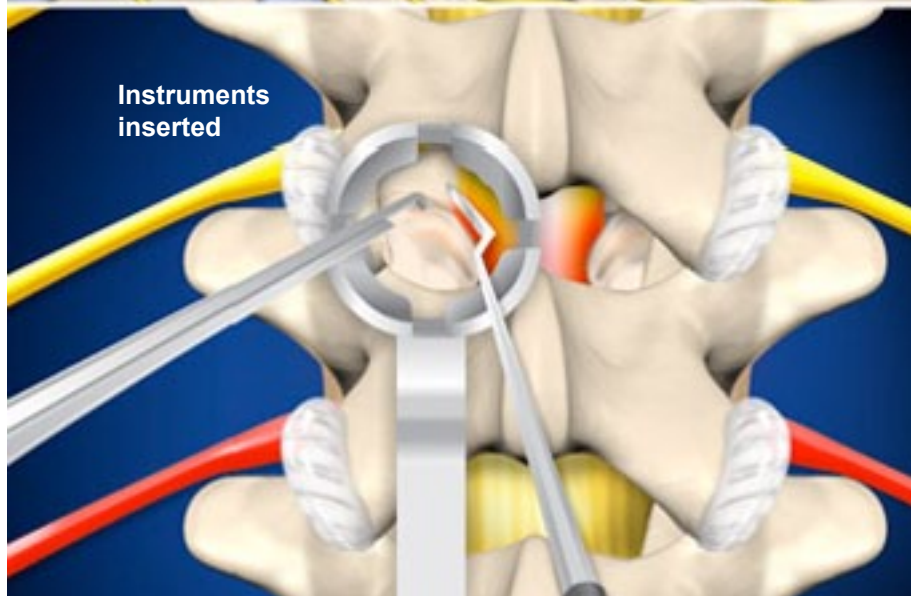
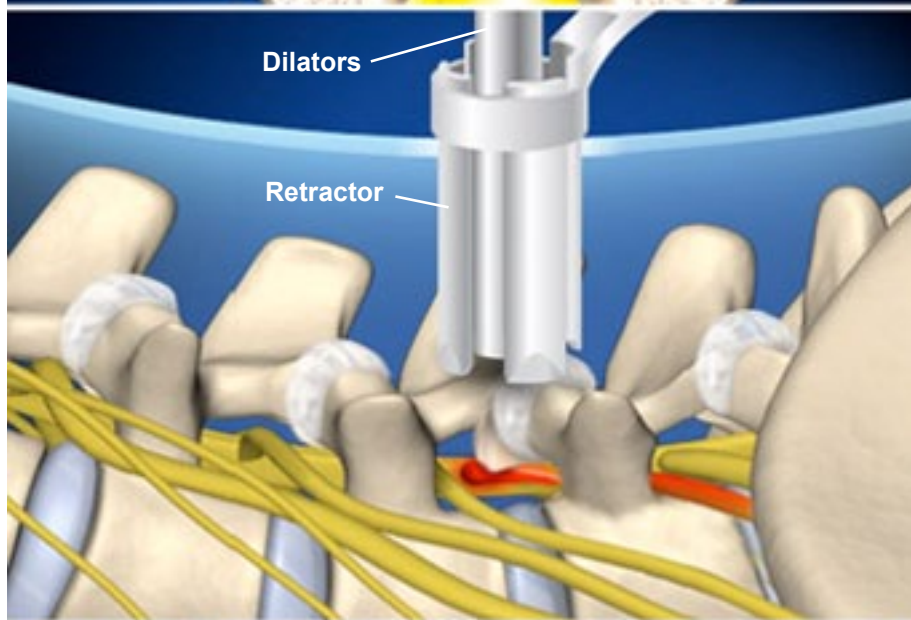
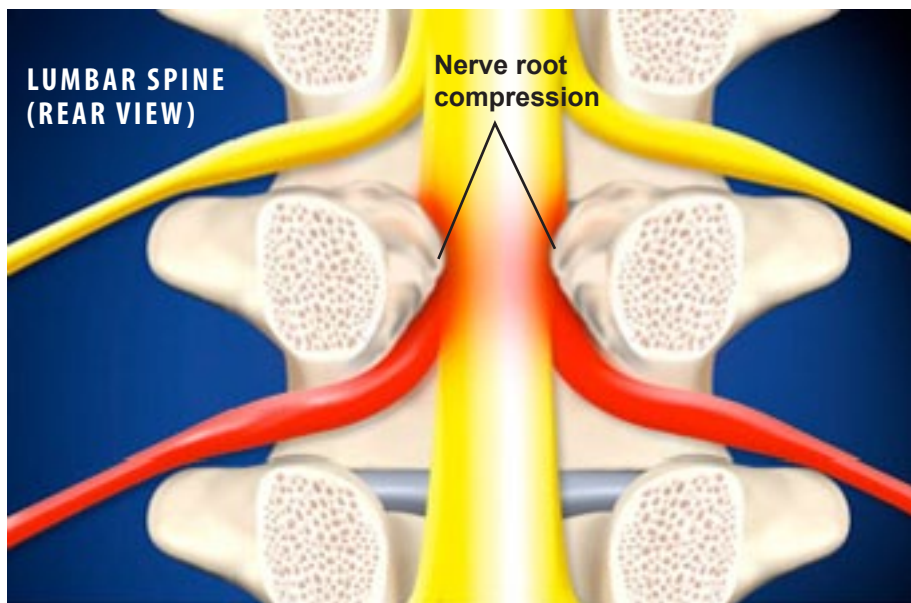


