

Coluna

(1093) - SHORT-TERM OUTCOME COMPARISON BETWEEN FULL-ENDOSCOPIC INTERLAMINAR APPROACH VERSUS OPEN MINIMALLY INVASIVE MICROSURGICAL TECHNIQUE FOR TREATMENT OF LUMBAR DISC HERNIATION.

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Introduction:

The aim of this study is to evaluate the short-term pain and functional outcome of full endoscopic interlaminar approach (FEIA), compared with open minimally invasive microsurgical technique (MMST), for the lumbar disc herniation (LDH) treatment.

Methods:

All patients, with LDH, treated through FEIA, were prospectively followed for one month. Low back and leg numeric rating scale (NRS) and Quebec Back Pain Disability Scale (QDS)) were measured pre and postoperatively. Analgesics consume was quantified. Results were compared with a cohort of patients treated in the same period, through MMST. The decision on which method to treat relied on endoscope availability. Prism7v.7.0b, MacOS-X was used for statistical analysis.

Results:

26 patients were treated through FEIA, 18 patients through MMST. Populations characteristics were comparable.

Sciatic pain was treated in both groups. Postoperative back pain, was significantly lower in FEIA group (NRS: 1.5, 0.3 and 0.2 at one, two and four weeks vs 3.6, 2.4 and 1.6 respectively after MMST). 61.5% FEIA patients didn't take any pain medication. The average number of painkillers taken was 4.0 in FEIA and 27.2 in MMST. The average QDS reduced from 57.7 to 25.0, 18.0 and 14.2 at one, two and four weeks (FEIA) comparing with 58.8 to 41.1, 34.7 and 23.0 respectively (MMST). No approach related complications were reported.

Conclusion:

Back and leg pain relieve and overall functional recovery in FEIA patients, after one week, was only comparable to that achieved by the MMST group after one month, even without the help of painkillers consumption.

Palavras-chave : Cirurgia minimamente invasiva da coluna, Cirurgia endoscopica da coluna, Tratamento da hérnia discal lombar