Comparison of automated percutaneous lumbar discectomy and percutaneous laser disc decompression results with one year follow-up

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Aim: The effectiveness of Automated Percutaneous Lumbar Discectomy (APLD) and Percutaneous Laser Disc Decompression PLDD has not been documented individually, and there has been no comparison of these two techniques. The objective is to document results of and compare APLD and PLDD.

Method: This is a prospective study comparing a consecutive group of APLD and PLDD with one-year minimum follow up. All cases had the same indication consisting of a bulging disc, radicular symptoms and no neurologic loss or sensory loss only. Pain status was measured using a visual analogue scale for both back and radicular pain. Pain measurements were done pre operation with six weeks, three months and one year.

Results: There were 21 consecutive APLD cases and 20 consecutive PLLD cases. The APLD group had a pre operation pain ranging from 7-9 leg pain and 2-6 back pain. Three months follow up was 0-4 leg pain and 2-4 back pain. By 6 months to 1 year, two underwent epidural injections and one came to surgery. The PLLD group had pre operation 6-9 leg pain and 2-5 back pain. At three months, leg pain was 0-3 and back pain 2-5. At 6 months to 1 year, three had epidurals and one underwent surgery. There were no complications. In conclusion, APLD and PLDD are both equally effective for a contained bulging disc with radicular symptoms.

Biography

Jan W Duncan completed his MD at University of Tennessee followed by Orthopedic Surgery Residency at University of Arkansas and specializing in Children Spinal Deformity at Scottish Rite Hospital in Atlanta. He serves as the Chairman of the Orthopedic department at White Memorial Hospital and on the Surgery Executive Committee at Verdugo Hills Hospital. He has an ongoing commitment to help his patients find solutions to back pain, develop the field of orthopedics contributing through research and presenting at conferences.

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