

**MISS**  
**CERVICAL**  
**MICRO DISCECTOMY**

**New concept in Spinal Surgery**



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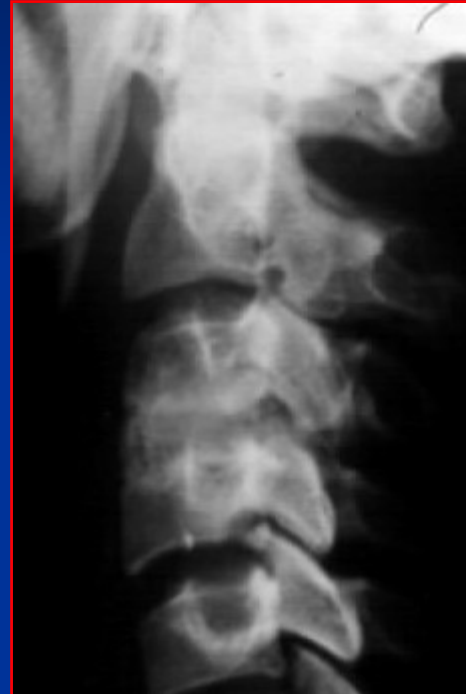
# TRADITIONAL SURGERY

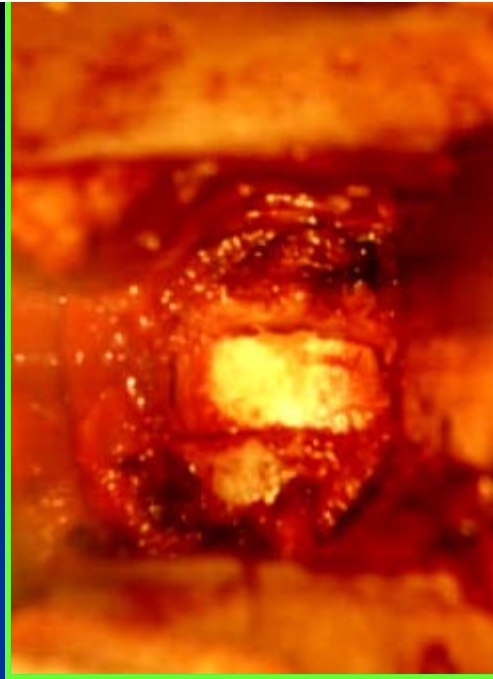
- For a prolapsed cervical intervertebral disc  
Traditional surgery has been

