



Full-Endoscopic Cervical Posterior Foraminotomy for the Operation of Lateral Disc Herniations Using 5.9-mm Endoscopes

A Prospective, Randomized, Controlled Study

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STUDY DESIGN: Prospective, randomized, controlled study of patients with lateral cervical disc herniations, operated either in a full-endoscopic posterior or conventional microsurgical anterior technique.

METHODS: One hundred and seventy-five patients with full-endoscopic posterior or microsurgical anterior cervical discectomy underwent follow-up for 2 years. In addition to general and specific parameters, the following measuring instruments were used: VAS, German version North American Spine Society instrument, Hilibrand Criteria.

RESULTS: After surgery 87.4% of the patients no longer had arm pain, and 9.2% had occasional pain. The clinical results were the same in both groups. There were no significant differences between the groups in the revision or complications rate. The full-endoscopic technique brought advantages in operation technique, preserving mobility, rehabilitation, and traumatization.

CONCLUSION: The recorded results show that the full-endoscopic posterior foraminotomy is a sufficient and safe supplement and alternative to conventional procedures when the indication criteria are fulfilled. At the same time, it offers the advantages of a minimally invasive intervention.