

Getting started with dualPortal Endoscopic Spine Surgery

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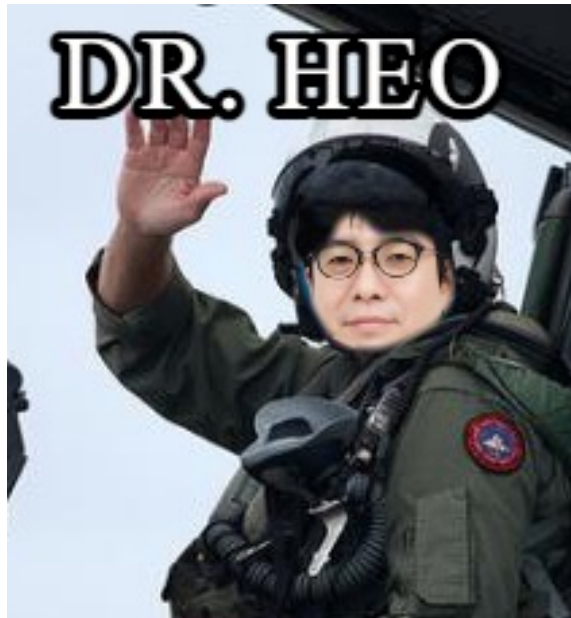
2nd Annual Amplify Surgical Endoscopic Spine Symposium
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Unilateral Biportal Endoscopy



- Korean healthcare market
- Innovate to compete
- Implemented in US by Dr. Don Park



A silhouette of a person sitting on a grassy hill, looking out over the ocean at sunset. The person is wearing a red shirt and dark pants. The sun is low on the horizon, creating a bright glow and long shadows. The grass in the foreground is silhouetted against the bright sky.

Should I learn it?

- Minimally invasive
- Be on the Cutting-Edge
- Competition
- Superior visualization
- Lower morbidity
- Versatile
- For MIS surgeons: evolution of technique
- For open surgeons: skip to the newest

