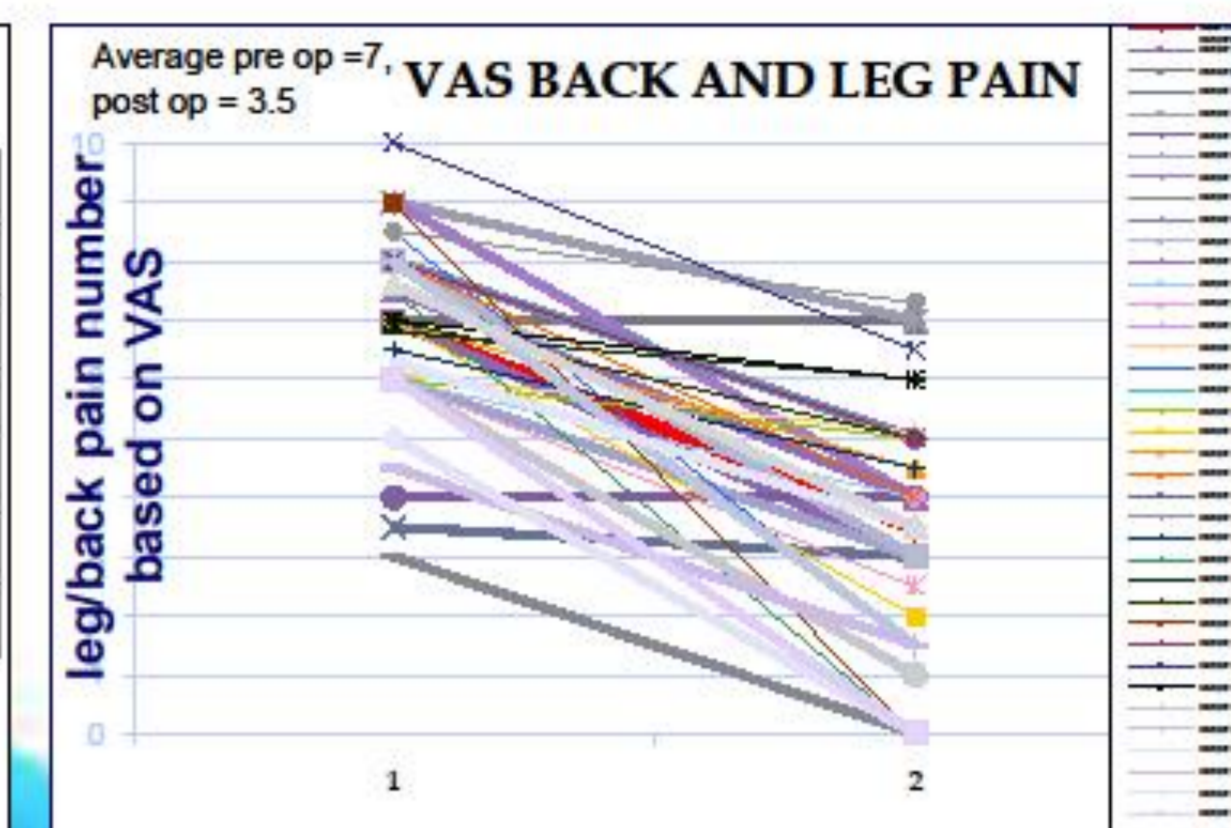
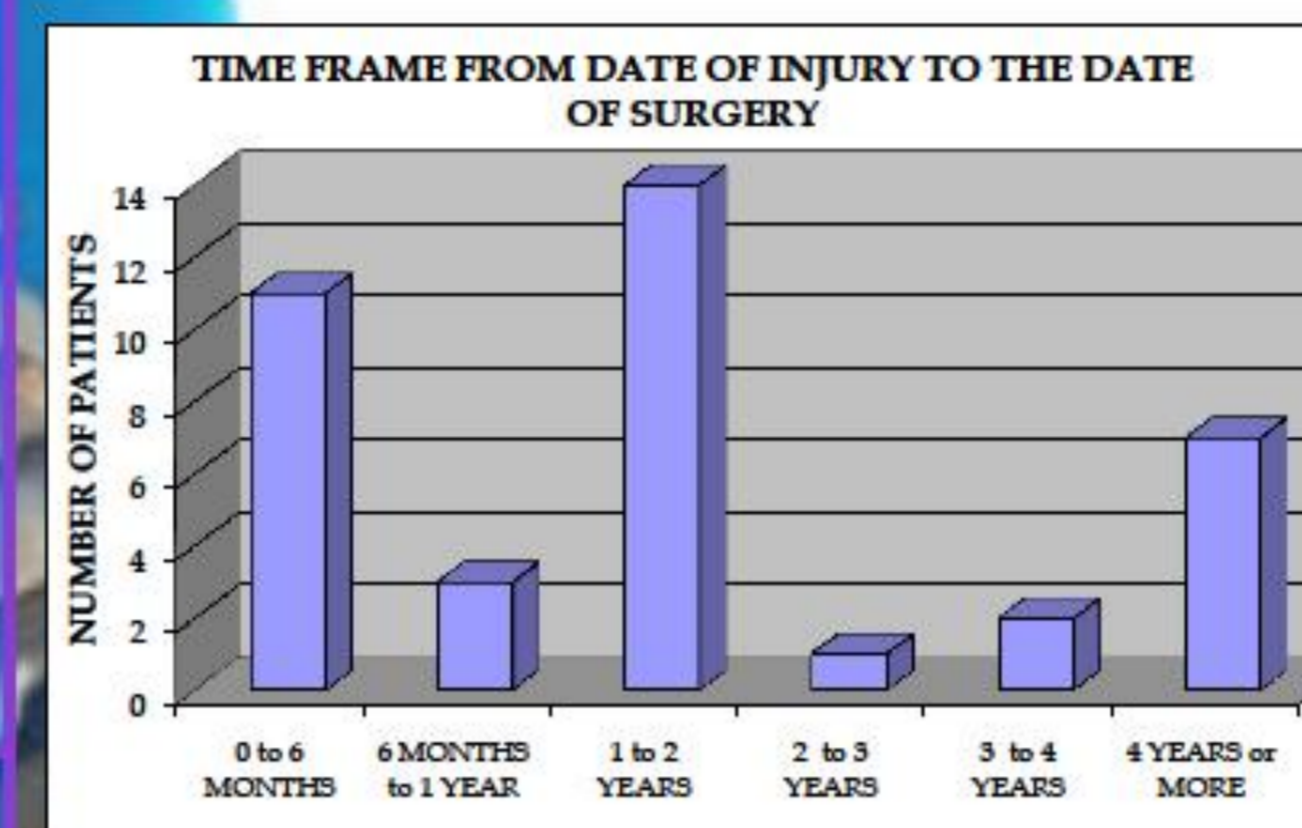
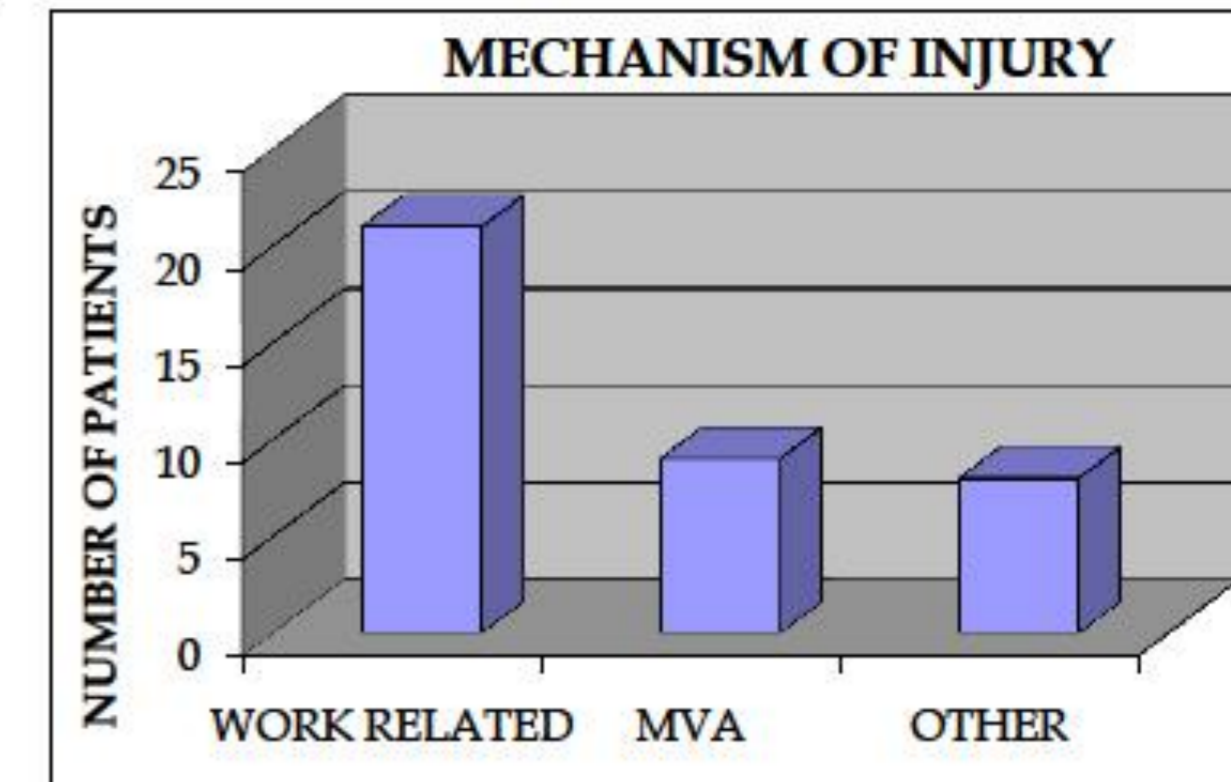
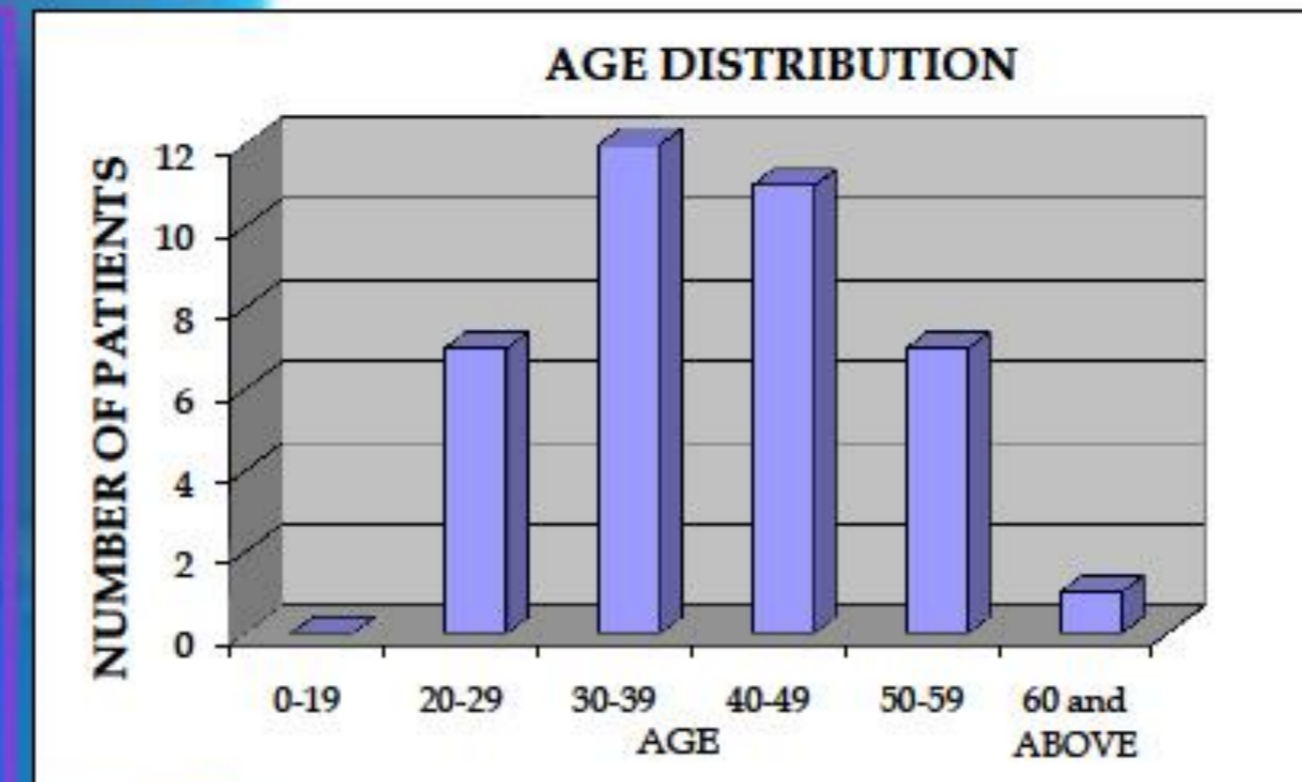
In an ongoing study at the Spine Institute NW, from August 2010 until September 2011, we reviewed 38 patients that had full endoscopic lumbar MIS performed in an ASC. We collected data on age, mechanism of injury, time from injury to operation, estimated blood loss, peri-operative complications, operative/recovery time, narcotic use, patient satisfaction and return to work.

### RESULTS

To date, we have found no added risks to performing spine MIS technique in ASC. Essentially no complications were found within 72 hours of discharge, and average recovery room stay was less than 2 hours. Most patients reported good satisfaction, decreased medication use and would recommend same surgery.

### CONCLUSION

Full endoscopic lumbar MIS performed in ASC is a safe procedure with satisfactory outcomes for patients and compares favorably with traditional open microdiscectomy in a hospital setting [2].



References: 1. Lu X, Peng H, Ling S, Wei W. Comparison of microendoscopic discectomy with open discectomy for degenerative lumbar spinal stenosis. Zhongguo Xue Yi Chong Jian Wai Ke Za Zhi 2009 Oct;23(10):1200-3.  
2. Righesson O, Falavigna A, Avanzi O. Comparison of open discectomy with microendoscopic discectomy in lumbar disc herniations: results of a randomized controlled trial. Neurosurgery 2007; 61(3):545-49.  
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