

Percutaneous Discectomy for Lumbar Radicular Pain: A Retrospective Analysis

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SUMMARY

Percutaneous discectomy is a minimally invasive procedure to reduce lumbar radicular pain in patients with contained disc herniation (up to 10mm) unresponsive to optimal medical management. It involves aspiration of disc material through the probe (Dekompressor) under fluoroscopic guidance followed by administration of intradiscal antibiotics. Patients were advised physiotherapy and phased return to normal activities by 4-6 weeks.

OBJECTIVES

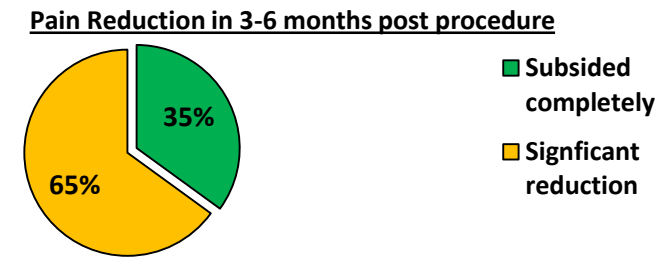
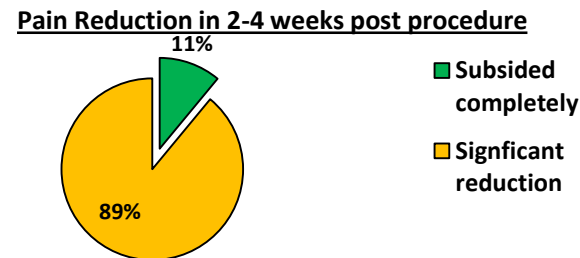
Assessment of safety, efficacy, and improvement in the functional ability of the individuals undergoing the procedure.

METHODS

Patients (n=17) underwent Percutaneous discectomy in day surgery theatres under conscious sedation. Pain clinic letters were used to collect data which included clinical findings, disc levels affected with MRI reports and impact on functional ability. Postoperative Pain score and evidence of any neurological deficit or complications were recorded in the recovery and the patients were discharged on the same day. Routine Follow up appointment were carried out in two to four weeks after the procedure and further follow up were arranged in three to six months if needed.

RESULTS

Post-procedure 89% of patients had an immediate significant reduction of pain within four weeks whilst; in 35% of patients' pain subsided completely within six months. The procedure had the beneficial effect on improving functional ability and reduction or in some cases complete stoppage of oral analgesics. Four patients (23%) complained of new-onset radicular pain in opposite leg which was further managed by investigations, physiotherapy, pharmacotherapy and spinal interventions. All patients benefitted from the procedure and no complications were reported.



CONCLUSION

Percutaneous discectomy is an effective and safe procedure in providing pain relief, reducing disability and improving the quality of life. It reduces the need for repeat interventions and overreliance on long-term oral analgesics.

Being a day case procedure, there is no need for the hospital stay and overall cost-effective procedure.