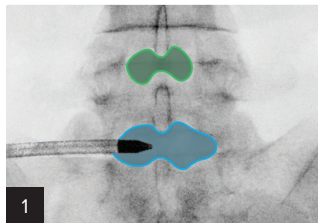


Interlaminar Approach for Discectomy

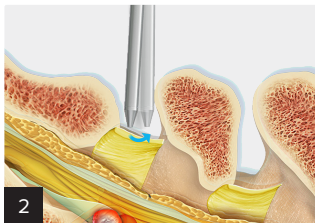
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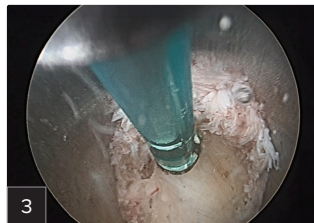
1 Target the Bullseye

- Place a switching stick in the middle of the ipsilateral interlaminar window.
- Use a #11 or #15 blade to create an incision <1 cm in length through the skin and lumbar fascia.
- Use fluoroscopy to confirm positioning.



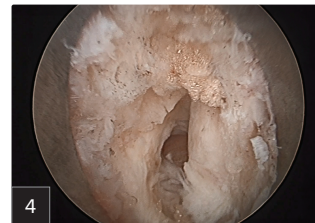
2 The Click

- Dock the switching stick vertically on the trailing edge of the L5 lamina (for L5-S1 discectomy).
- Use the switching stick to “click” between the caudal edge of the lamina and the ligamentum flavum (LF).
- Use tactile feedback to feel the “bounce” of the LF and confirm your location in the interlaminar window.



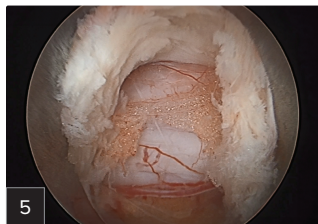
3 Clean the Trampoline

- Cauterize 360° around the cannula.
- Use a pituitary rongeur and FlexTip probe to remove tissue on top of the LF.



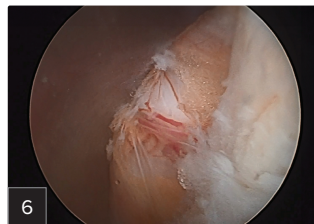
4 Create and Identify the Black Hole

- Rotate the cannula, using its tip to tension the remaining LF fibers.
- Use endoscopic scissors to incise through the LF.
- After encountering the black hole, pause to allow fluid to fill the space, ensuring protection of the dura.



5 Identify the Edge

- Rotate the endoscope to view the lateral edge, looking for the white stripe against the epidural fat, which is the edge of the nerve root.
- Use the tissue dissector to palpate and define the edge of the nerve by dissecting the adhesions.



6 Retract and Protect

- Inside the spinal canal, wand the cannula from lateral to medial to free up adhesions to the disc herniation.
- Rotate the opening of the cannula so it faces lateral, protecting the nerve root medially and delivering the herniation into the cannula.