Lumbar Cranially Extruded Disc Herniation

The translaminar approach
Conventional philosophy...
Meet the Expert

T (rans) L (aminar) A (pproach)

Lessons learned (LL)…
LL1: Preoperative X-ray labeling

1. Cranial rim of the disc space
2. Caudal border of the pedicle above
3. Tilt the table to adjust the lamina parallel to the floor
LL2: Road map

23 mm

17 mm
LL3: alternative approaches

Subperiosteal: miniaturized Caspar-like speculum

Transmuscular: expandable tubular retractor

The lateral border of the lamina should be exposed!
**LL4: Lamina drilling** (10 x 8 mm)

Burr perpendicular to the lamina not to the floor!

3 steps:
- **No bleeding** (outer cortical bone)
- **Bleeding** (spongy bone)
- **No bleeding** (inner cortical bone: Switch to the diamond burr! Caution: No yellow ligament!)

3 mm
LL5: Epidural exploration

1. Start 2 mm lateral to the border of the thecal sac
2. upwards along the thecal sac towards the axilla and the pedicle
3. Look for extruded or subligamentous fragment and remove
4. Check caudally the upper rim of the annulus
LL6: Closure

- No wound drainage
- Gelfoam w/wo corticoid to „close“ the hole
I CAN SEE THE WHOLE ROOM!
...AND THERE'S NOBODY IN IT!