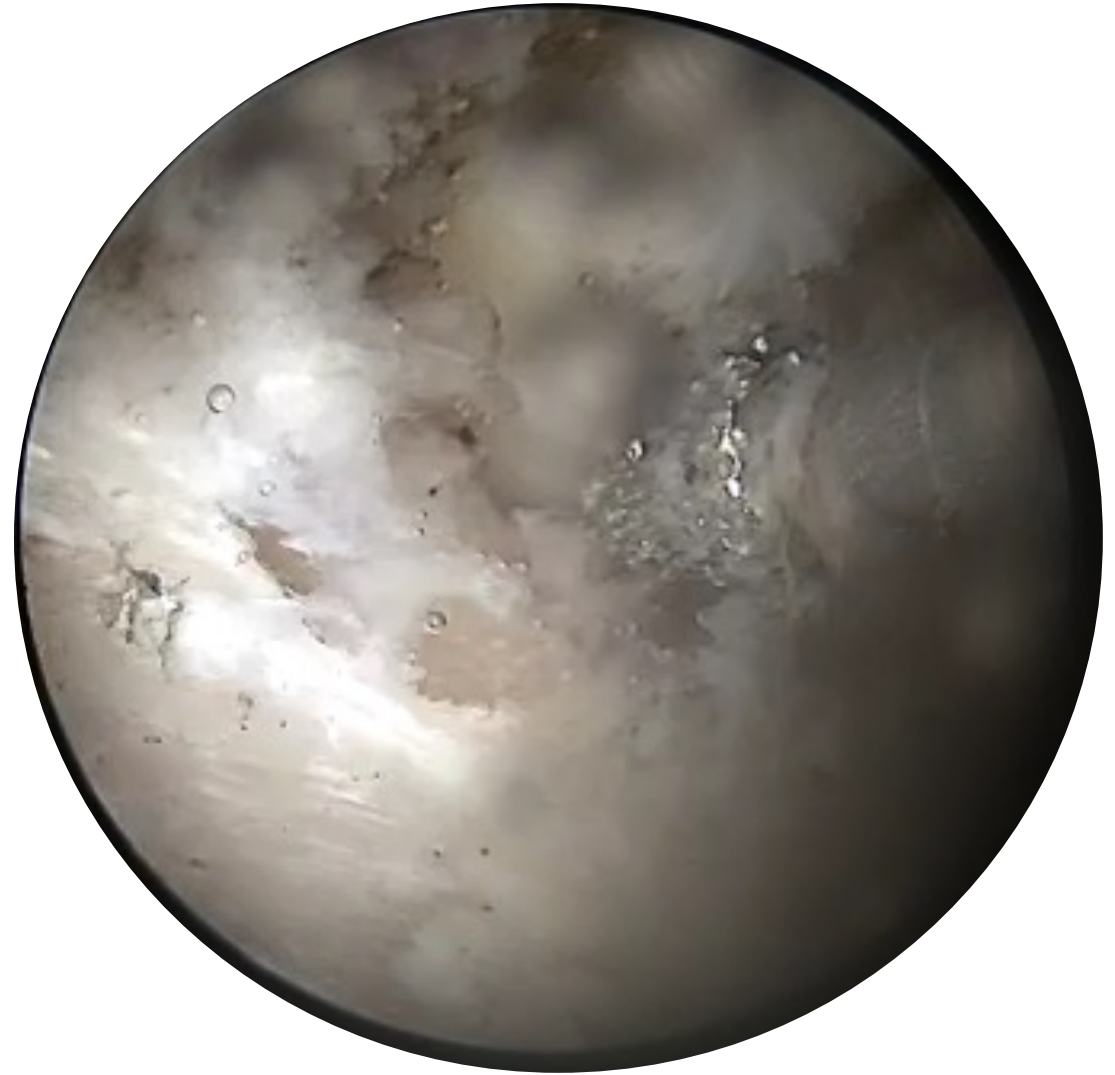
Primum Non Nocere

- N=7, 2-3+ hours
- No neuromonitoring changes (EMG/SSEP)
- Enormous amount of fluid (my record = 56 liters)
- Ensure good outflow to prevent extravasation into tissue
- RF probe used at Ablate=7 and Coag=2
- Diamond tip bur

