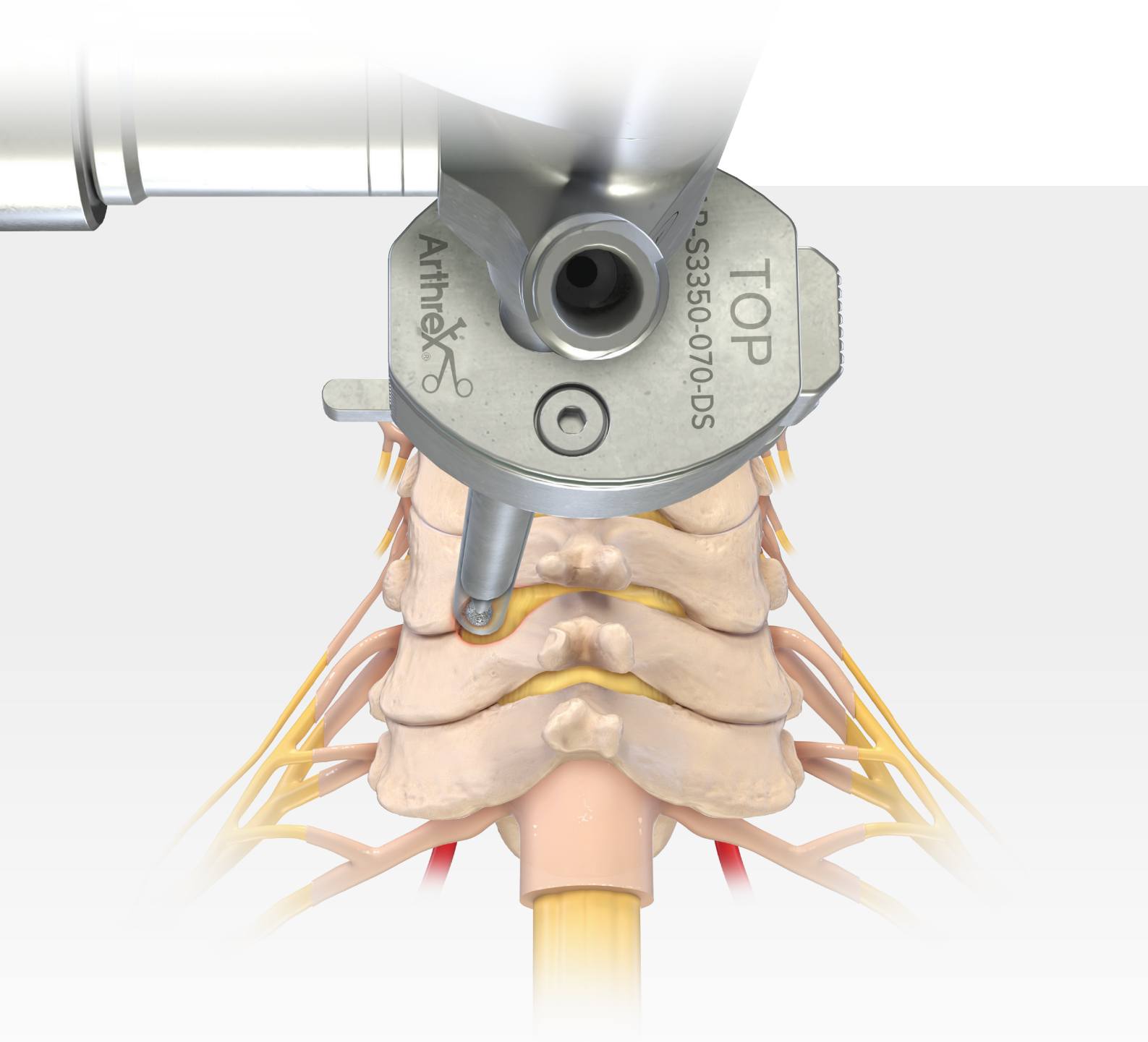


Cervical Foraminotomy and Discectomy

Endoscopic Surgical Technique



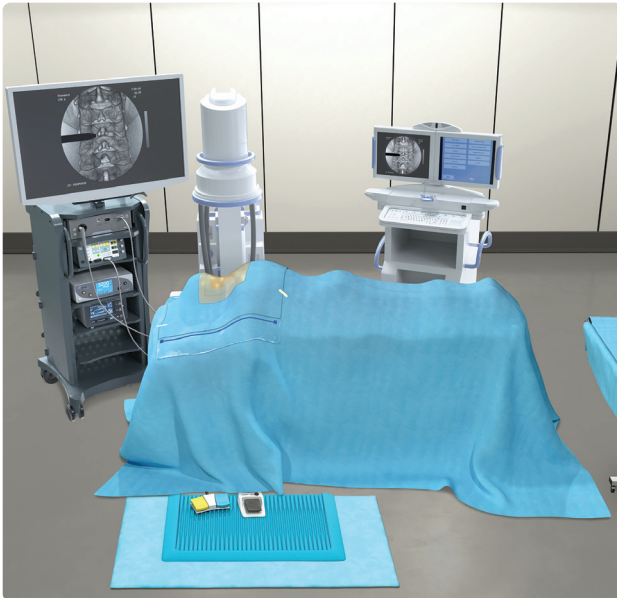
Endoscopic Approach to Cervical Foraminotomy and Discectomy

Introduction

The ultra-minimally invasive endoscopic approach to cervical foraminotomy and discectomy creates a targeted working channel for addressing foraminal stenosis and disc herniations while preserving surrounding anatomy. By using a posterior cervical approach, surgeons can directly decompress the exiting nerve root through precise removal of compressive bone and soft tissue. During this procedure, a spine-specific endoscope is used for access and visualization. The Synergy Vision™ imaging