

dualPortal™ Endoscopic Microdiscectomy

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SpineSurgeryBoston



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@SpineSurgBoston

What do you need?

- Every hospital has one of these!
- RF device, power unit
 - disposable
- Drill (4.0mm Arthrex hooded oval)
 - disposable
- Pump and pump tubing
 - disposable
- Camera - 0° and/or 30°



Need?



[See all eligible items and terms](#)

2 Pcs 30° Arthroscope Endoscope Arthroscopy

★★★★★ Be the first to write a review

Condition: New



[Have one to sell?](#) [Sell now](#)



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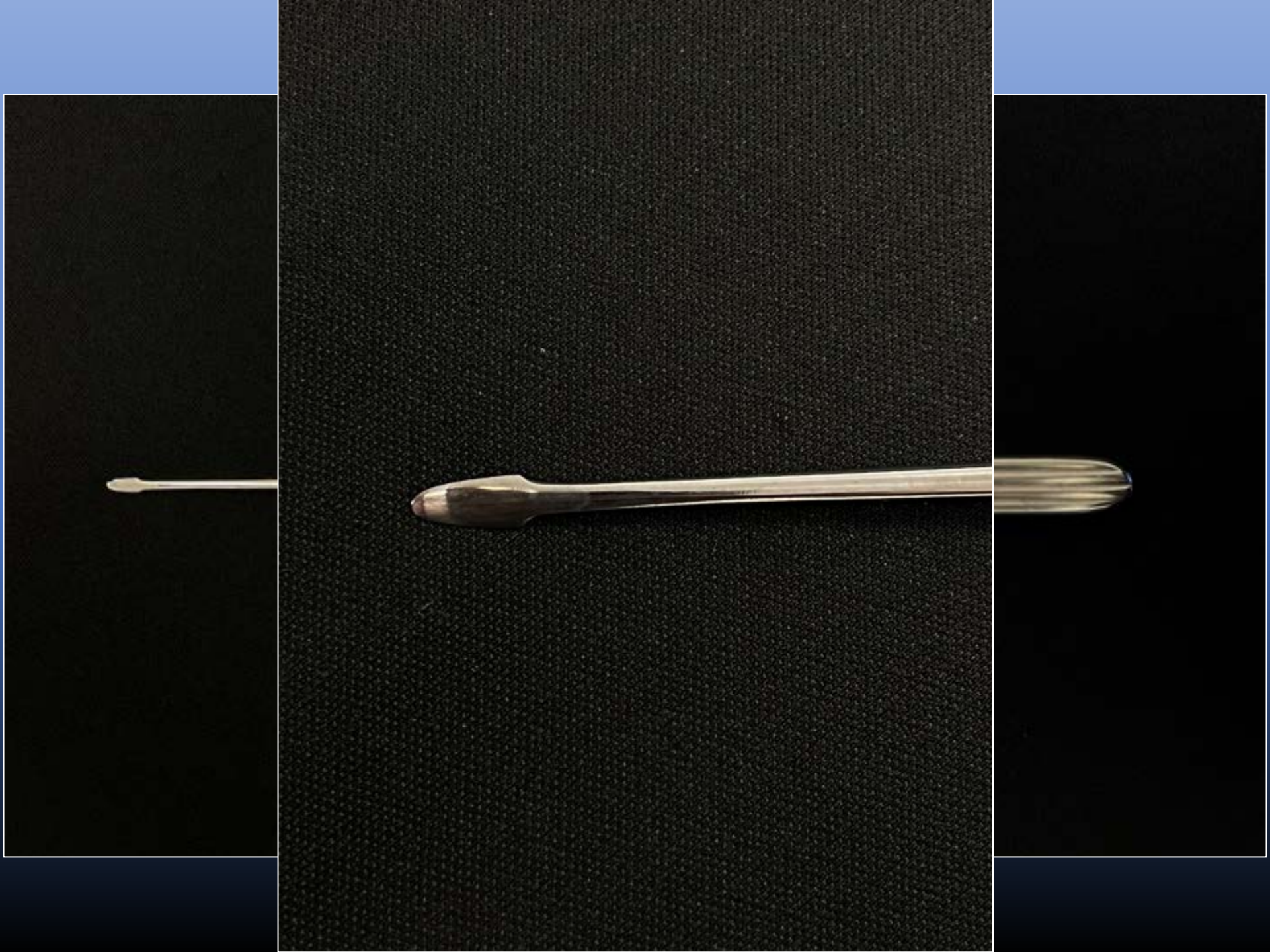
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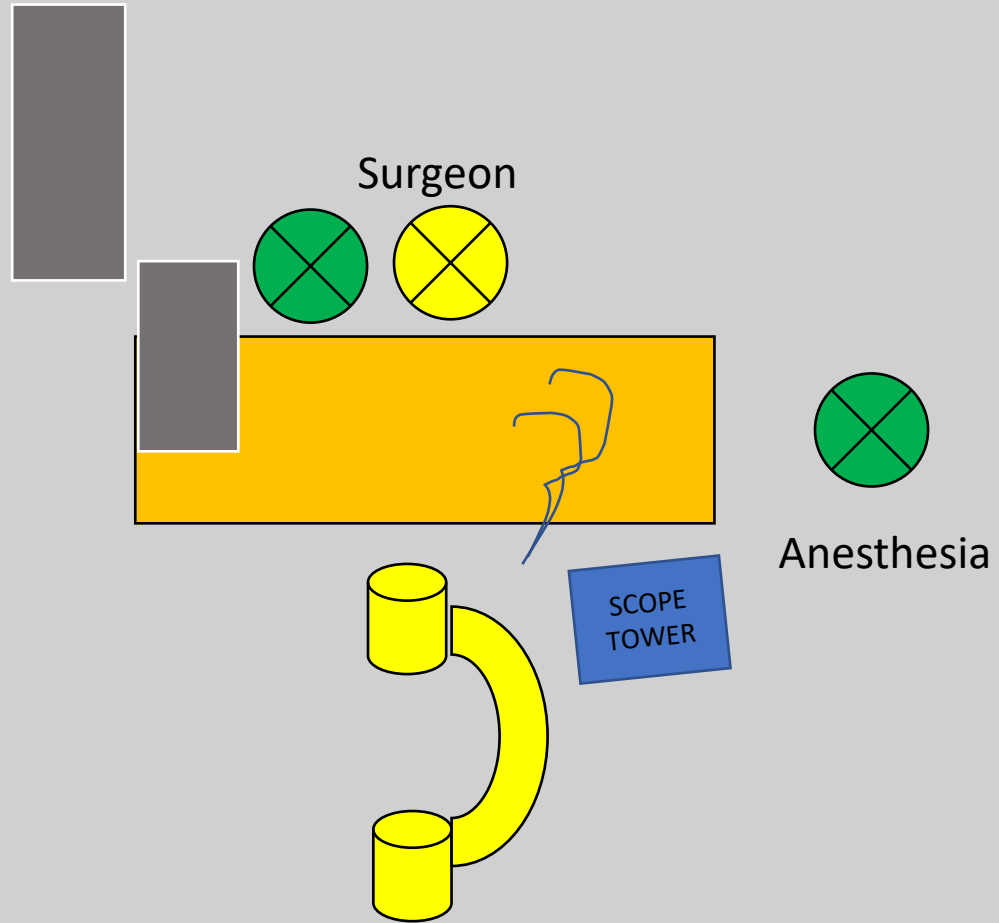






