

Uniportal Endoscopic Decompression

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Lumbar spinal canal stenosis due to degenerative changes in the spinal structures is the most common condition leading to decompressive surgery, and various studies have investigated surgical and conservative methods for the treatment of this stenosis. Conventionally, laminectomy was the most popular surgery, and it involved extensive removal of the posterior structure including the lamina, spinous processes, interspinous ligaments, and facet joints. In recent years, several decompressive procedures involving minimally invasive surgery (MIS) have been studied to overcome several problems caused by conventional laminectomy such as postoperative chronic back pain and instability leading to secondary surgery, and most studies revealed the superiority of these techniques compared with traditional laminectomy. Among these MIS trends, certain endoscopic operations have become standard in various areas, such as arthroscopy and laparoscopy. Herniated discs and stenosis of the lumbar and cervical spine can now also be operated fully endoscopically using various accesses and techniques. But, there are quite a few reports to demonstrate the efficacy and clinical applicability of endoscopic decompression in lumbar spinal canal and lateral recess stenosis. In author's personal experience, percutaneous endoscopic lumbar decompression has competent ability to decompress the neural structures and favorable clinical success with high patient satisfaction. Surgery-related complications of percutaneous endoscopic lumbar decompression was not worrisome, and did not show high incidence. Some surgical tips and knowledge is essential for the beginner to perform the endoscopic decompressive surgery with ease and safety. Percutaneous endoscopic lumbar decompression is a complex, technically challenging procedure and requires considerable experience to adequately decompress neural structures, but can be learned with time and surgical experience.