system, combined with ergonomic instruments, provides enhanced visualization and instrument control for the treatment of this pathology.

- › WishBone™ handle combines ergonomics, efficiency, and control
- › Synergy integration and imaging optimize visualization
- › Shaver burs support precise and efficient bone removal
- › Depth stop and cannula holder allow for improved control of the endoscope and cannula

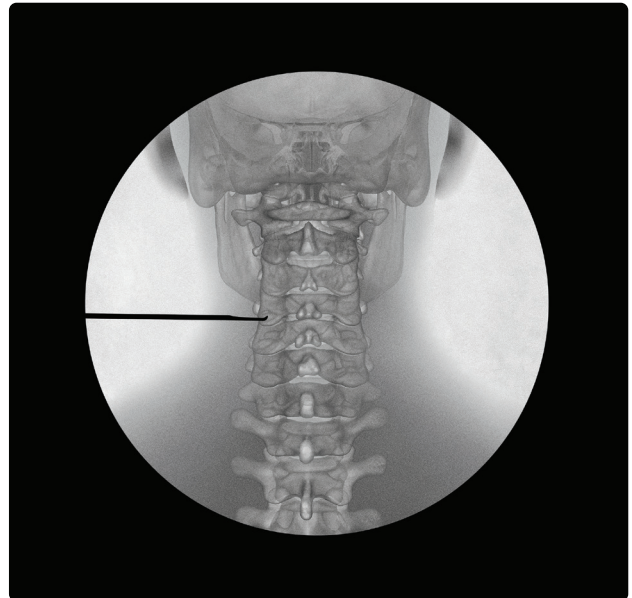




1

Patient Positioning and OR Setup

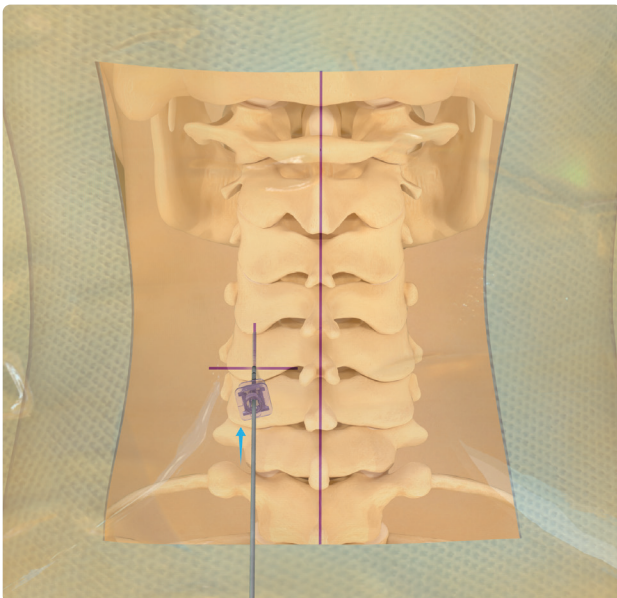
With the patient prone and arms pulled positioned at sides, position the C-arm across from the surgeon with the video monitor at the head and the C-arm monitor at the foot of the bed.