LEFT-sided
surgery

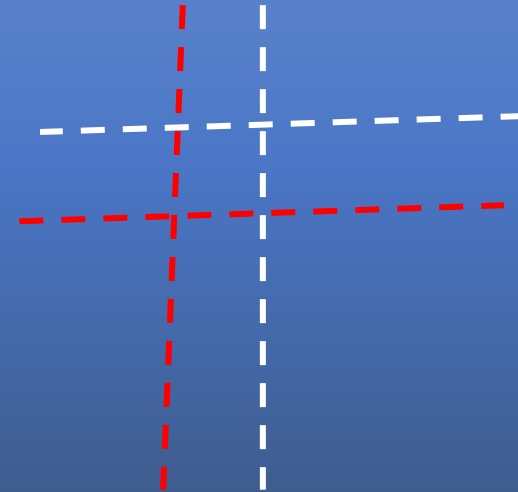
1. Skin marking
2. Prep/drape
3. Spinal needle
4. LATERAL XR
5. Skin incision
6. Work space
7. LATERAL XR
8. C-arm out
9. Camera



Targeting – AP VIEW

1. Medial wall of pedicle
2. Cranial of LOWER pedicle
3. Midline
4. Caudal of UPPER pedicle

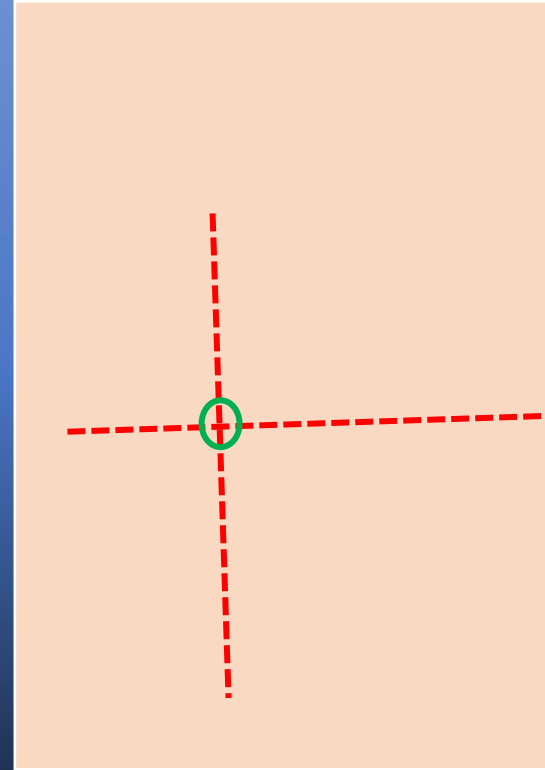
