

Percutaneous transforaminal endoscopic lumbar discectomy for sciatica

Information for the public

Published: 26 April 2016

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What has NICE said?

Percutaneous transforaminal endoscopic lumbar discectomy for sciatica is safe enough and works well enough for use in the NHS.

NICE is asking health professionals to send information about everyone who has the procedure and what happens to them afterwards to a database at the British Spine Registry so that how well it works can be checked over time.

Percutaneous transforaminal endoscopic lumbar discectomy for sciatica should only be done by surgeons with specific expertise and training in the procedure, and at first they should do it with another experienced surgeon who does the procedure regularly.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure, and discuss the possible benefits and risks with you. You should also be told how to find more information about the procedure and about other treatment options. All of this should happen before you decide whether you want to have this procedure or not. Your health professional should ask you if details of your procedure can be collected.

The condition

The tough outer cover of a disc is called the annulus. It can sometimes tear, allowing the soft centre to bulge through. This is called herniation, also known as 'slipped disc'. If it presses on a nerve, the slipped disc can cause pain in the back, pain in the leg (sciatica), and numbness or weakness in the legs or even problems with the bladder.

Treatments include painkillers, drugs to reduce inflammation, corticosteroid injections into the affected area, physical therapy and acupuncture. If these treatments don't work, or if the symptoms are severe or long lasting, the slipped disc may be removed, either by open surgery or using less invasive techniques. This is called discectomy.

NICE has looked at using [percutaneous transforaminal endoscopic lumbar discectomy](#) as another treatment option.

[NHS Choices](#) may be a good place to find out more.

The procedure

This procedure is done using local or general anaesthetic, with the patient lying face down or on their side. It aims to relieve sciatica by removing tissue from the damaged disc.

Using X-ray imaging to identify the correct place, a needle is inserted through the skin into the disc. A small guidewire is placed through the needle and a channel is made through the muscles to the damaged disc. An endoscope (a thin tube with a camera on the end) and other instruments are inserted and used to remove tissue from the damaged disc. A laser may also be used to help remove the tissue. The person can usually get up within a few hours of the procedure.

Benefits and risks

When NICE looked at the evidence, it decided that there was enough evidence to know how well this procedure works and how safe it is. The 9 studies that NICE looked at involved a total of 10,256 patients.

Generally, they showed the following benefits:

- reduced back and leg pain
- most patients were better able to carry out everyday tasks
- most patients returned to work after the procedure
- most patients were satisfied with their treatment
- improved quality of life in many patients.

Some people needed another operation, for example because fragments of disc remained. Slipped disc happened again in about 6% of people.

The studies showed that the complications reported with percutaneous transforaminal endoscopic lumbar discectomy were mostly a temporary lack of sensation or abnormal sensation. Other risks were reported in a smaller number of people (around 1%) and included:

- cyst-like lesions at the operation site; some needed surgery to remove them
- bleeding into the tissues
- tears in the tissue surrounding the spinal cord
- inflammation of the spine, with or without soft tissue infection
- a fragment breaking away from the disc in 1 patient
- temporary problems with the nerves in the foot in 4 patients, including foot drop in 1 patient.

NICE was also told about some other possible risks: pain in the hip or back during the procedure.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

ISBN: 978-1-4731-1815-7

Accreditation