2

Targeting

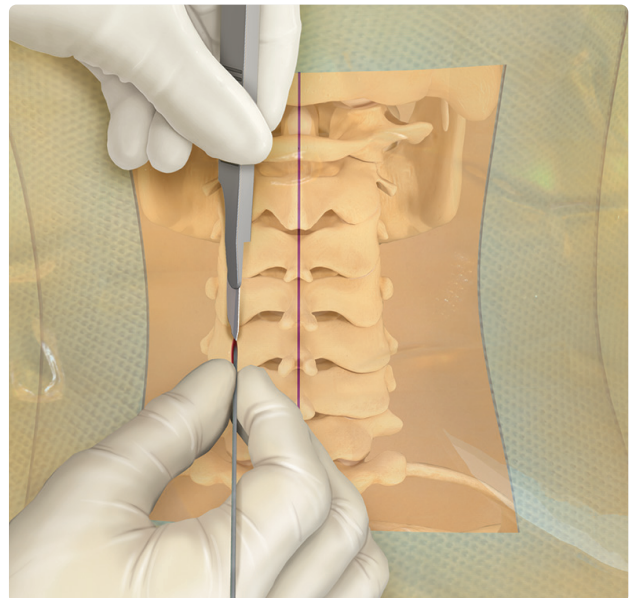
Use AP and lateral views to target and confirm the correct level. Mark the midline and midfacet line.



3

Needle Placement

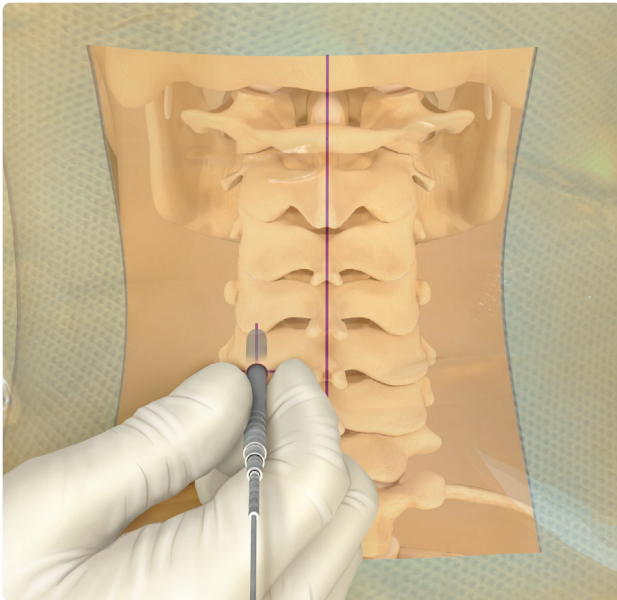
Insert the needle, targeting the midface under AP and lateral fluoroscopy.