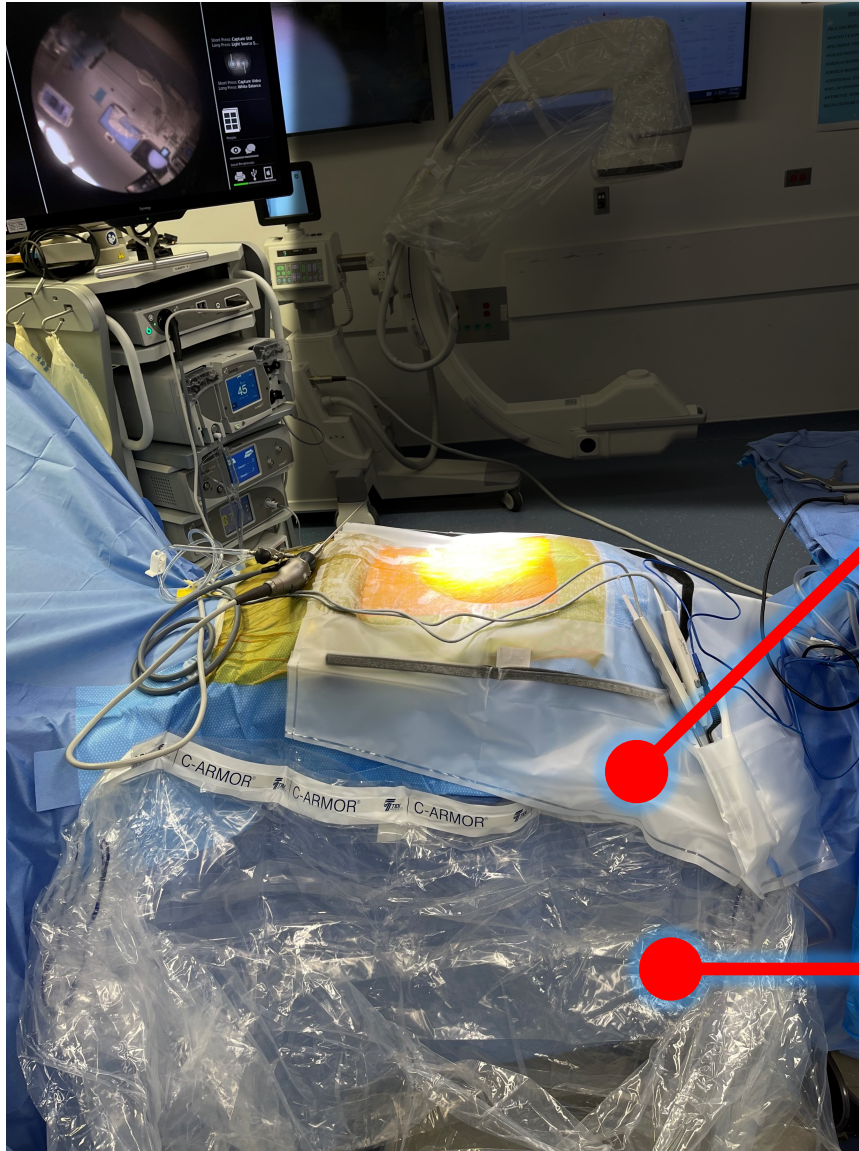
Bur



Fine diamond tip
Rated for water
<50,000 RPM to minimize bone dust



Set-up



C-armor

