

What is the best way to learn Dualportal endoscopic surgery?



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Disclaimer

- No financial disclosures



- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.

Objectives

- Discuss ways to learn and optimize your early experience with Dualportal endoscopic surgery

My journey into endoscopic spine surgery..



Pgy1-4: LAC
 - Open, Freehand
 - Trauma, Onc
 - Endo? LOL



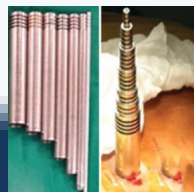
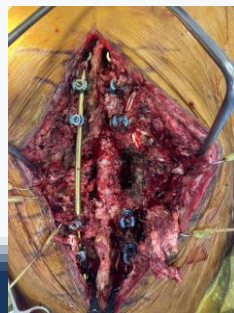
Pgy5-7: Keck/USC
 - MIS focused
 - Tubes, MIS TLIF,
 OLIF, XLIF,
 Deformity
 - Endo? Why...



Pgy8: Brown Univ.
 - Spine Oncology
 - En Blocs
 - Intro to Endo
 - Endo: makes sense! And it looks easy...
 When AT does it



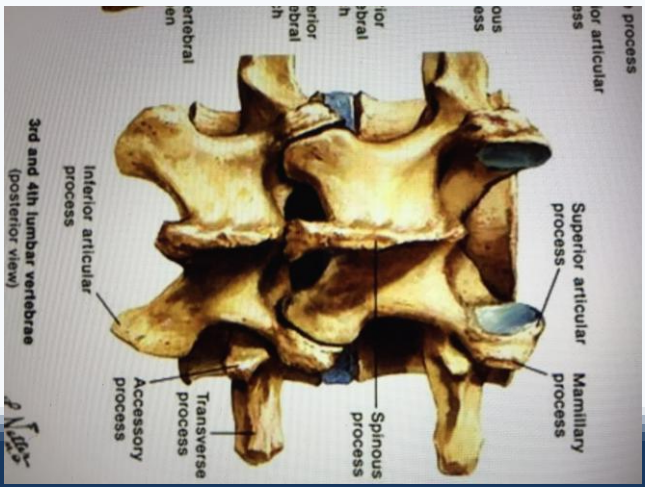
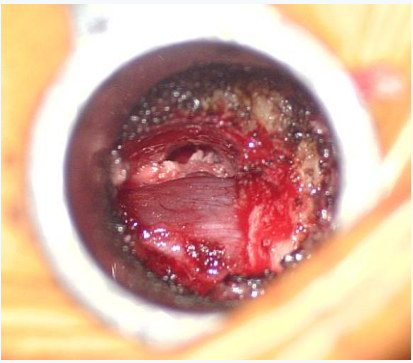
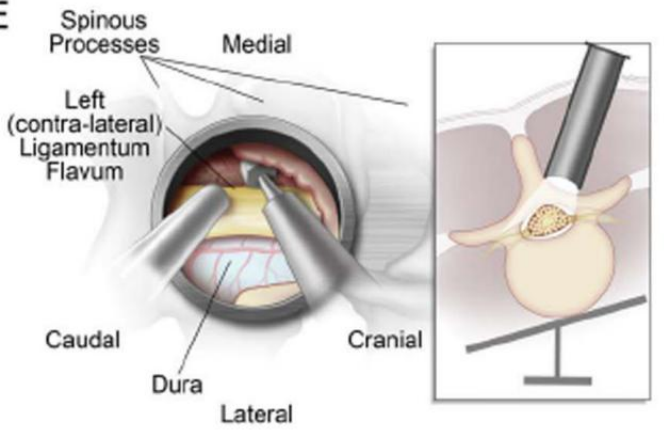
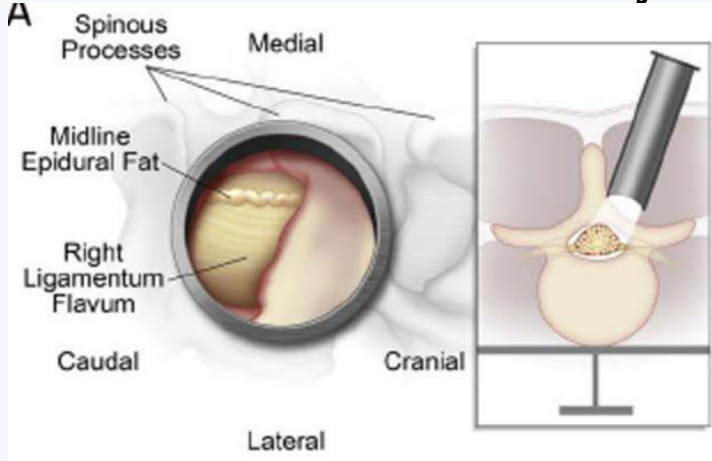
Present: NMCS D
 - Biportal endo for discs,
 decompression,
 foraminotomies,
 TLIFs