4

Incision

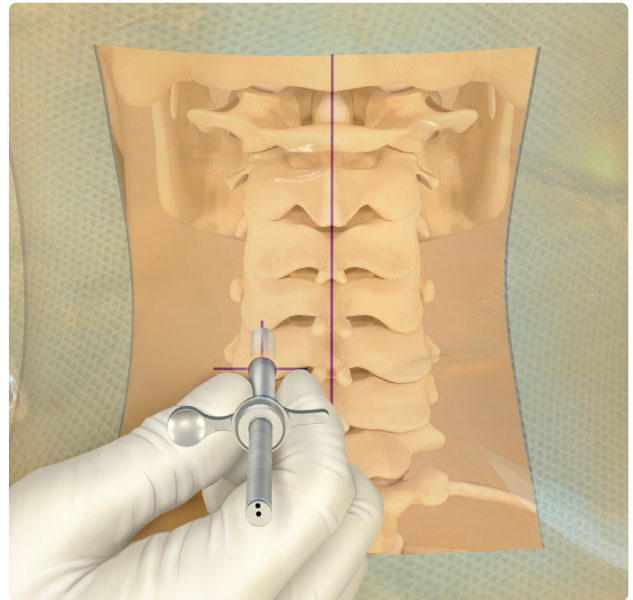
Remove the stylet and insert the guidewire. Make an incision through the skin and fascia to accommodate the outer diameter of the dilators and working cannula.



5

Dilation and Docking

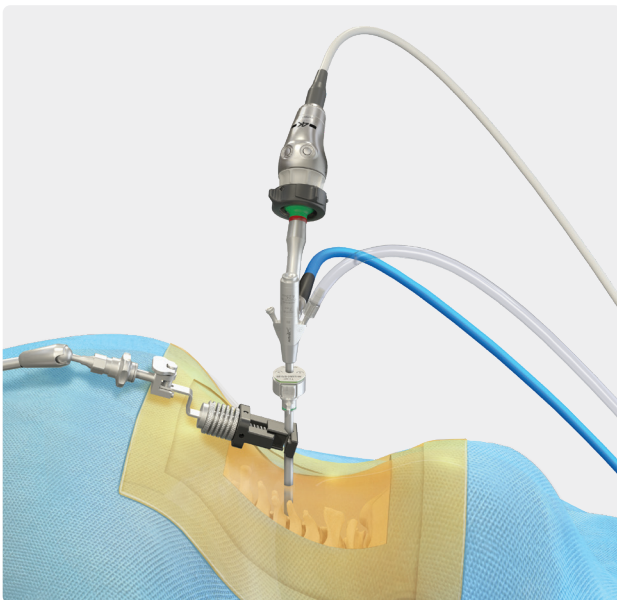
Place sequential dilators or a switching stick over the guidewire and advance with a rotating motion to gently dilate the muscle and fascia.



6

Docking

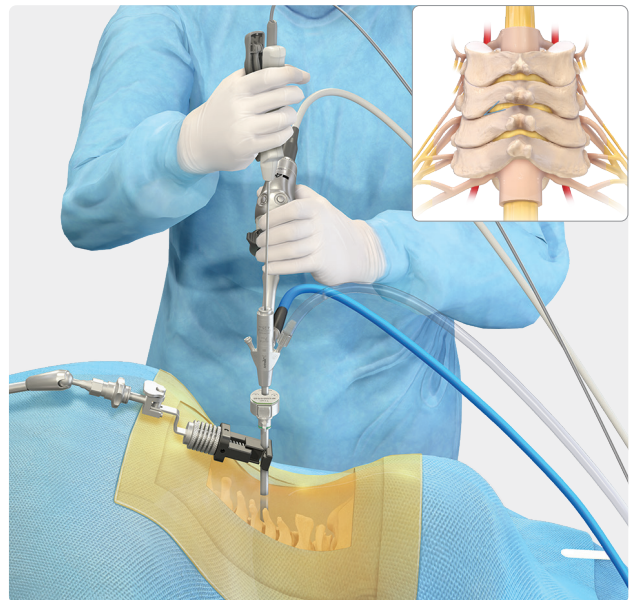
Insert the cannula over the dilators or switching stick while maintaining the opening of the bevel medial.