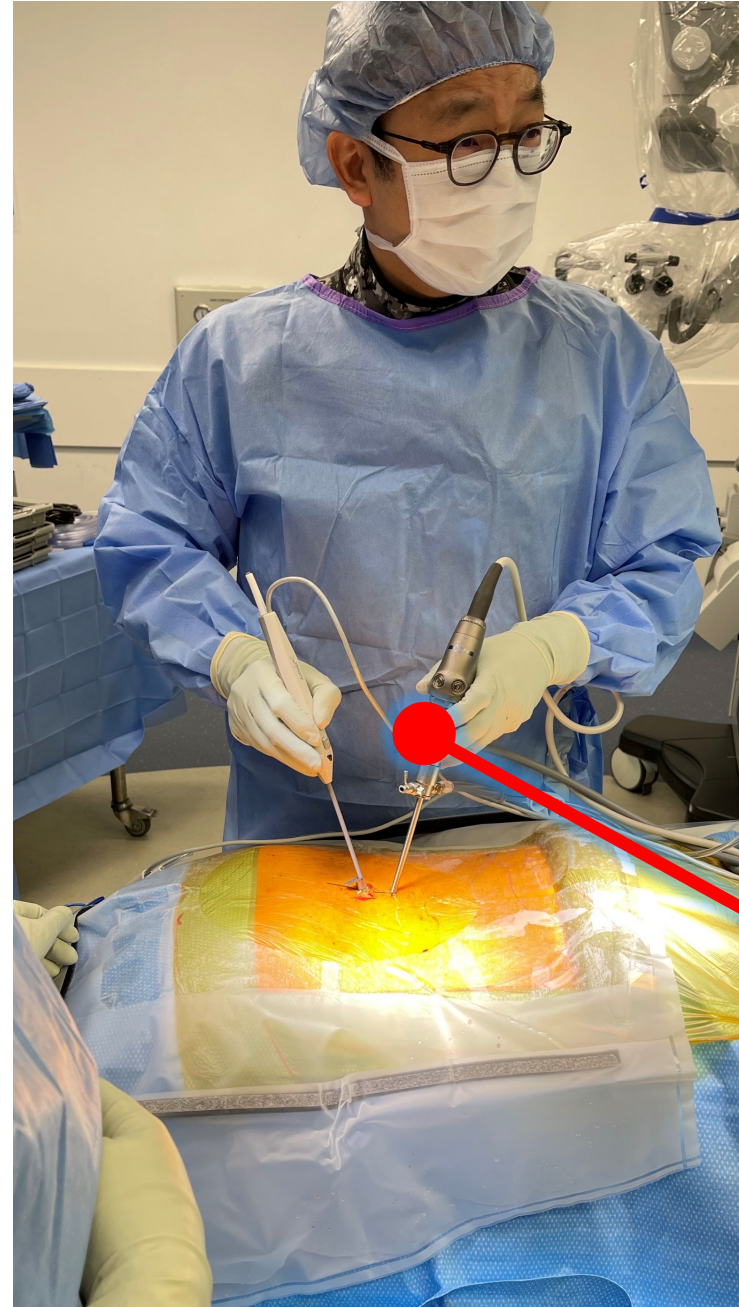
Ergonomics

Good

- No microscope or loupes
- No tilting

Bad

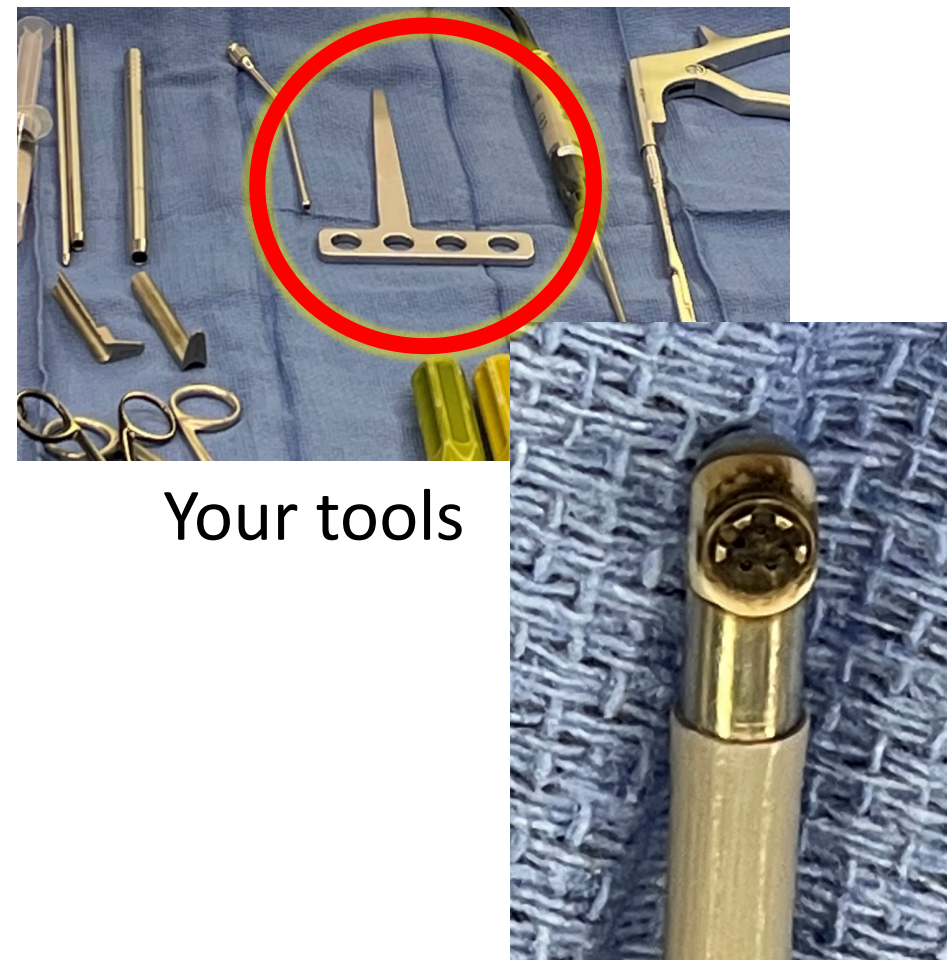
- Carpal tunnel syndrome