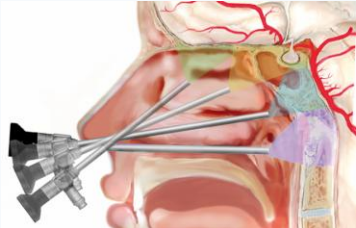
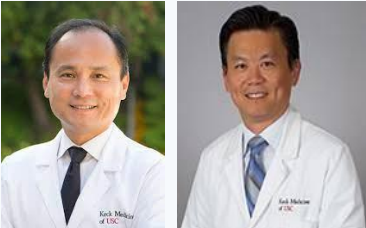
How to learn Dualportal Endoscopic Surgery?

1. Understand the anatomy
2. Expose yourself to minimally invasive (tubular) surgery and neuroendoscopy (neuro) or sports endoscopy (ortho) during training
3. Find a mentor
4. Do as many labs as needed to feel comfortable
5. Select simple indications to start

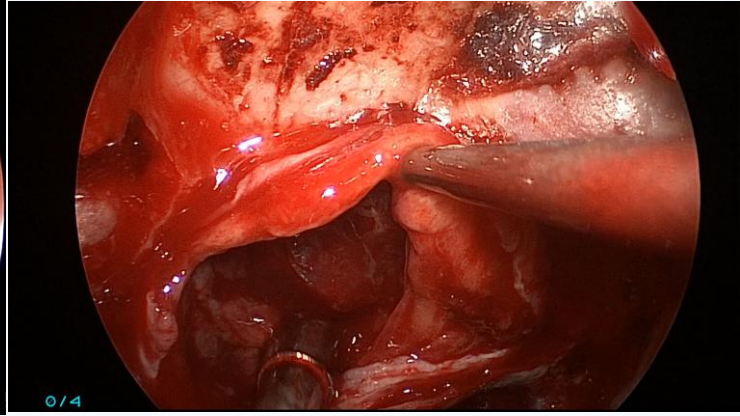
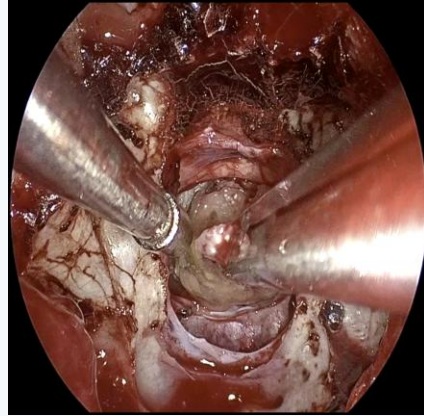
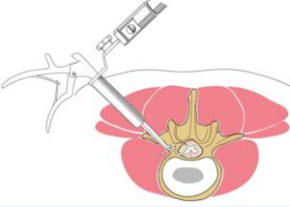
1. Understand the anatomy (Find home base)