7

Set Up and Insert Endoscope

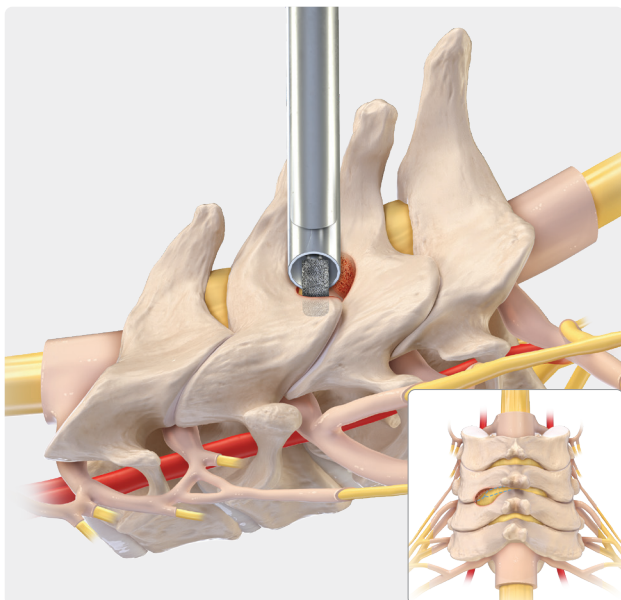
With the TRIMANO® arm holder attached to the bed via a bed rail adapter, connect the cannula holder. Attach the light cord, camera, irrigation, and depth stop to the endoscope. Remove the switching stick or dilators and insert the endoscope into the cannula.



8

Expose the "V"

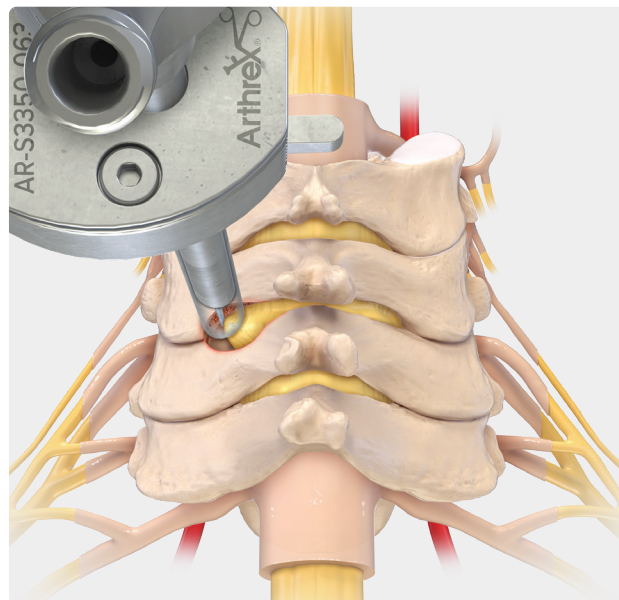
After inserting the endoscope, insert a series of grasping instruments and the FlexTip probe through the endoscopes working channel. Remove excess tissue and coagulate blood vessels to identify anatomical landmarks and expose the lamina-facet junction ("V").



9

Convert V to U

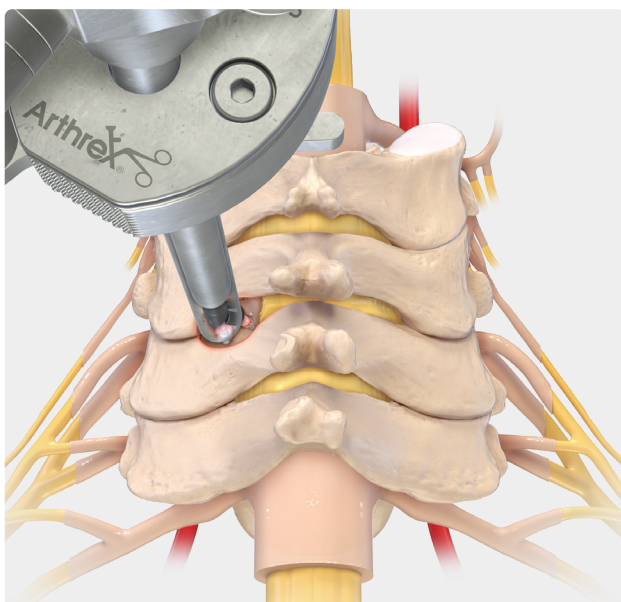
Use a bur and Kerrison to undercut the cranial and caudal laminae and medial facet, converting the “V” to a “U”.



