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Percutaneous Transforaminal Lumbar Endoscopic Discectomy

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Introduction

Transforaminal endoscopic discectomy is done by a posterolateral approach accessing the herniated disk through the intervertebral foramen. This approach has the least morbidity of all the approaches to the herniated disk as it does not violate the sanctity of paraspinous musculature and protects the barrier of ligamentum flavum to the epidural space.

The key to a successful transforaminal endoscopic discectomy is understanding of the concept of Kambin's safe triangle.¹⁻³ As the name implies, it is a triangular working space bounded medially by the traversing nerve root, inferiorly by the superior end plate of the caudal vertebra and the hypotenuse is formed by the exiting nerve root at that level (Fig. 4.1). We use this safe space to access the herniated disk through the transforaminal route.

Indications and Contraindications

The transforaminal technique to remove a herniated disk is nowadays suitable for the following indications:

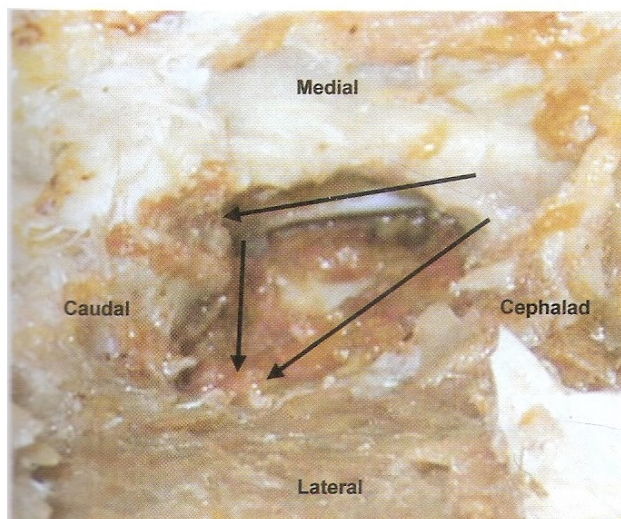


Figure 4.1: Kambin's triangle