

Discectomy

A discectomy (also called open discectomy) is the surgical removal of herniated disc material that presses on a nerve root or the spinal cord. The procedure involves removing the central portion of an intervertebral disc, the nucleus pulposus, which causes pain by stressing the spinal cord or radiating nerves.

History

Mixter and Barr first described [laminectomy](#) for LDH in 1934 through L3 to sacrum approach. Hemilaminectomy came into practice in the 1970s. ¹⁾

Caspar and Williams described [microdiscectomy](#) via a 3 cm incision in 1977.

Wiltse and Spencer described the paraspinal approach for managing extra-foraminal discs in 1988 ²⁾. In the same year, Kambin and Sampson described a fully endoscopic approach [FE]) for an extra-foraminal approach

In 1993, Mayer and Brock reported the use of tubular retractors. Foley and Smith performed a video-assisted technique using a tubular work canal (Micro-endoscopic discectomy: MED) via a 2-cm incision adopting a trans-muscular approach without multifidus release from its insertion in 1997.

Epidemiology

A single level discectomy is one of the most common procedures performed by spine surgeons.

Types

[Cervical discectomy](#)

[Lumbar discectomy](#)

Macrodiscectomy

[Microdiscectomy](#)

[Limited Discectomy](#)

Aggressive Discectomy

Complications

[Epidural fibrosis](#) and [epidural](#) adhesion after [laminectomy](#) are developed from adjacent dense [scar](#) tissue, which is a natural [wound healing](#) process ^{3) 4) 5) 6)}, and ranked as the major contributor for [postoperative pain](#) recurrence after laminectomy or [discectomy](#).

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