- Arm fatigue



Umbilicus

Keep the table low

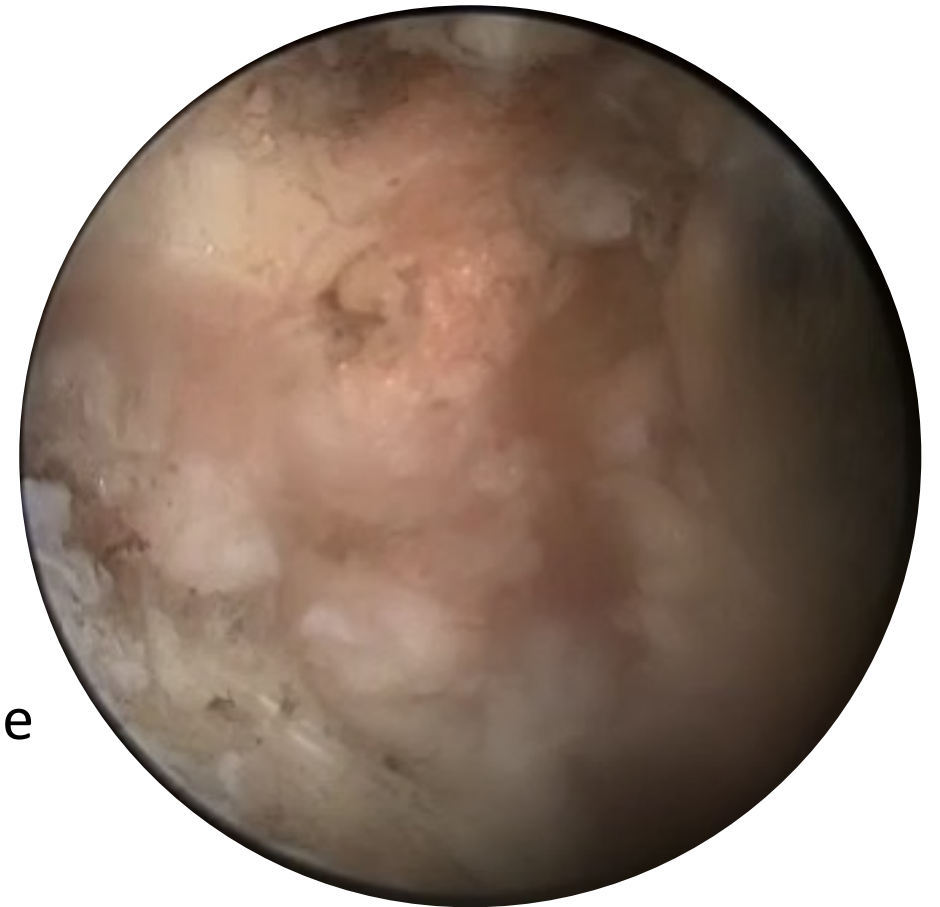
The first step is critical to determining success



