

Percutaneous endoscopic laser thoracic discectomy

Understanding NICE guidance –
information for people considering the
procedure, and for the public

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**National Institute for
Clinical Excellence**

MidCity Place
71 High Holborn
London
WC1V 6NA

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called percutaneous endoscopic laser thoracic discectomy. It is not a complete description of what is involved in the procedure – the patient’s healthcare team should describe it in detail.

NICE has looked at whether percutaneous endoscopic laser thoracic discectomy is safe enough and works well enough for it to be used routinely.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of percutaneous endoscopic laser thoracic discectomy and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE’s work on ‘interventional procedures’ (see ‘Further information’ on page 10).

About percutaneous endoscopic laser thoracic discectomy

Percutaneous endoscopic laser thoracic discectomy is a way of treating what's known as symptomatic thoracic disc herniation. Normally, tough discs sit between the bones in the backbone, acting like cushions. Symptomatic thoracic disc herniation is when one of the discs bursts so that the bit inside it starts to stick out. If it sticks out in such a way that it pushes against the nerves that run through the backbone, it can cause:

- pain in the back and legs
- a feeling of weakness in the legs
- bladder problems.

The aim of a percutaneous endoscopic laser thoracic discectomy is to remove the part of the disc that is pushing against the nerve. Usually, the surgeon makes a small cut in the back and uses special narrow equipment to cut away a small part of the disc. A laser beam is used to heat and destroy some of the inside of the disc and shrink the part that is sticking out. The special instruments are used to remove any bits of disc material left. X-rays are used to check what the surgeon is doing and that he or she is

in the right place. Because this procedure is carried out near to the important nerves that run through the backbone, the patient's response is monitored throughout.

How well it works

What the studies said

NICE was not able to find any good studies on the procedure. In one of the studies that were found, nearly all the patients who had percutaneous endoscopic laser thoracic discectomy said the result of the procedure or the relief from their symptoms was 'good to excellent'. This study didn't give any details about what this actually meant, though. In the same study, patients who'd had the procedure went back to work around 10 days later.

What the experts said

One of the experts said that there was no evidence that showed that the procedure worked well and that it was a difficult procedure for surgeons to learn to do well.

Risks and possible problems

What the studies said

There were no problems reported in the studies that NICE looked at. But these reports did not contain much information about the way the study was carried out or what happened to the patients.

What the experts said

One of the experts said that it was possible that a patient could have serious problems with their nervous system as a result of having the procedure, and that patients were also at risk of nerve damage. This expert was also worried that patients may be at particular risk while a surgeon was learning to carry out the procedure.

What has NICE decided?

NICE has decided that, if a doctor wants to carry out percutaneous endoscopic laser thoracic discectomy, he or she should make sure that the patient understands what is involved and that there are still uncertainties over the safety of the procedure and how well it works. There should be special arrangements in place so that the patient only agrees (consents) to the procedure after this discussion has taken place.

NICE has also said that more studies are needed to see how well the procedure works. In particular, NICE has encouraged doctors to collect information about what happens in the months and years after a patient has had percutaneous endoscopic laser thoracic discectomy.

Other comments from NICE

This information is about the procedure when it's used on its own. NICE has not looked at how well the procedure works when it's carried out as part of a bigger operation.

NICE has commented that it's important that the procedure is only tried in patients for whom this type of procedure is likely to be suitable, though it may be difficult to judge this.

What the decision means for you

Your doctor may have offered you percutaneous endoscopic laser thoracic discectomy. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits and risks of percutaneous endoscopic laser thoracic discectomy which you need to understand before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on percutaneous endoscopic laser thoracic discectomy is on the NICE website (www.nice.org.uk/IPG061guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0580. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on back problems, a good starting point is NHS Direct, telephone 0845 4647, or NHS Direct Online (www.nhsdirect.nhs.uk).

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