

Awake Lumbar Discectomy

Pradeep K Singh*

Dr L H Hiranandani Hospital, Powai, Mumbai, 400087, India

Editorial

The backache is largely prevalent in modern community and the problem of back pain and sciatica has become more confusing than ever. The understanding about backache has been sparsely discussed in the literature due to which diagnostic dilemma prevails in the current practice [1]. More over imaging studies which do not diagnose pain most of the time gives no clue to the clinician and patients as well. The surgeon normally diagnoses pain based mainly on patient narration, examination in clinic settings and imaging studies. Therefore the pain diagnosis is mostly inappropriate and incomplete by following school of conventional thoughts which is based on prediction.

Conventional surgical options for the treatment of lumbar disc herniations include laminectomy and discectomy. These surgeries essentially require extensive soft tissue dissection, loss of bone stock and partial facetectomy. Fundamentally, laminectomy, facetectomy, ligamentum flavum excision makes spine unstable in due course of time. Post-operative spine instability has widely been discussed in the literature [2].

Percutaneous endoscopic discectomy is gaining profound popularity in current clinical practice as the procedure essentially requires no tissue compromise. Percutaneous endoscopic discectomy is being

performed under local analgesia that enables better understanding of pathophysiology of pain and precise localization of pain generators. Intraoperative evaluation of back and leg pain of the patient has been extremely helpful for better results of the surgery. The patient himself prompts surgeon about exacerbation or relief of pain. Awake surgery has enriched our thinking about this problem of pain from back and sciatica. Therefore, understanding about pain generator has been strengthening tremendously [3].

Current evidence on the effectiveness of transforaminal endoscopic surgery is inconsistent in terms of results. However, literature does not provide valid information to either support or refute percutaneous endoscopic procedures.

References

1. Peng BG (2013) Pathophysiology, diagnosis, and treatment of discogenic low back pain. *World J Orthop* 4: 42–52.
2. Nellensteijn J, Ostelo R, Bartels R, Peul W, van Royen B, et al. (2010) Transforaminal endoscopic surgery for symptomatic lumbar disc herniations: a systematic review of the literature. *Eur Spine J* 19: 181–204.
3. Gore S, Yeung A (2014) The “inside out” transforaminal technique to treat lumbar spinal pain in an awake and aware patient under local anesthesia: results and a review of the literature. *Int J Spine Surg* 8: 28.

*Corresponding author: Pradeep K Singh, Consultant Spine Surgeon, Dr L H Hiranandani Hospital, Powai, Mumbai, 400087, Tel: Phone: +91-22-25763300; Ext 3202; Fax: +91-22-25763344; E-mail: drpradeepsingh@gmail.com

Received April 03, 2016; Accepted April 05, 2016; Published April 07, 2016

Citation: Singh PK (2016) Awake Lumbar Discectomy. *J Spine* 5: e124. doi:10.4172/2165-7939.1000e124

Copyright: © 2016 Singh PK. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.