Your tools



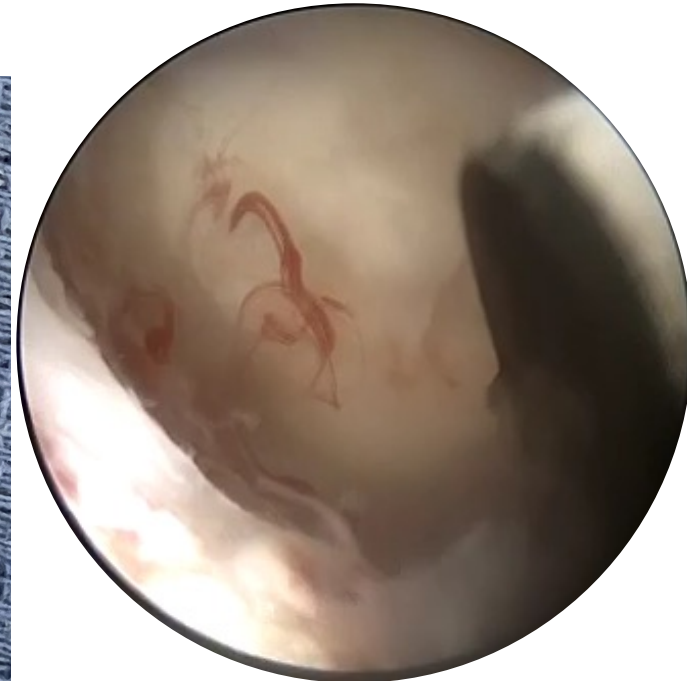
to build a fighting hole



Bleeding



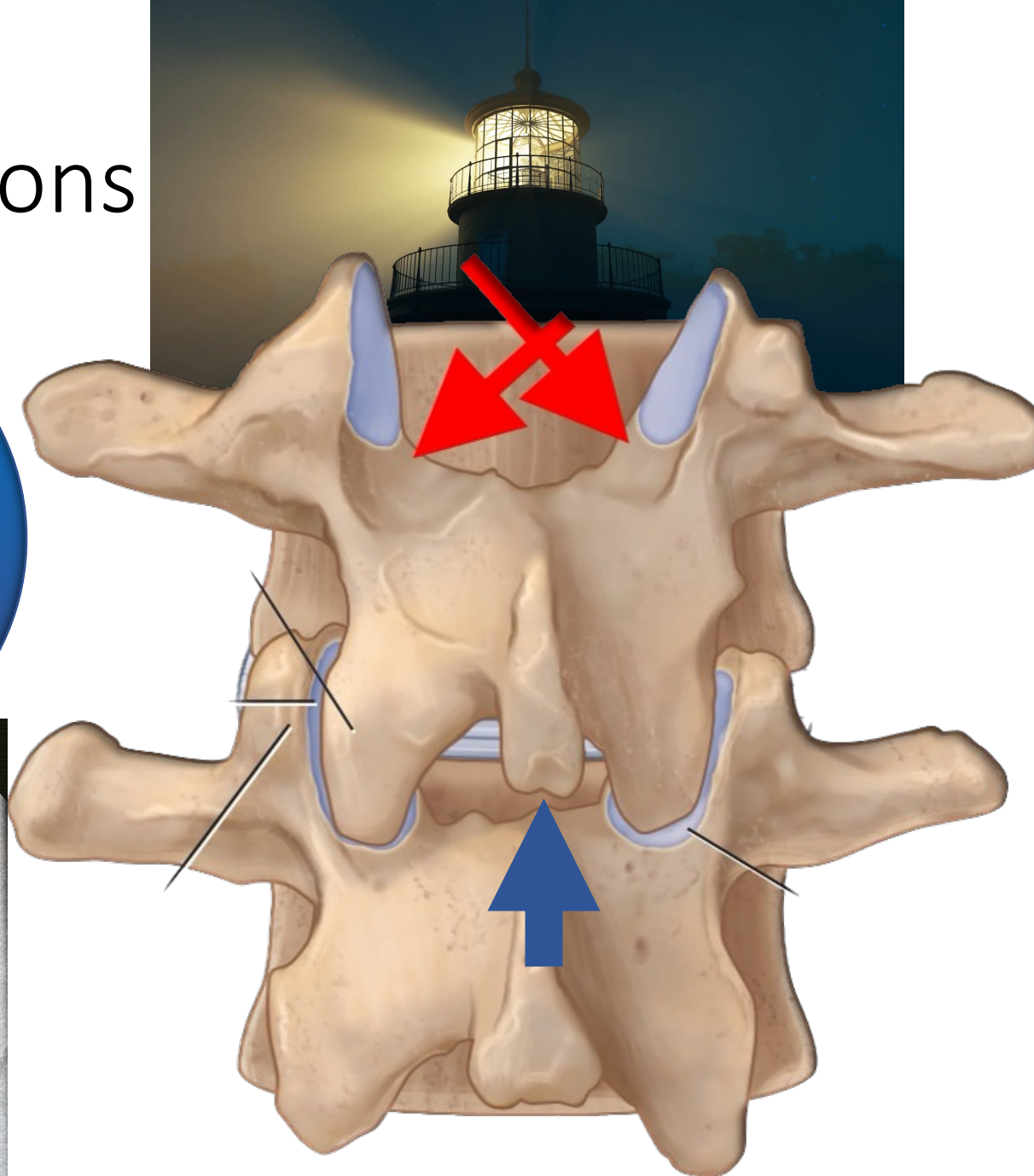
- Increase water pressure
- Decrease SBP (anesthesia)
- RF probe
- Don't cause it in the first place



Your Beacons

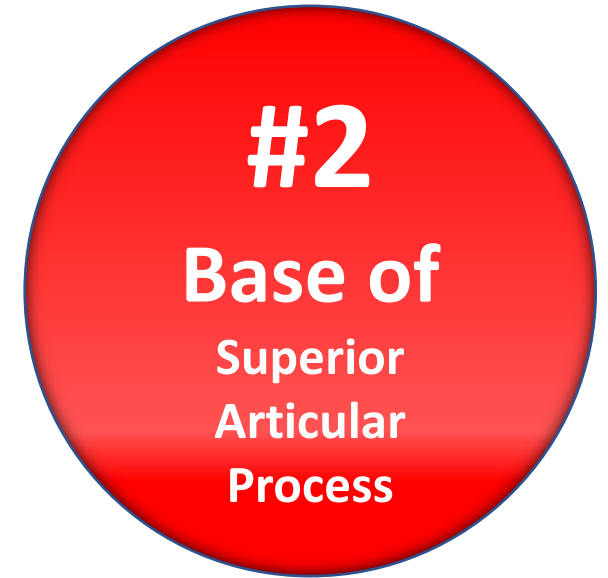
#1

**Midline
Raphe**



#2

**Base of
Superior
Articular
Process**





Getting started with dualPortal Endoscopic Spine Surgery



1. Well-established
2. Safe
3. Diamond tip bur <50,000 RPM
4. Set-up with Shoulder Pouch (2 drains)
5. Lower the table
6. Build a good fighting hole
7. Avoid bleeding in the first place
8. RF probe for bleeding
9. Your beacons: midline raphe and SAP

