

Posterior percutaneous endoscopic cervical discectomy

For the safety of performing a posterior percutaneous full-endoscopic cervical discectomy.

OVERVIEW OF LITERATURE: Because of the lack of space for inserting an outer sheath above the intervertebral disc in the spinal canal, grasping the herniated disc with forceps while retracting the nerves with the forceps itself was required. This procedure produces the risk of inadvertently injuring nerves because of inadequate visualization of the hernia and inadequate protection of the nerve.

METHODS: Our new internal retractor can be inserted into the working channel of a percutaneous full-endoscope, enabling the insertion of a second tool. After partial foraminotomy, the internal retractor and forceps were manipulated to reliably retract the nerve root. Finally, the herniated disc was resected under an endoscopic view.

RESULTS: All six cases had a good postoperative course, and postoperative neuropathy was not observed.

CONCLUSIONS: This internal retractor allows for the secure resection herniated cervical intervertebral discs ¹⁾.

¹⁾

Nakamura S, Taguchi M. Use of an Internal Retractor for Percutaneous Full-Endoscopic Resection in Cervical Intervertebral Disc Herniation with a Posterior Approach. Asian Spine J. 2020 Feb 4. doi: 10.31616/asj.2019.0137. [Epub ahead of print] PubMed PMID: 32008307.

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