

Lumbar Decompression Surgery for Spinal Canal Stenosis Techniques

A study showed that both endoscopic unilateral laminectomy for bilateral decompression (ULBD) and microscopic ULBD can provide favorable outcomes for [lumbar central canal spinal stenosis](#). However, compared to microscopic ULBD, endoscopic ULBD has advantages in terms of postoperative segmental [spinal instability](#), pain control, and serum [CK](#) and [CRP](#) ¹⁾.

Lumbar Laminectomy

see [Lumbar laminectomy](#).

Lumbar hemilaminectomy

see [Lumbar hemilaminectomy](#).

Minimally Invasive Lumbar Laminectomy

see [Minimally Invasive Lumbar Laminectomy](#).

The gold standard treatment for symptomatic lumbar stenosis refractory to conservative management is a facet-preserving laminectomy. New techniques of posterior decompression have been developed to preserve spinal integrity and to minimise tissue damage by limiting bony decompression and avoiding removal of the midline structures (i.e. spinous process, vertebral arch and interspinous and supraspinous ligaments).

The traditional decompression surgery removes part of the lamina, the yellow ligaments, and facet joints.

The purpose of surgical treatment for [lumbar spinal stenosis](#) is to relieve nerve compression, ease [back pain](#) and increase [spinal stability](#).

[Lumbar laminectomy](#) has been the “gold standard,” but minimally invasive decompression (MID) is now widely used. Another minimally invasive surgery option is [X-Stop interspinous device](#).

see [Central decompressive lumbar laminoplasty](#).

¹⁾

Kim HS, Choi SH, Shim DM, Lee IS, Oh YK, Woo YH. Advantages of New Endoscopic Unilateral Laminectomy for Bilateral Decompression (ULBD) over Conventional Microscopic ULBD. Clin Orthop Surg. 2020;12(3):330-336. doi:10.4055/cios19136

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