***AP image**



Targeting

1. Insert spinal needle at the intersection
2. Should feel positive stop as you reach the lamina

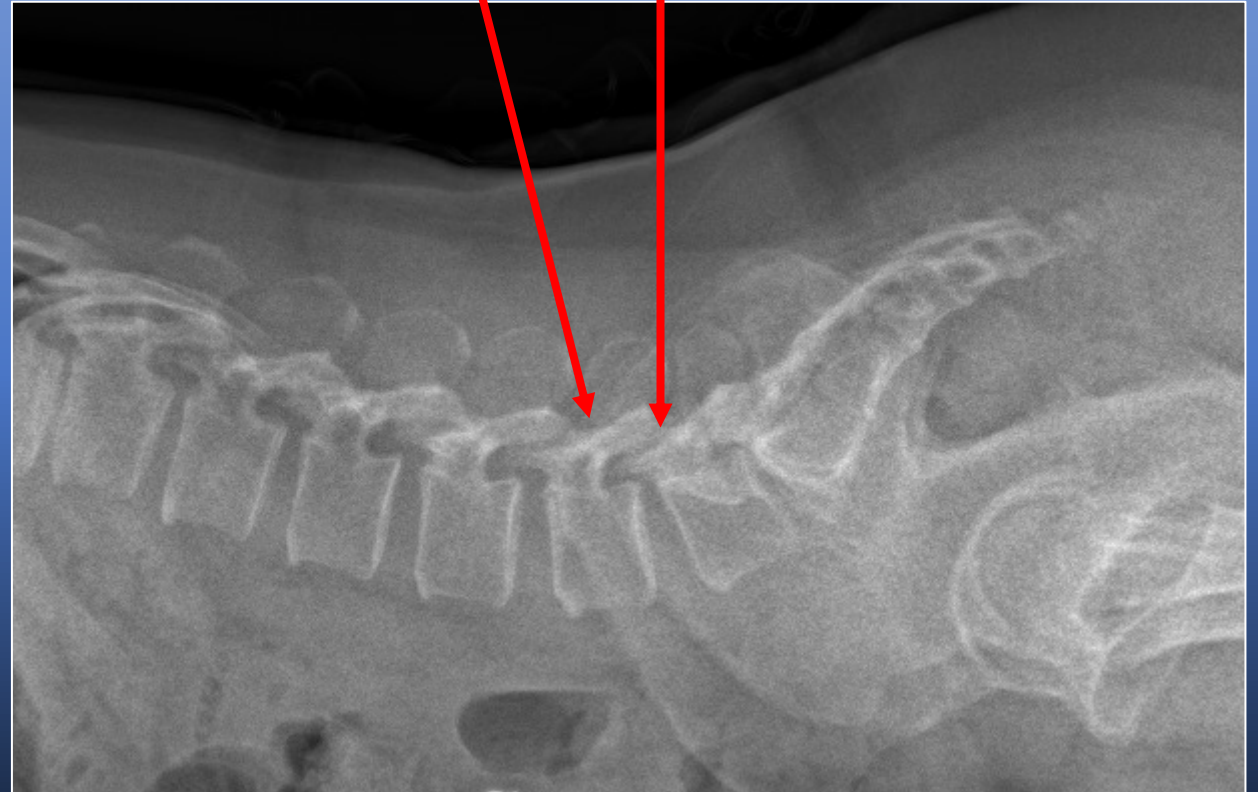
*AP image



Targeting – LATERAL VIEW

- Switch to the lateral view
- ****TRUE LATERAL****
- Cranial 1/3 of pedicle

NB: I will sometimes target even more cranially



