What is Minimally Invasive Cervical Spine Surgery?

Minimally invasive surgery is a popular trend. When we talk about minimally invasive cervical spine surgery, it describes an operation on the cervical spine (neck) that leaves minimal residuals from surgery. The advantage is that arm pain with associated numbness and tingling due to either the degenerative process (arthritis) or a disc herniation can be addressed with less invasive techniques.

The operation is called a **lamino-foraminotomy** with or without **discectomy**. In simple terms, it involves a small incision, removing some bone from the back of the neck (**laminotomy**) and opening up the channel where the nerve is being pinched (**foraminotomy**). If the nerve pinch (stenosis) is from a disc herniation, then part of the disc is trimmed (**discectomy**).

A one-level operation usually takes approximately 45 to 90 minutes. I perform the surgery using a microscope and also use neuro-monitoring techniques to reduce risk during the procedure.

The benefits of this less invasive surgery are that it is not a fusion; and we can address multiple levels if needed. It requires less bracing and does not limit options like a fusion or disc replacement surgery in the future. Because the recovery time is faster, patients can return to unrestricted activity more quickly.

The surgery works best in patients where the pinching of the nerve (stenosis) is more lateral or to the side, and NOT towards the middle where the spinal cord can be pinched. If a patient has instability (the vertebrae move more than normal) then this micro-surgery is NOT indicated.

Recent information being reported at the major spine society meetings indicate that results of this surgery are equal to the results we see with a fusion surgery or a disc replacement operation. The need for later re-operation after a lamino-foraminotomy with or without discectomy is approximately 5%.

Additional information is available at **jatanaspine.com** or **spine-health.com**.