

A Brief Note on Discectomy

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Description

The surgical removal of aberrant disc material that pushes on a nerve root or the spinal cord is known as a discectomy. If a half inch or greater skin hole is used, it is referred to as an open discectomy. The surgery includes removing a piece of an intervertebral disc that stresses the spinal cord or radiating nerves, causing pain, weakness, or numbness. Traditional discectomy methods such as microdiscectomy, endoscopic discectomy, and laminotomy have benefited from advancements in visualisation.

Because of its small size, small or ultra-small endoscopic discectomy (also known as Nano Endoscopic Discectomy) does not require internal cutting or bone removal. Post-laminectomy syndrome is not caused by these surgeries (Failed back syndrome). Endoscopic discectomy is performed with a microscope that passes through a skin hole of 2 mm or greater, up to 12 mm.

Microdiscectomy is a spine procedure that uses a surgical device to remove a part of a herniated nucleus pulposus while using an external operating microscope for lighting and magnification. It uses a smaller incision than traditional discectomy. They can be "open," with a wider incision, or "minimally invasive," with a 1 inch or larger skin opening i.e with a 1.5 to 2.0 cm surgical incision. Patients with a single-level disc herniation and signs of nerve root compression, as well as unremitting radicular symptoms despite conservative treatment, may benefit from microdiscectomy. Microdiscectomy is indicated for a variety of reasons, including cauda equina syndrome and new or worsening motor impairments.

A laminotomy is frequently used in conjunction with a regular discectomy or microdiscectomy to allow access to the intervertebral disc. Laminotomy refers to the removal of a considerable quantity of normally normal bone (the lamina) from the vertebra to allow the surgeon to better examine and access the disc herniation.

Additional diseases, such as infection, malignancy, or segmental instability or spinal fractures requiring fusion or instrumentation, are contraindications. However, some doctors may regard segmental instability and spondylolisthesis to be relative contraindications.

An athlete's disc can herniate due to degeneration induced by years of repetitive mechanical stress. Lumbar Disc Herniation (LDH) is a serious ailment that can cause excruciating pain and greatly impair performance in elite athletes. Athletes commonly get microdiscectomy to reduce pain. Therapy outcomes in elite athletes, on the other hand, differ due to the requirement for optimal treatment, a fast recovery period, and great performance following the operation. After a discectomy, most athletes return to their pre-surgery level.

Anterior Cervical Discectomy and Fusion (ACDF) is a surgical treatment that involves decompressing the spinal cord and nerve roots of the cervical spine with a discectomy, then stabilising the associated vertebrae with inter-vertebral fusion. When alternative non-surgical treatments have failed, this surgery is undertaken. The procedure necessitates a brief stay in the clinic (1–3 days) and a gradual recovery period of 1–6 weeks. However, due to the advancements in technology, it is now possible to conduct an "Endoscopic Micro Discectomy" in two days, allowing the patient to resume their normal activities.