PERCUTANEOUS DISCECTOMY FOR LUMBAR RADICULAR PAIN: A RETROSPECTIVE ANALYSIS

M SINHA, F NEIRAMI

SUMMARY

Percutaneous discectomy is a minimally invasive procedure to reduce lumbar radicular pain in patients with contained disc herniation unresponsive to optimal medical management. It involves removal of disc material through specialised instrument under fluoroscopic guidance.

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

There was an increasing trend of a number of a patient’s pain subsided completely from 11% to 35% in three to six months post- procedure. 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 steroid injections. None of the patients had any complications.
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.