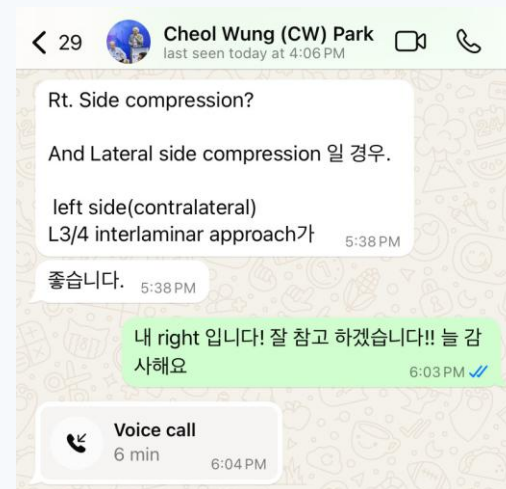
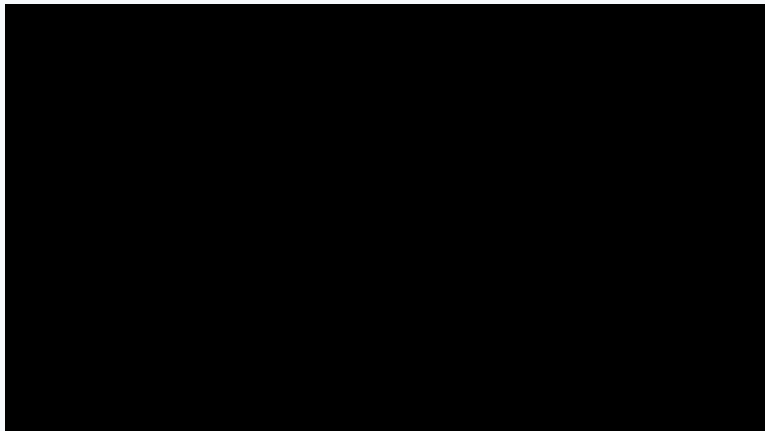
2. Expose yourself to MIS and Endoscopy during training



"Keyhole" surgery



3. Find a mentor



4. Attend labs/meetings



March 29 | UCI Health | 7:00 AM

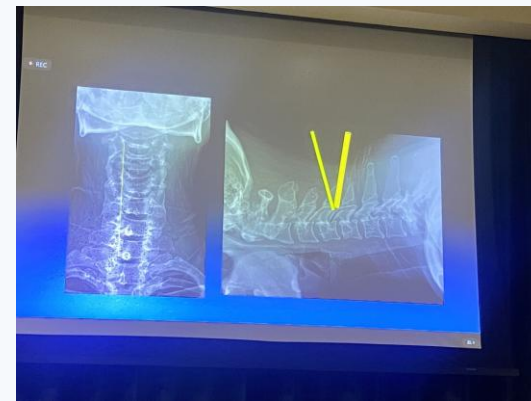
