

Topic: Low Back Pain

PRELIMINARY REPORT OF MINIMALLY INVASIVE ENDOSCOPIC GUIDED LUMBAR SURGERY IN A FREE-STANDING OUTPATIENT CENTER IN WASHINGTON STATE

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Background

Minimally invasive surgery (MIS) has become increasingly popular in managing intractable low back pain and radiculopathy due to degenerative disc disease. In the literature, traditional open lumbar surgery has been done in the hospital setting with reports that patients could need days of post operative care. In comparison, MIS approach done in an Ambulatory Surgery Center (ASC) might provide potential advantages over traditional open surgery such as reduced surgery-related pain, lower comprehensive morbidity and zero hospital stay.

Method

In an ongoing study at the Spine Institute NW, from August 2010 until September 2011, we reviewed 38 patients that had full endoscopic lumbar MIS performed in an ASC. We collected data on age, mechanism of injury, time from injury to operation, estimated blood loss, peri-operative complications, operative/recovery time, narcotic use, patient satisfaction and return to work.

Results

To date, we have found no added risks to performing spine MIS technique in ASC. Essentially no complications were found within 72 hours of discharge, and average recovery room stay was less than 2 hours. Most patients reported good satisfaction, decreased medication use and would recommend same surgery.

Conclusion

Full endoscopic lumbar MIS performed in ASC is a safe procedure with satisfactory outcomes for patients and compares favorably with traditional open microdiscectomy in hospital setting.

Author Keywords:

minimally invasive lumbar surgery * open spine surgery * free standing center outpatient surgery * micro-discectomy * outpatient center in Washington state