Anterior cervical discectomy followed  
by fusion

At one or multiple levels









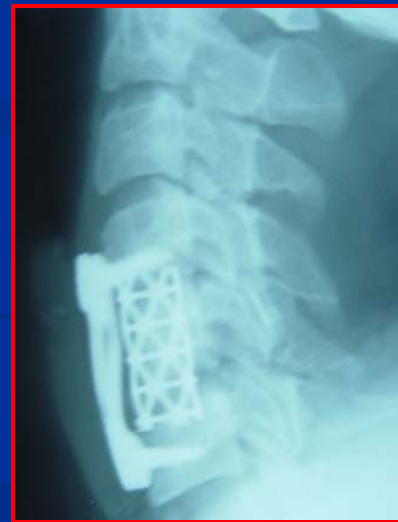
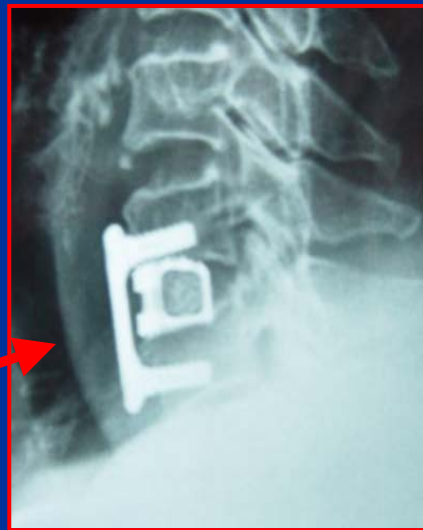
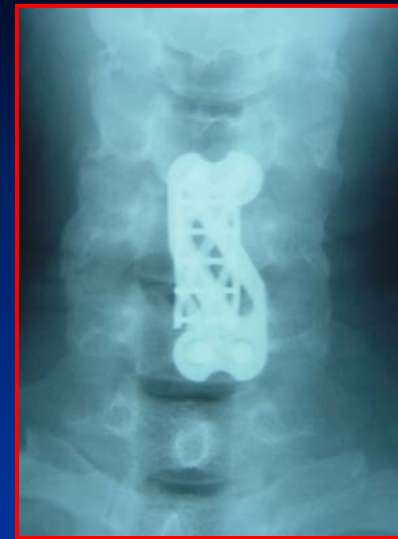
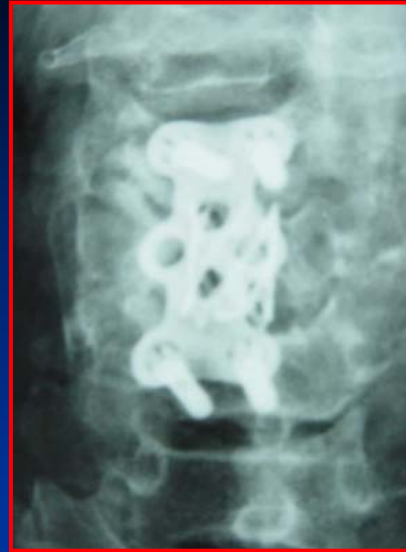
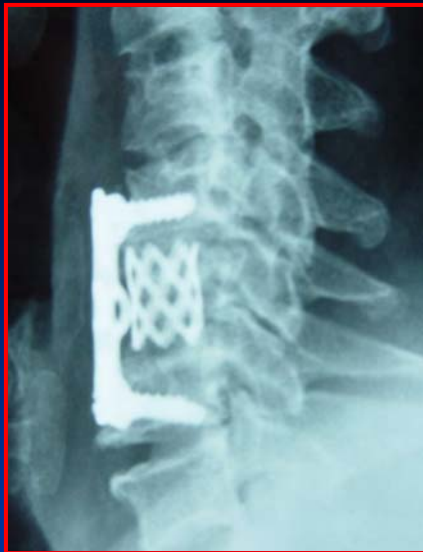
**AUTHOR'S IMPLANTS**





## AUTHOR'S IMPLANTS





## IMPORTED IMPLANTS



# POSTERIOR CERVICAL MICRODISCECTOMY

- In selected cases
  - With pure radiculopathy
- it is possible to do microdiscectomy



