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Lumbar disc decompression with fusion and intravenous anesthesia in a day care setting

Sandeep Sherlekar American Spine Surgery Center, USA

From 2004, FDA approved percutaneous nerve root decompression. In 1995, Dr Said Osman, presently with the American Spine Center, had published one of the earliest studies on the safety of this approach. From early 2013, the American Spine ambulatory spine surgery center has been leading the way for this procedure in Maryland, USA.

Methods: 150 cases who underwent endoscopic lumbar spine surgery from March 2013 (139 single level endoscopic discectomies) were reviewed. The percutaneous transformational approach was used after determining the side from MRI evaluation. 4% patients underwent bilateral discectomies. Lidocaine was used to infiltrate the incision site and the area of surgical approach. Totally Intravenous Anesthesia (TIVA) with barbiturates, propofol and ketamine were the drugs used for all cases. All cases were operated with intraoperative neuro-monitoring using free running EMG of the lower extremities. L5-S1 was the commonest level operated (49 patients). All patients went home the same day. 1 patient complained of severe radicular pain of a VAS level higher than pre-operatively. 2 patients developed a collection at the incision site due to infection, and required post-operative drainage at 2 weeks. The median ODI score was 65% before surgery and 48% at 6 months. There was an average 3 point reduction in VAS at 6 months after surgery.

Conclusion: Ambulatory percutaneous disc surgery is an alternative to open surgery with the benefits of low post-operative morbidity and early mobility. Patient reported scores have shown satisfaction with the procedure.

Biography

Sandeep Sherlekar, MD, has completed his Medical Education at Delhi University in New Delhi, India. He was chosen among a few elite groups of applicants to do residency in Anesthesia at the highly acclaimed "All India Institute of Medical Sciences". After moving to the United States, he re-certified in Anesthesiology Residency at Hahnemann University Hospital in Philadelphia. He was chosen to serve as Chief Resident and helped establish the Pain Clinic during his tenure. He went on to do his specialty fellowship in Interventional Pain Management at Harvard Medical School at Brigham and Women's Hospital in Boston. He began his esteemed career as a Pain Management Specialist and Anesthesiologist in Maryland in 1996. He founded Capital Area Pain Management Associates and was the Chairman of Anesthesiology for 10 years at Civista Medical Center. To keep updated with current trends in Anesthesiology, he continues to work part-time at Johns Hopkins. He is Board Certified in Pain Management and actively participates in International Society of Minimally Invasive Spinal Surgery, The American Society of Interventional Pain Physicians, American Pain Society, and North American Spine Society.

dr.sherlekar@americanspinemd.com

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