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Lumbar Microdiscectomy: Technique, Advantages and Outcomes. Surabaya Experience on 83 Patients

Abstract

From the initial work in Europe by Yasargil and Caspar to the popularization by Williams and Wilson in the United States, lumbar microdiscectomy has successfully reduced surgical morbidity and incision size while allowing patients to work faster. Emphasis is placed on the importance of a careful preoperative clinical and radiographic evaluation by identifying factors that may help in the prediction of successful surgical outcome. The objective of this study was to evaluate the outcome of patient with lumbar disc herniation that underwent microdiscectomy procedure including : return to normal ADL, return to work and evaluate the patient using the Mac Naab criteria, and, in addition, to learn the obstacles from this procedure. Eighty-three consecutive patients underwent microdiscectomy, at several hospitals in Surabaya, for one-level unilateral first-time lumbar disc herniation. Microdiscectomy was considered to involve a small incision with removal or opening of the ligamentum flavum, no or minimal bone excision, and use of the operating microscope to remove the disc material. Follow-up investigation was also conducted at least 1 year period. Relief of radicular pain, improvement in muscle power, and changes in sensory and/or reflex abnormality were documented. Assessment of outcome was performed using the Mac Naab criteria. Excellent and good result according to Mac Naab criteria were demonstrated in 84% patients. Return to work and return to normal activities of daily living (ADL) were 58% and 78% in 6 weeks post operation respectively. Microdiscectomy allows the neurosurgeon good visualization and in less traumatic to the involved tissues. The author found that lumbar microdiscectomy allows patients earlier return to work and normal ADL with less reliance on postoperative narcotic analgesic agents.

Keyword : lumbar, microdiscectomy, return, to, work, return, to, normal, ADL,

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