# INTRODUCTION

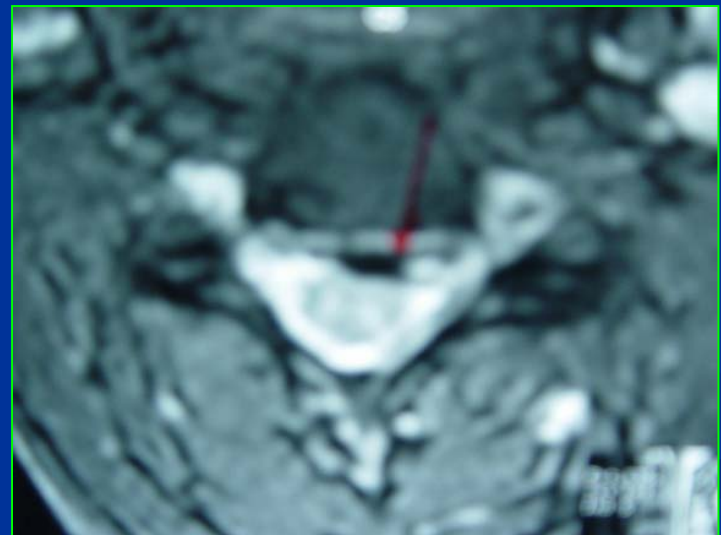
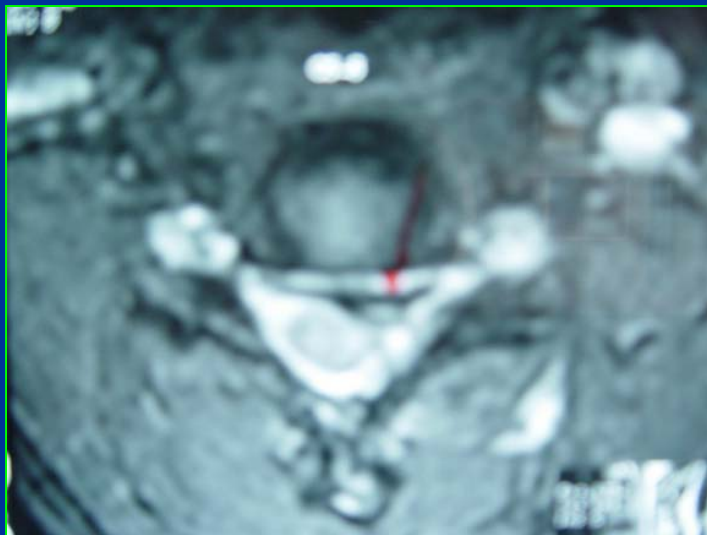
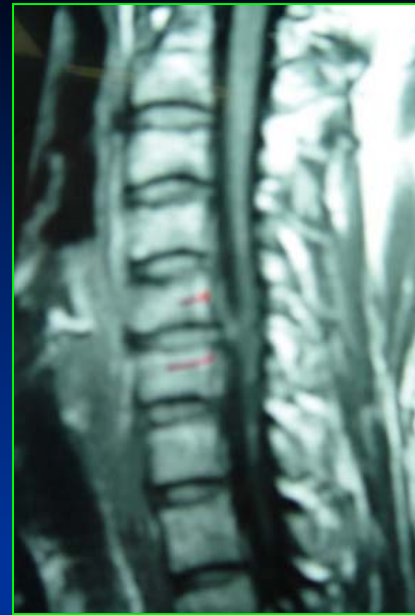
- 4<sup>th</sup> decade of last century
- Scoville attempted Keyhole surgery
- **Beginning of present century**
- Destandou introduced endoscopic cervical discectomy
- **2004** – Dr. P.S. Ramani introduced Cervical Microdiscectomy

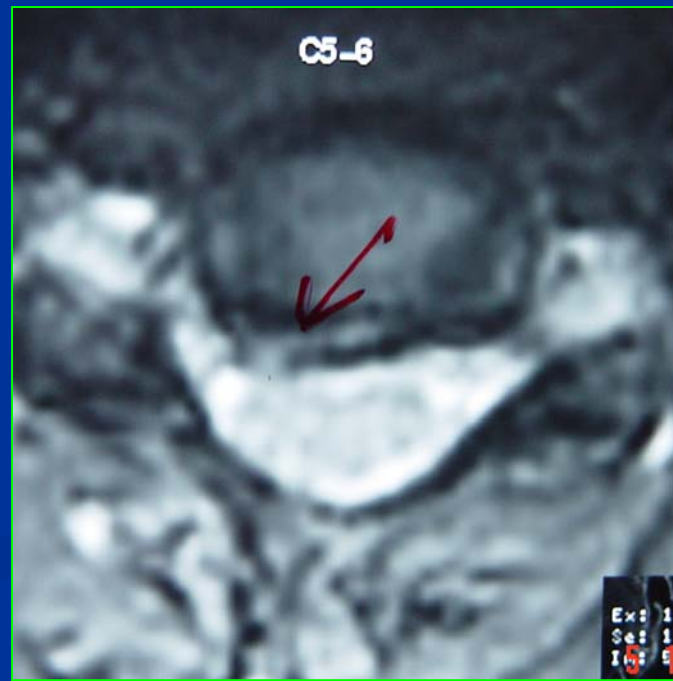


# BEST PATIENTS FOR SURGERY

- Young
- Postero-lateral, foraminal or far out lateral disc prolapse
- Only unilateral radiculopathy
- No myelopathy







# ADVANTAGES

- i. Prolapsed and only a small portion of remaining disc is excised
- ii. Most of the disc is left behind to function normally
- iii. Supports normal functioning of spine.
- iv. ACF is not necessary
- v. Immediate relief from pain



- vi. Short stay in the hospital
- vii. Discharged on the same day
- viii. No need of Cervical collar
- ix. Regular exercise from 5<sup>th</sup> day
- x. Resume normal duties within one week



# OPERATIVE TECHNIQUE





# RESULTS

- **Total period = 10 months.**
- **Complete relief from radiculopathy**
- **No complications.**





**THANK YOU**