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Fenestrated discectomy, is it still the gold standard in resource poor setting, an experience of overall outcome in a single orthopaedic unit.

DMH Fernando¹, WYM Abeysekera¹, AAWK Amarasinghe¹, PMC Udaya Kumara¹

¹ Orthopaedic Unit, Sri Jayewardenepura General Hospital. Sri Lanka

Objective: Lower back pain with radiculopathy poorly responding to non-operative management is common. Microdiscectomy(MD) is currently the gold standard in ideal settings. Our objective was to evaluate the overall outcome of standard open Fenestrated Discectomy(FD) in relation to published data on microdiscectomy.

Method: This is a prospective study of 24 consecutive patients, who underwent FD over six months in relation to the operative time, complications, cost and patient satisfaction eight weeks post procedure.

Results: Mean age was 42 years (range 21-60yrs) and 75% were males. The most commonly affected disc was L4-5, in 62.5%. All patients had their activities of daily living affected. Night pain disturbing the sleep in 87.5% and neurogenic claudication in 62.5%. Nerve root compression was there in 79.2% while 20.8% had cord compression on MRI. Only 4.2% had Cauda Equina syndrome. Mean duration of the surgery was 40 minutes and mean duration of post-op stay was 4.2 days as compared to 70 minutes and 2.5 days in MD. Seventy one percent had uneventful recovery. Acute retention of urine in 21% and surgical site infections in 8.3% were the commonest complications. Mean cost of the procedure(FD) was 25300LKR as compared to 40000LKR for MD. Night pain resolved in 91.7% in the first post operative day and returned to normal function with overall satisfaction of 95.8% within eight weeks as compared to 85-90% in MD

Conclusions: FD is a versatile and cost effective procedure with comparable outcome to MD in resource poor settings.