Minimally invasive discectomy

Potential advantages of newer minimally invasive discectomy (MID) procedures over standard microdiscectomy MD or open discectomy OD include less blood loss, less postoperative pain, shorter hospitalisation and earlier return to work.

MID may be inferior in terms of relief of leg pain, low back pain (LBP) and re-hospitalisation; however, differences in pain relief appeared to be small and may not be clinically important.

Potential advantages of MID are lower risk of surgical site infection and other infections. MID may be associated with shorter hospital stay but the evidence was inconsistent. Given these potential advantages, more research is needed to define appropriate indications for MID as an alternative to standard MD/OD [1].

As a minimally invasive discectomy, automated percutaneous lumbar discectomy (AOLD) is designed to preserve annular integrity and disc height as well as effectively remove herniated disc and degenerated disc material.

see Minimally invasive tubular microdiscectomy.

Percutaneous Endoscopic Lumbar Discectomy

1)
Rasouli MR, Rahimi-Movaghar V, Shokraneh F, Moradi-Lakeh M, Chou R. Minimally invasive discectomy versus microdiscectomy/open discectomy for symptomatic lumbar disc herniation. Cochrane Database Syst Rev. 2014 Sep 4;9:CD010328. [Epub ahead of print] PubMed PMID: 25184502.