Endoscopic Lumbar Discectomy

One-page summary of the full Spinemathema guide. Scan the QR code for the full guide, with references and audio.

Key points

- Endoscopic discectomy removes the piece of slipped disc pressing on a nerve, working through a narrow tube with a small camera rather than an open wound.
- There are two main routes: transforaminal, from the side through the natural opening where the nerve leaves the spine, and interlaminar, from directly behind.
- In a large Dutch trial, leg pain at one year was at least as good as after standard microdiscectomy, with less blood loss and most people going home the same day.
- The clearest advantages are in the first weeks. Longer-term results look broadly similar to microdiscectomy.
- The technique needs specific training and is not offered in every hospital, so availability on the NHS varies.

Contact your team or seek urgent help if you notice:

- Numbness around your back passage, genitals or inner thighs, or new bladder or bowel problems (possible cauda equina syndrome): call 999 or go to A&E.
- New or worsening weakness or numbness in your legs, or a sudden return of severe leg pain.
- A red or leaking wound, or a high temperature: contact your hospital, GP or NHS 111.
- Clear fluid leaking from the wound, or a headache that is worse when sitting or standing.
- A painful, swollen, warm calf, or sudden breathlessness or chest pain (call 999).

Not sure how urgent it is? Call NHS 111. More warning signs: spinemathema.com/warning-signs

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General information only, not personal medical advice.
If you are worried about your symptoms, contact your GP, NHS 111, or in an emergency call 999.

Written by Mr Ahmed-Ramadan Sadek, Neurosurgeon.

Scan for the full guide