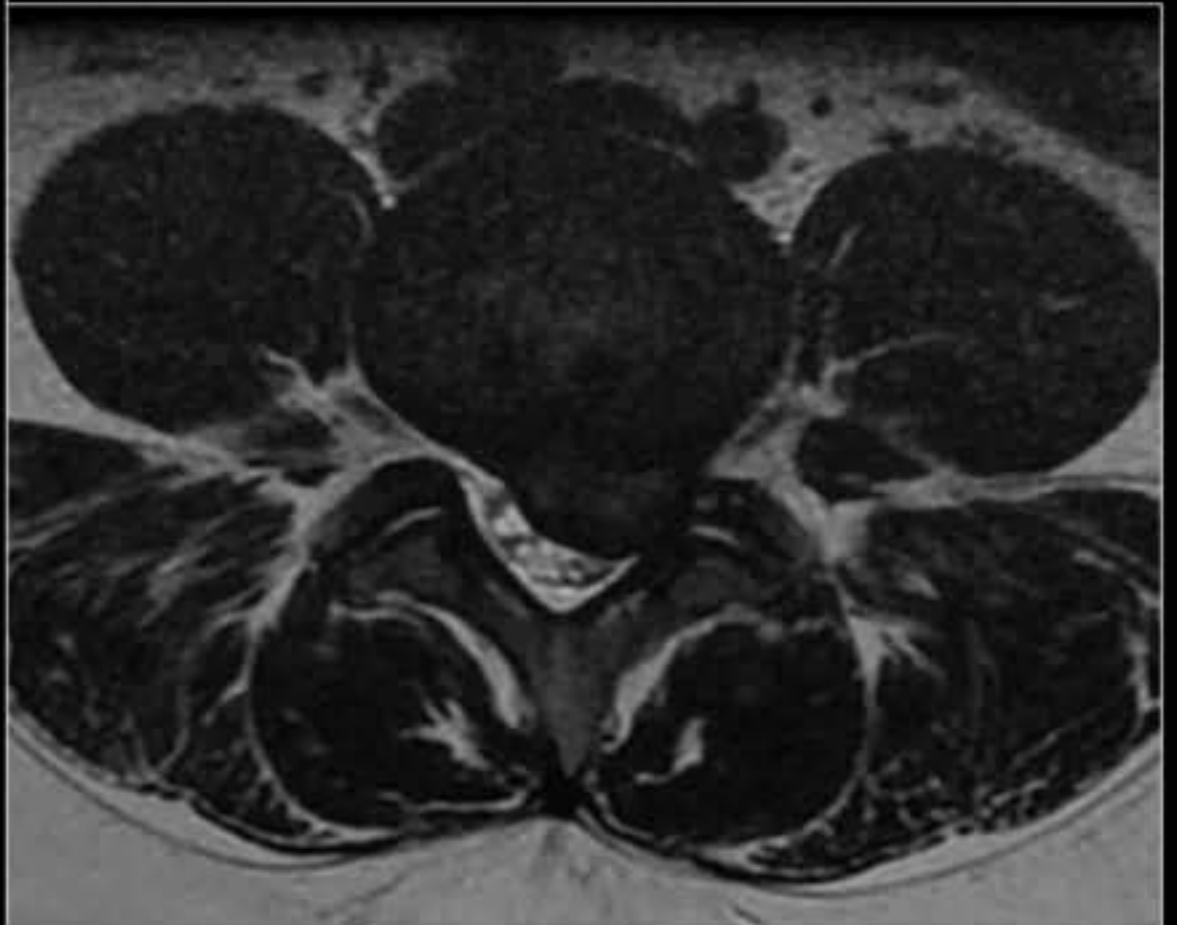
Working Compartment

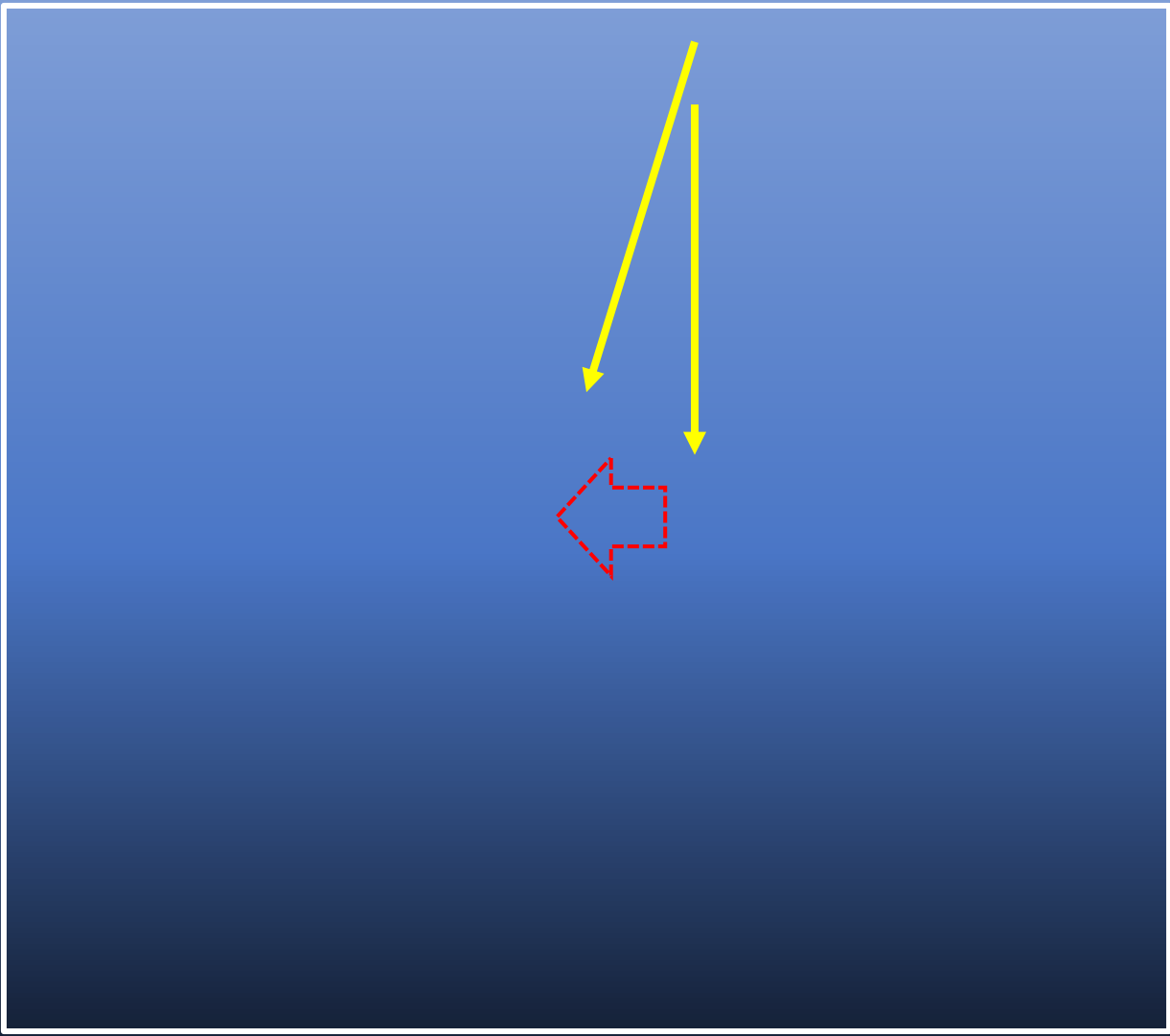




37F LLE pain
BMI 41

MRI HUGE LEFT L4-5 HNP
Treated with Biportal endoscopic
discectomy



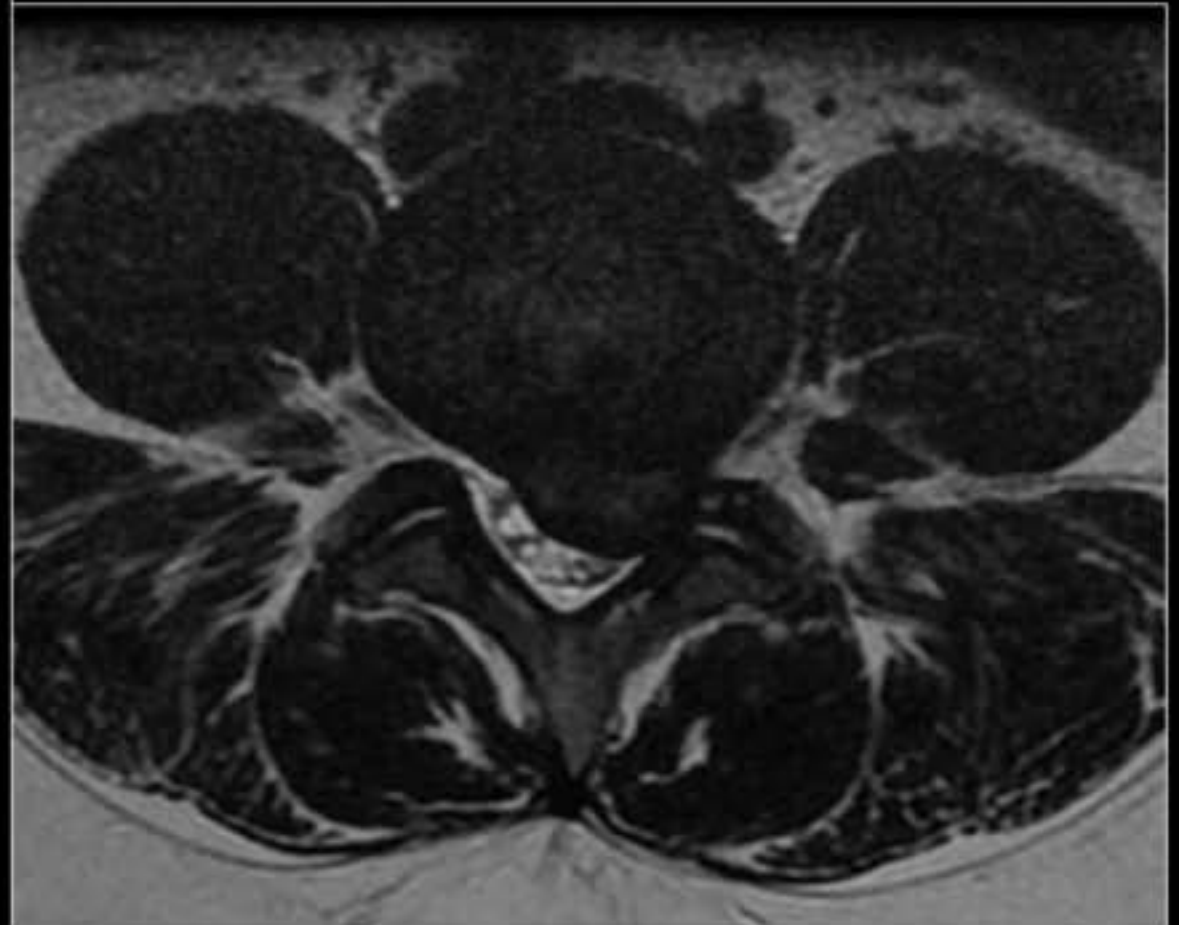






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MRI HUGE LEFT L4-5 HNP
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Conclusions

- dualPortal™ endoscopic discectomy is (*marginally*) one step more difficult than laminectomy
- The time to attain good lateral exposure is BEFORE you remove the ligament
- Careful nerve root dissection & retraction
- Visualization is unlike any microdiscectomy you have done previously

THANK YOU