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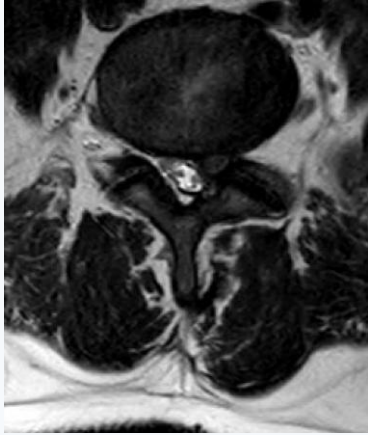
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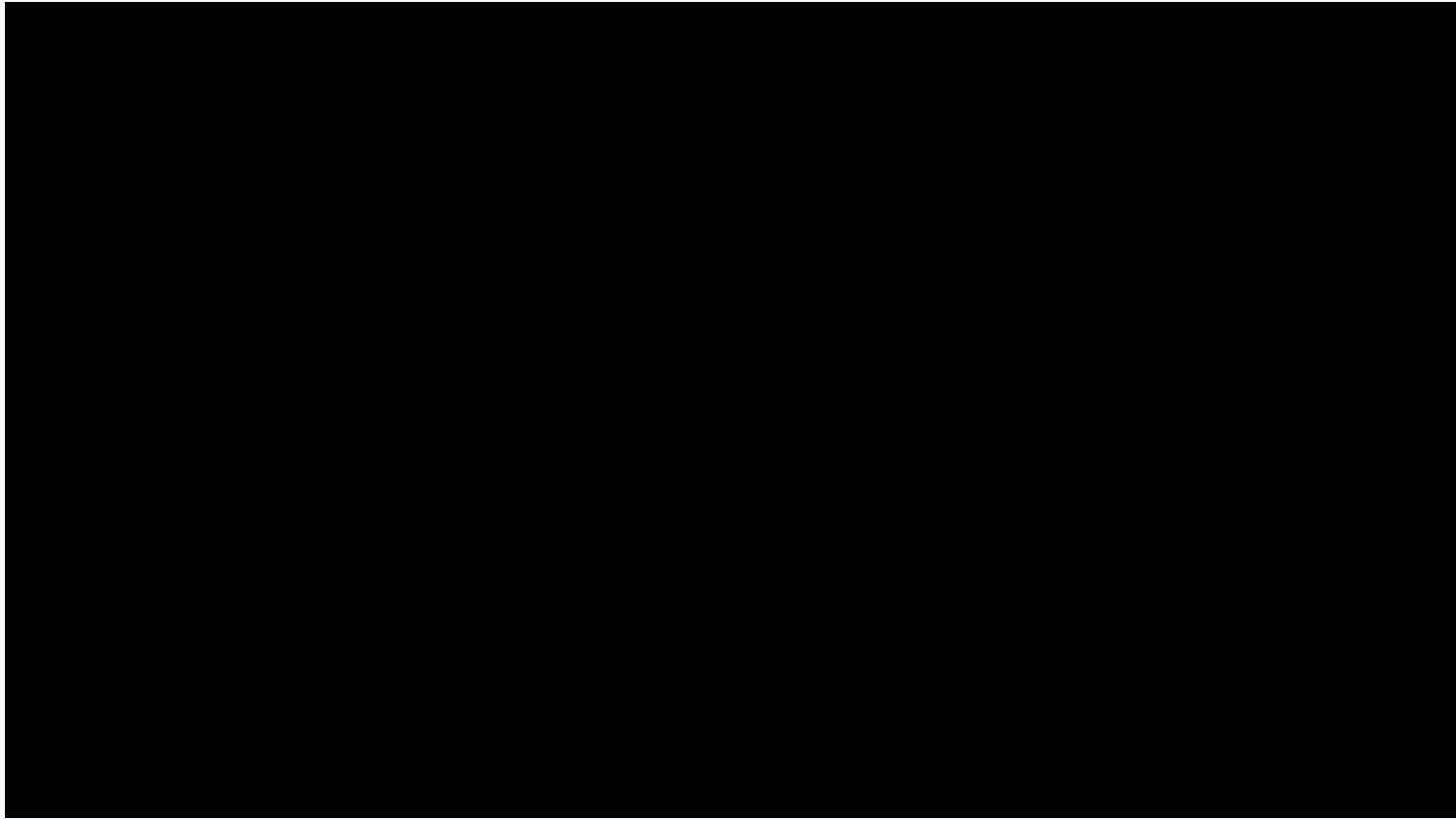
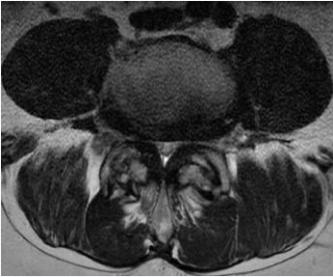
5. Start with simple pathologies

