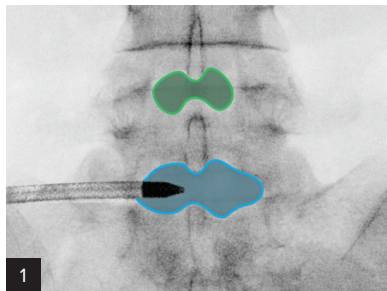


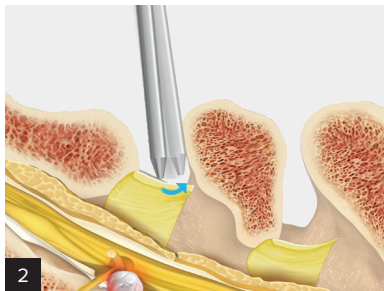
Interlaminar Approach for Discectomy

Quick Reference Guide



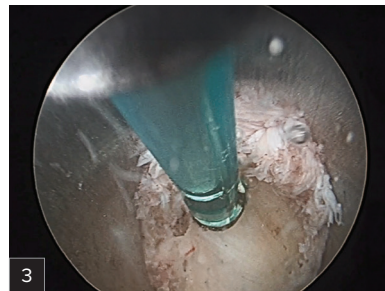
Target the Bullseye

- Place switching stick in middle of interlaminar window
- Use 11 or 15 blade to make a <1 cm incision through skin and lumbar fascia
- Use fluoroscopy to confirm positioning



Feel the Click

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



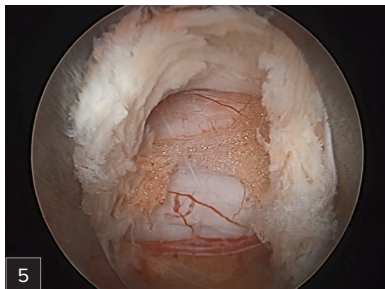
Clean the Trampoline

- Cauterize 360° around cannula
- Use pituitary rongeur and FlexTip probe to remove tissue on top of ligamentum flavum
- Place long tip of cannula on ligamentum flavum to tension remaining fibers
- Use endoscopic scissors to clip through ligamentum flavum



Create and Identify the Black Hole

- Pause after encountering the black hole to allow fluid to fill the space; this will push dura out of the way
 - Use cannula to tension ligamentum flavum as you descend through the layers
- Place long edge of cannula on lateral edge of opening to tension remaining fibers



Identify the Edge

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



Retract and Protect

- Inside 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