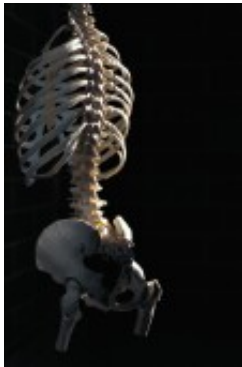


# No lasting value for minimally invasive lumbar laminotomy

29 July 2015



MIS group.

"Compared with an open approach, MIS lumbar laminotomy gave no clear advantages in longer-term functional or [pain scores](#)," the authors write.

**More information:** [Abstract](#)  
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(HealthDay)—For patients with neural foraminal or lateral recess stenosis with unilateral leg neurogenic symptoms (NS), a minimally invasive surgical (MIS) approach offers no advantage over an open lumbar laminotomy approach in the longer term, according to a study published in the Aug. 1 issue of *The Spine Journal*.

Chia-Liang Ang, M.B.B.S., M.Med., from the Singapore General Hospital, and colleagues compared postoperative improvements in functional and pain scores for open versus MIS lumbar laminotomy in a retrospective study. Data were reviewed for 113 patients who underwent MIS (83 patients) or open (30 patients) unilateral one-level lumbar laminotomy for treatment of neural foraminal or lateral recess stenosis with unilateral leg NS.

The researchers observed no differences in improvement in back or [leg pain](#), or in improvement in Oswestry Disability Index, NS, or Short Form-36 scores at six or 24 months after surgery. At six, but not 24, months there was greater satisfaction with treatment in the MIS group ( $P = 0.009$ ). Within 24 months, three [patients](#) experienced an inadvertent durotomy and two underwent fusion of the operated segment in the

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