

# Paramuscular approach

Approach for [Extreme lateral lumbar disc herniation](#).

The paramuscular approach requires a larger incision and greater soft-tissue retraction, but exposes less of the foramen; <sup>1)</sup> its advocates find the muscle-splitting approach disorientating because of the lack of anatomical landmarks <sup>2) 3)</sup>.

The target of the surgical exposure is the isthmus. Good knowledge of the anatomic features of the intervertebral foramen and intertransverse space is mandatory <sup>4)</sup>.

<sup>1)</sup>

Fankhauser H, de Tribolet N. Extreme lateral lumbar disc herniation. Br J Neurosurg 1987;1:111-29.

<sup>2)</sup>

Siebner HR, Faulhauer K. Frequency and specific surgical management of far lateral lumbar disc herniations. Acta Neurochir Wien 1990;105:124-31.

<sup>3)</sup>

Hood RS. Far lateral lumbar disc herniations. Neurosurg Clin N Am 1993;4:117-24.

<sup>4)</sup>

Tessitore E, de Tribolet N. Far-lateral lumbar disc herniation: the microsurgical transmuscular approach. Neurosurgery. 2004 Apr;54(4):939-42; discussion 942. PubMed PMID: 15046661.

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