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**Transforaminal Percutaneous Endoscopic Thoracic Discectomy for Herniated disc - A technical note**

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**Background:** Symptomatic Thoracic Disc Herniations (TDH) are rare in comparison with either Cervical or Lumbar Disc Herniations with the incidence of 0.3 to 1% or 1 in 1,000,000. Surgical management is indicated for patients with neurological deficit and unremitting girdle or leg pain. Various surgical techniques for TDH have been previously described. However, these techniques have higher morbidity and require general anesthesia. Transforaminal Percutaneous Endoscopic Thoracic Discectomy (PETD) has the advantages of minimal soft tissue trauma, use of local anesthesia and enhancement of post-operative outcomes. However, due to anatomical restraints in the thoracic transforaminal region a Foraminoplasty is necessary. Endoscopic neurodrill or a side firing Ho: YAG laser is usually used for this purpose which is cumbersome.

**Purpose:** The purpose of this study is to introduce a new technique of thoracic Foraminoplasty for the ease of PETD procedure in soft and hard TDH with the use of manual bone drills over a guide wire to do

**Study design:** This is a prospective case series of 10 patients from January 2017 to May 2018. This study is a technical note on use of manual bone drills for Foraminotomy in PETD for management of TDH. Consecutive patients during this period with symptomatic Thoracic Disc Herniation (8 soft and 2 hard discs) were included in this study. Diagnosis was established based on MRI, symptoms and clinical examination. All patients were counselled about the PETD procedure and had given written consent for the same. All patients were operated by a single surgeon.

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