	Case	Note
Level 1	L4-5, L5-S1 dominant hand HNP (eg. RIGHT handed = LEFT side HNP)	Wide lamina Familiar anatomy
	L1-4 HNP L1-S1 non- dominant hand HNP	Narrow lamina May choose to stand on dominant side and work across
	Lumbar ipsilateral lateral recess decompression	
Level 2	Lumbar bilateral decompression	May be the most beneficial case for UBE
	Multilevel bilateral decompression	Once one level efficiency is established. Start from "bottom up"
	Cervical foraminotomy	Care with inserting scope cannula
	Lumbar foraminal/extraforaminal pathology	
Level 3	Endo TLIF	L1-4 LEFT side approach L5-S1 RIGHT side approach
	Cervical/thoracic decompression	Care with contralateral laminotomy (translaminar vs sublaminar)
	Tumor decompression	For optimal pathology

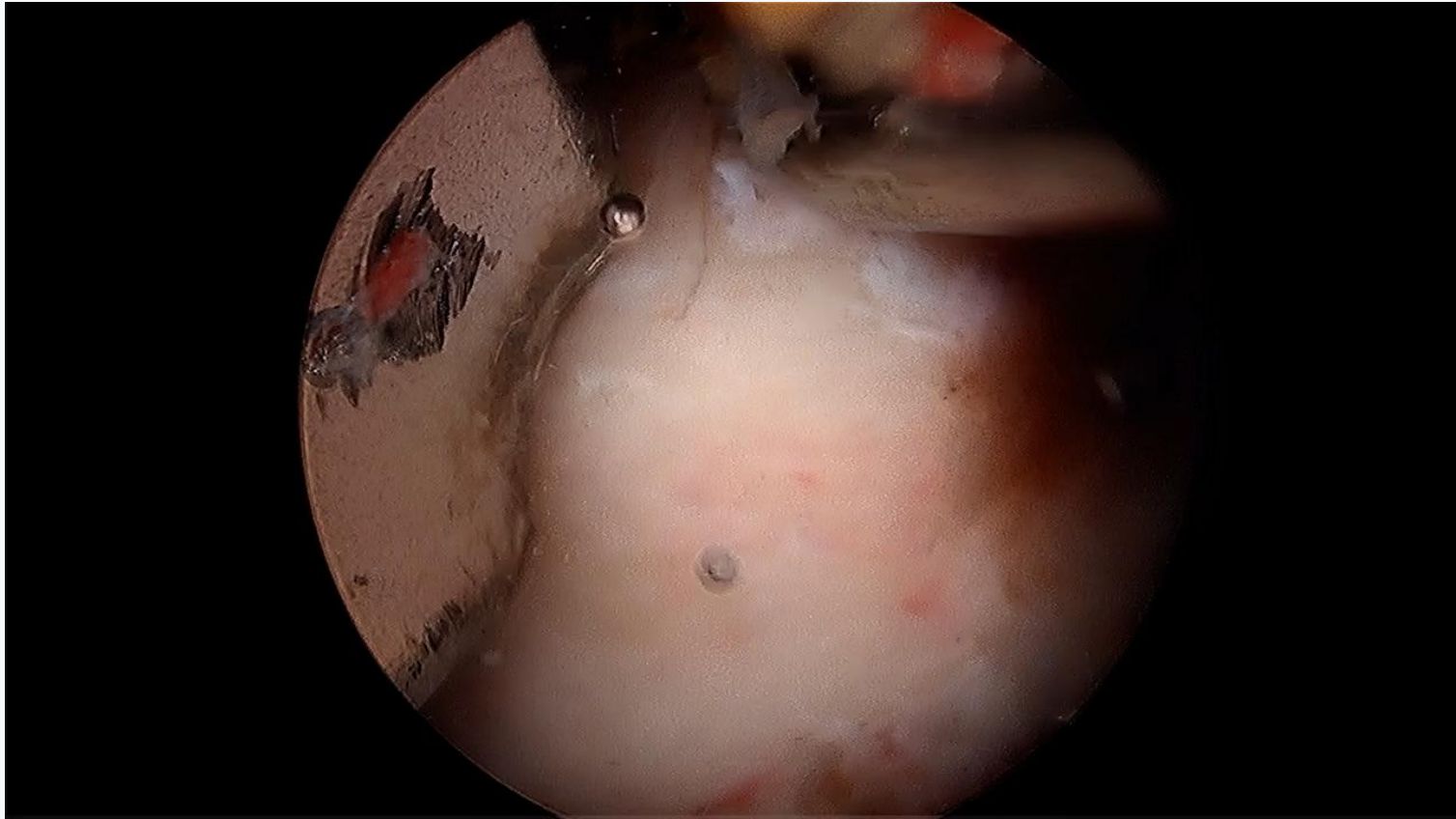
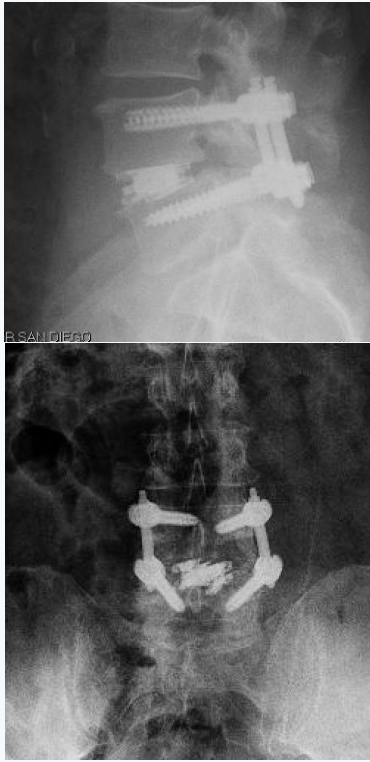
Endoscopic Lumbar Discectomy (Level 1)