10

Decompress

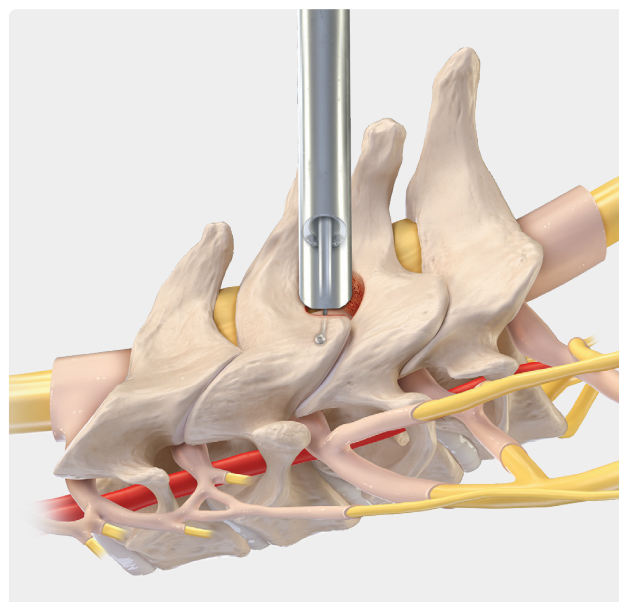
Open the ligamentum flavum as needed. Identify the exiting nerve and the lateral border of the dura. Decompress the foramen from pedicle to pedicle, using the dura as the medial boundary.



11

Discectomy

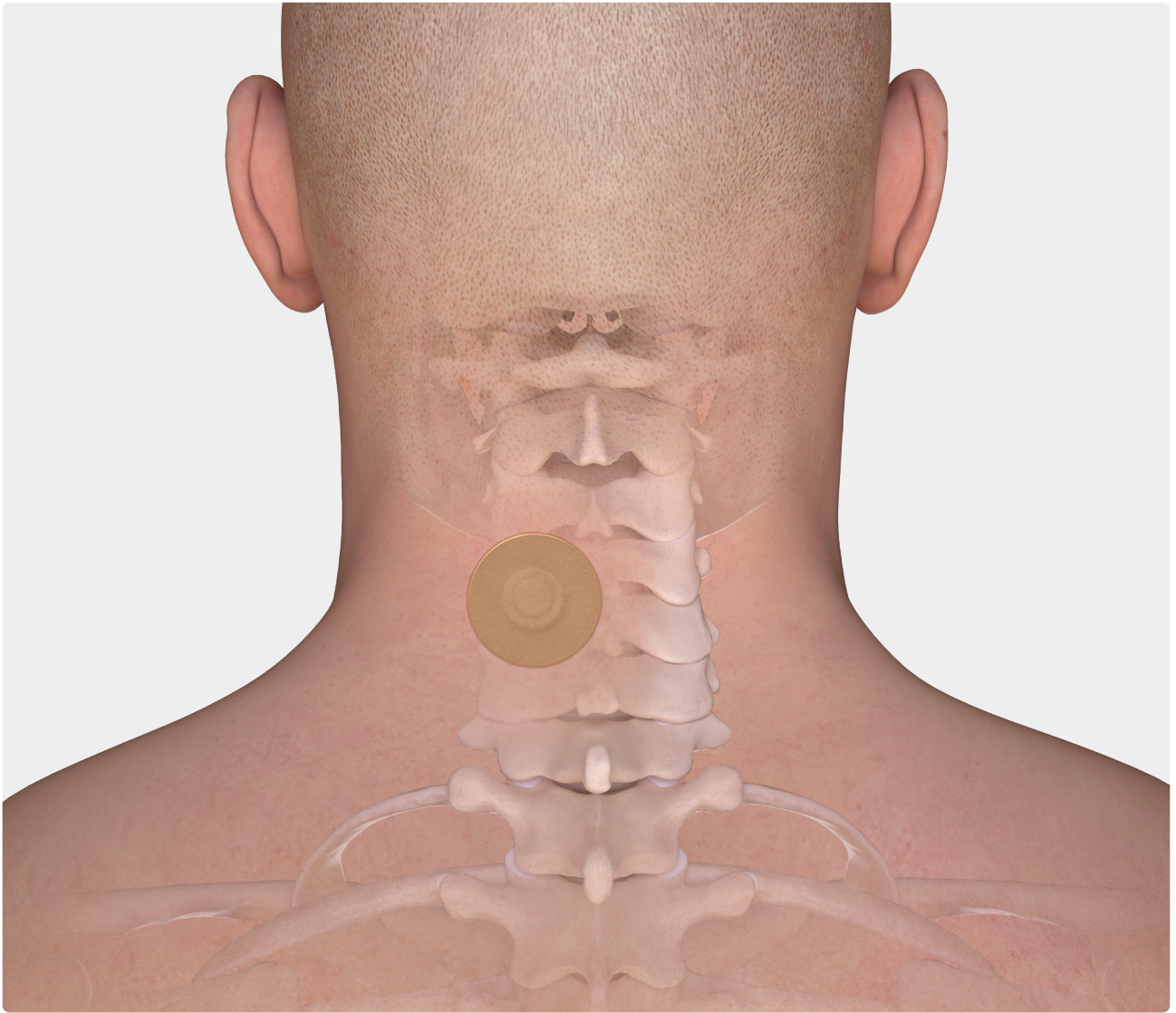
Maintain a lateral working corridor relative to the dura. Use endoscopic instruments to access the disc space and remove herniated disc fragments until the exiting nerve is adequately decompressed.



