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Full-endoscopic operations of Lumbar Disc Herniation and Spinal Stenosis - State of the art, possibilities and retrospective review of overall 1054 operated patients

Marko Markovic¹ and Nenad Živkovi² ¹Medigroup Hospital, Serbia ²Clinical Hospital Center Zemun, Serbia

Introduction: Full-endoscopic operations of lumbar spine are truly Minimally Invasive surgical procedures. Endoscopic techniques have become the standard in many areas because of the advantages they offer intraoperatively and after surgery. With the interlaminar and transforaminal approach, two full-endoscopic procedures are available for lumbar compressive lesion operations.

Aim: To present and explain all aspects of the full-endoscopic operative technique, and presentation of results of lumbar discectomies and Monosegmental Decompression in Ddisc Herniation and Monosegmental Spinal Canal Stenosis.

Material and Methods: A series of overall 1054 patients underwent full-endoscopic interlaminar and transforaminal lumbar discectomy and spinal canal decompression, 946 patients had disc herniation and 108 Spinal Canal Stenosis. In addition to general and specific parameters, VAS and ODI scale are used as a measuring instrument.

Results: In disc herniation group 88% of the patients no longer had leg pain, and 7% had only occasional pain, postoperatively. In seven patients minor nerve damage resulted in transient parestesias, and in two patients resulted in neurological deficit. Dural tear occurred in 8 patients, and only one had reoperation for direct dural repair. The recurrence rate was 8%. Resection of the herniated disc and enough decompression was technically possible in all cases. In the spinal stenosis group 78.1% had significant improvement, 13.6% had improvement with occasional pain and parestesias, and 8% had no significant improvement. Dural tear occurred in 4 (3.7%) patients and none of them had reoperation.

Conclusion: The clinical results of the full-endoscopic technique are highly acceptable with advantages such as reduced traumatization, improved patient mobility, and low complication and recurrence rate. All forms of lumbar disc herniations and Monosegmental Stenosis could be sufficiently removed using the full-endoscopic interlaminar and transforaminal approach, when taking the appropriate indication criteria into account.

Speaker Biography

Marko Markovic is currently working as surgeon in Medigroup Hospital at Serbia and he was born on February 13th, 1974 in Belgrade, Serbia. He graduated on School of Medicine University of Belgrade in 1998. Finished specialization of Neurosurgery in April 2006. on Clinic of Neurosurgery, Clinical Centre of Serbia. Also, master's degree from Neurosurgery on School of Medicine, University of Belgrade in 2003. Defended doctoral dissertation in 2013 and the thesis title is "Prognostic value of Peritumoral Edema and Angiogenesis in Intracranial Meningioma surgery". Finished highly specialized advanced training courses for Full-Endoscopic and Microsurgical Minimally Invasive Spine Surgery in one of the biggest references centres in Europe "St Anna Hospital" in Herne and "Schon Klinik" in Munich, Germany. Introduced in Serbia (in standardized and routine clinical practice) Full-Endoscopic surgical technique in treatment of degenerative spinal disorders, on beginning of 2011, and became pioneer of truly minimally invasive spine surgery in Serbia and surrounding region. Author of numerous articles, among them especially significant "Full-endoscopic interlaminar operations in lumbar compressive lesions surgery: prospective study of 350 patients - Endos study" published in "Journal of Neurosurgical Science" in June 2016, and "Full-endoscopic interlaminar versus microsurgical operations in lumbar compressive lesions surgery: Prospective randomized trial of overall 570 Patients" published in "Journal of Pain & Relief" in November 2017. Promoted in International Instructor for Full-Endoscopic Surgery of Spine from "Riwo Spine" company, on beginning of 2017. Leader of "centre of excellence" for minimally invasive spine surgery in Medigroup Hospital the biggest healthcare private system in Serbia.

e: alejandro.vallejo@salud.madrid.org

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