



NEUROSURGERY AND SPINE

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LUMBAR MICRODISCECTOMY

Dr. Den Haese may recommend microdiscectomy to remove a herniated disc that is causing back pain and/or leg pain, numbness or muscle weakness. The purpose of this procedure is to relieve pressure on the spinal cord and/or nerve roots.

A discectomy is recommended when a herniated disc is pressing into or pinching the spinal cord or the nerve root(s) and you are experiencing:

- Leg pain that limits your normal daily activities
- Weakness or numbness in your leg(s) or feet
- Impaired bowel and/or bladder function

As a rule, and depending on your condition and specific surgical goals, Dr. DenHaese may choose to perform your discectomy using a minimally invasive approach.

Dr. DenHaese specializes in minimally invasive surgery because traditional, open spine surgery involves cutting or stripping the muscles from the spine which can cause significant post-op pain, longer hospitalization and longer recovery times.

Minimally invasive spine surgery involves a small incision or incisions and muscle dilation, allowing the surgeon to separate the muscles surrounding the spine rather than cutting them so there is less post-op pain and a speedier recovery.

Dr. DenHaese uses a specialized minimally invasive system to perform discectomies.

Herniated disc pressing on nerve.



THE METRx MICRODISCECTOMY PROCEDURE

Dr. DenHaese uses specialized surgical tools to precisely reach and remove spinal elements that are causing pain without requiring large incisions and the stripping of muscle off spinal bone.

Specialized tubes, called dilators slip in between back muscle, much like a sewing needle splits the weave of fabric, along natural divisions. No muscle fiber is cut, only separated.

This unique muscle-splitting approach allows Dr. DenHaese to access the spine without destroying muscle.

Dr. DenHaese uses a special “live-action” x-ray called a fluoroscope to visualize the spine and precisely locate the surgical area.

A skin incision of approximately ½-inch to 1 inch in size is made, and the specialized viewing tube(s) are inserted, one around the other, to gradually “split the weave” of the muscle until a ¾-inch tunnel to the spine is created.

Dr. DenHaese then uses a microscope to view the spine through the inserted tubes, and he uses special instruments to remove the herniated disc.

Once the procedure is completed, the tube is withdrawn and the separated muscle fibers return to their anatomic position.

A small adhesive bandage is applied to cover the incision.



RECOVERY

Everyone recovers at a different rate but in general, you will be up and walking the first same day of surgery.

Pain levels are generally lower with minimally invasive surgery and your specific pain will be assessed and treated throughout your post-op period.

Your activity will be gradually increased throughout your post-op period,