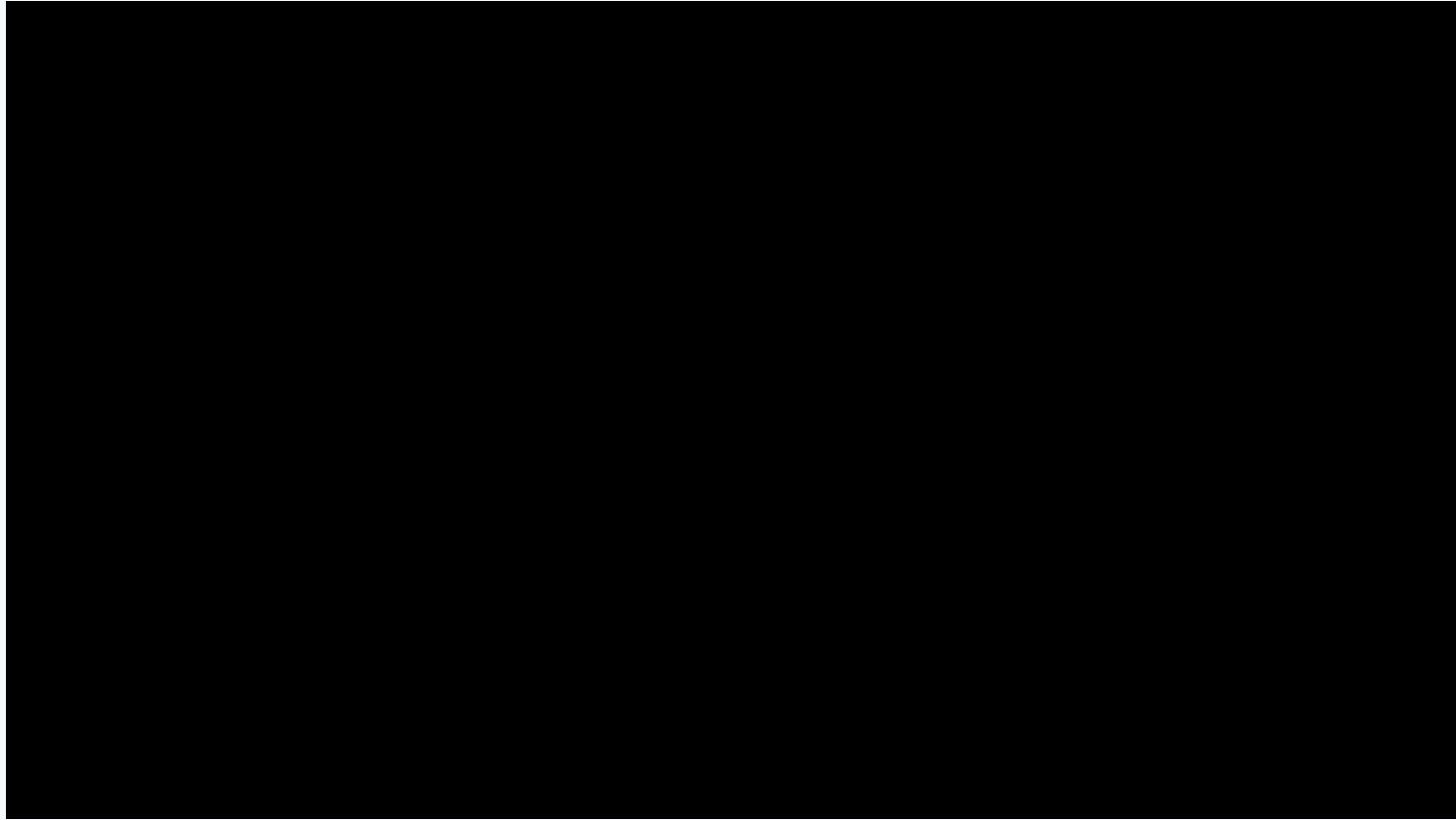
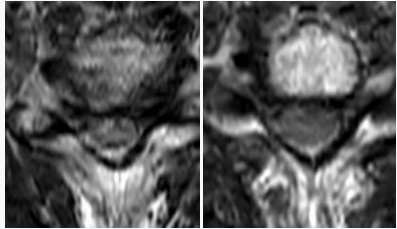
Endoscopic Lumbar Laminectomy (Level 2)



Endoscopic TLIF (Level 3)



Cervical Decompression with additional multilevel foraminotomy (Level 3)



Conclusion- *Why I do it*

- For Patients
 - No narcotics! (rarely for some TLIFs)
 - Shorter Hospital stay (90% of cases outpatient, except some TLIFs and cervical decompressions)
 - Smaller incision
- For me
 - Better ergonomics
 - Better visualization
 - Broader indication (obesity, diabetic, elderly)
 - Niche

Thank You



Questions?