Minimally-Invasive Lumbar Microdecompression



Overview

This minimally invasive procedure is used to remove overgrown vertebral bone and soft tissue to relieve the compression of nerve roots in the lumbar spine. It is performed through a small incision on the back.

Preparation

After anesthesia has been administered and the patient is positioned face down, the surgeon uses a portable x-ray machine to identify the diseased vertebral level or levels. Then, the surgeon makes the smallest possible incision in the skin directly above the target level.

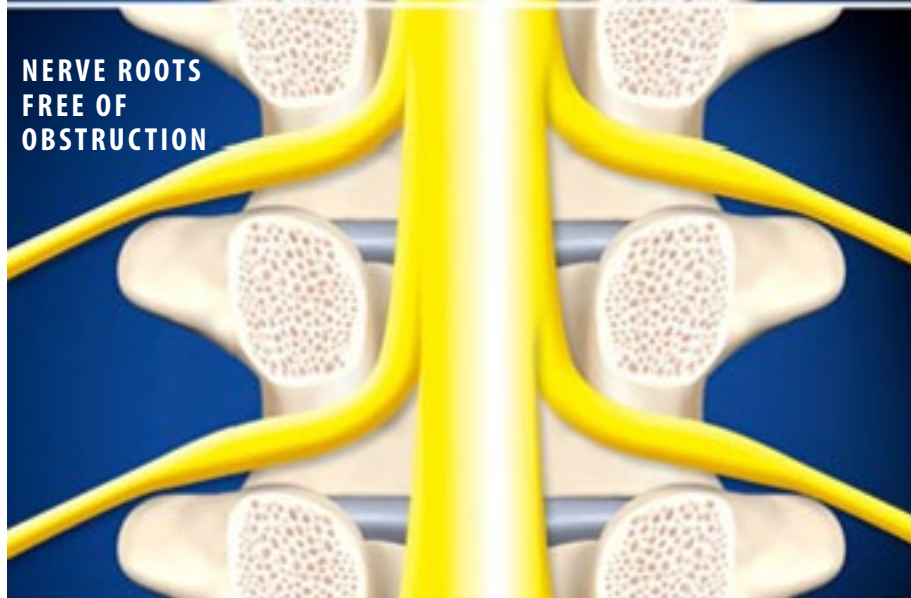
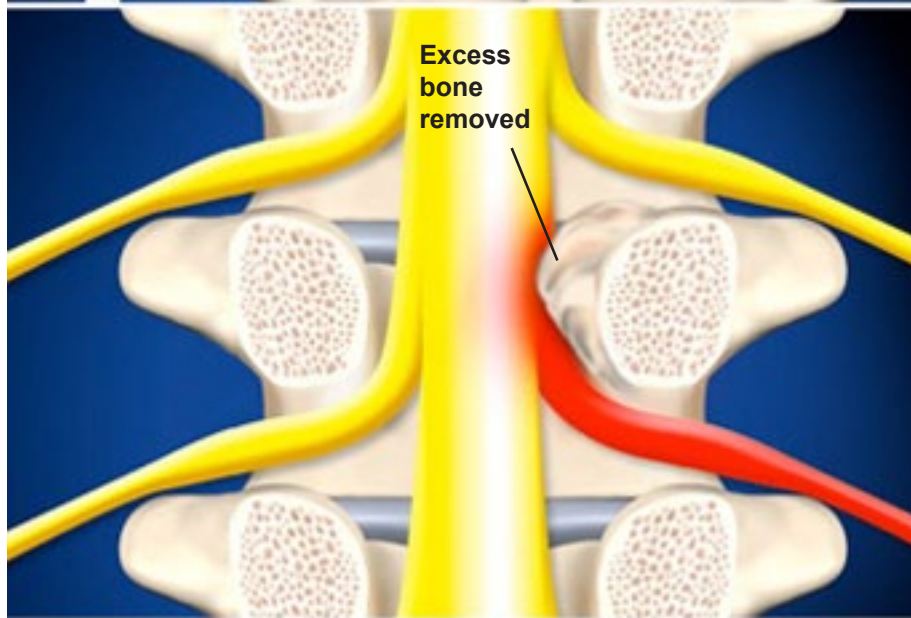
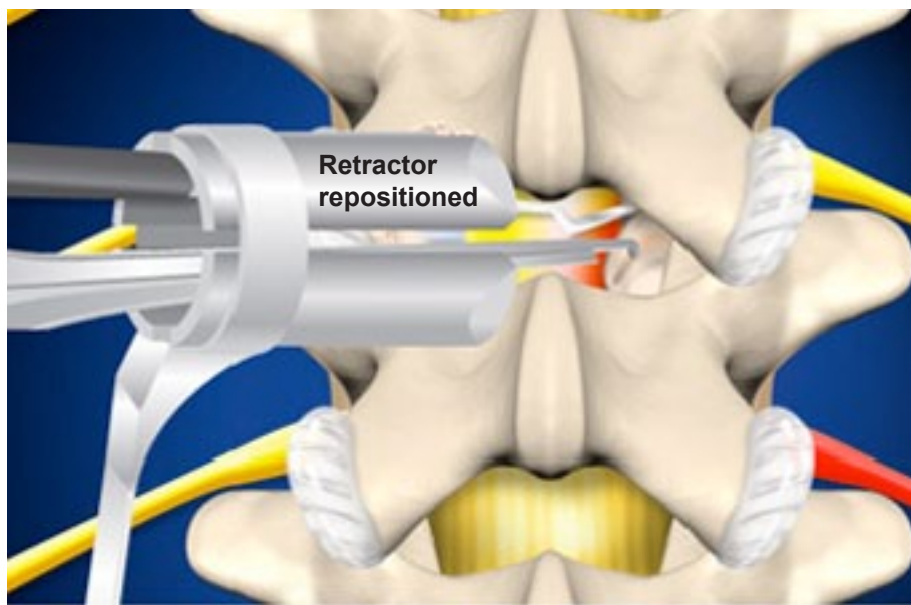
Accessing the Vertebra

A series of dilators of increasing size are carefully guided down through muscles and soft tissue. The surgeon slides a tubular retractor over the dilators and removes the dilators, creating a working channel that leaves muscle tissue intact. This working channel allows the surgeon to access the target vertebra and painful nerve root in a way that minimizes incisional pain and scarring of the muscles.

Decompression

The surgeon may use a microscope or endoscope to direct surgical instruments through the working channel. Excess bone or ligament tissue is carefully removed from the space around the nerve root, relieving pressure and pain.

Minimally-Invasive Lumbar Microdecompression



Completing the Decompression

The surgeon may then shift the working channel, repositioning the retractor so that it is directed at the other side of the vertebra. This allows the surgeon to access the opposite side of the vertebra without creating a new incision in the skin. The surgeon inspects and relieves any compression, ensuring that the nerve roots on both sides of the vertebra are completely free of obstruction.

End of Procedure and Aftercare

The instruments and the working channel are removed, and the incision is closed and bandaged. Most patients are discharged from the hospital the same day and can return to their usual activity level within a few weeks of surgery. The patient may take pain medication to relieve incisional pain, but usually this is needed for less than 1-2 weeks.