



# INTRODUCTION



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Laparoscopic discectomy is a promising new technique for managing disabling pain from herniated lumbar disks (*Slotman and Stein, 1996*).

Laparoscopic approach to the spine for performance of a minimally invasive discectomy was first described in 1991. Since that time, a number of approaches to laparoscopic discectomy have appeared in the literature (*Olsen et al., 1996*).

The technique combines the advantages of the conventional transperitoneal approach with the well known advantages of minimally invasive surgery. It is a safe procedure with an acceptable operative time, little post-operative pain, fast recovery and short hospital stay (*Scholz-Jager et al., 1996*).

Two approaches have been described viz; transperitoneal and retroperitoneal approaches (*Obenchain and Cloyd, 1996*).

Using an anterior approach, the intervertebral disc space is opened and discectomy is performed under direct videolaparoscopic imaging (*Slotman and Stein, 1995*).

It is also reported that a herniated lumbar disc can be excised using the combination of laparoscopic exposure and contact laser application, a technique which offers unique advantages (*Slotman and Stein, 1994*).

Although This procedure is associated with long learning curve, the technique, once mastered, is effective and advantageous over the current approaches to lumbar fusion (*Zucherman et al., 1995*).