12

Assess

Using a ball-tip probe along with direct visualization to ensure all the fragments have been removed and the discectomy and decompression are complete prior to removing the cannula.



13

Complete Procedure

Remove the endoscope and cannula, close the incision, and apply JumpStart® antimicrobial wound dressing over the incision site.

Ordering Information

Spine endoscopic case, large	AR-S1000-C1
Spine endoscope case	AR-S1000-C3
Dilator, 3 mm × 230 mm	AR-S6524-030-230
Dilator, 6 mm × 220 mm	AR-S6524-060-210
Dilator, 7 mm × 210 mm	AR-S6524-070-190
Switching stick, 7 mm × 225 mm	AR-S3020-070-225
Cannula w/ oblique window, 8 mm × 125 mm, 55°	AR-S3420-080-12555
Spine endoscope, 7 mm × 130 mm, 15°	AR-S3350-7015-130
Cup forceps, 2.5 mm × 260 mm, WishBone™ handle	AR-S7110-025-260W
Cup forceps, 3.5 mm × 260 mm, WishBone handle	AR-S7110-035-260W
Cup forceps, up angle, 2.5 mm × 330 mm, WishBone handle	AR-S7110-025U-330W
Scissor punch, 2.5 mm × 260 mm, WishBone handle	AR-S7116-025-260W
Scissor punch, up angle, 2.5 mm × 330 mm, WishBone handle	AR-S7116-025U-330W
Kerrison/ball-tip probe, handle, WishBone handle	AR-S7400-000-000W
Blunt dissector, 2.5 mm × 310 mm	AR-S1342-025-310
Hook probe, 2.5 mm × 260 mm	AR-S10030-025-260
Ball-tip probe shaft flexible, 1.8 mm × 330 mm	AR-S7405-018-330
Ball-tip probe shaft flexible, 2.4 mm × 330 mm	AR-S7405-024-330
Kerrison, 3.5 mm × 260 mm, 40°	AR-S7440-035-260
Kerrison, 4 mm × 260 mm, 40°	AR-S7440-040-260
Bone curette, 2 mm × 26 mm	AR-S7305-020-260
Dilator holder	ML-0057
FlexTip RF probe, 28 cm	AR-S9805-0028
Extra-coarse diamond oval bur, retractable, 3 mm × 280 mm	AR-SOV-R30-280XD
Coarse diamond oval bur, retractable, 3 mm × 280 mm	AR-SOV-R30-280CD
Match head bur, 3 mm × 280 mm	AR-SMH-30-280
Slotted whisker blade, 3.5 mm × 280 mm	AR-SSW-35-280
JumpStart® antimicrobial wound dressing, 2.5 in	ABS-4054

See product catalog for full product listings. Instruments dependent on surgeon preferences and pathology.
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