HEALING HERNIATED DISCS WITH LESS PAIN

IN THE PAST, SURGICAL RESOLUTION OF HERNIATED DISCS REQUIRED INVASIVE OPEN SURGERY, OFTEN LEAVING PATIENTS WITH SIGNIFICANT SCARRING AND LENGTHY, PAINFUL RECOVERIES. TODAY, HOWEVER, SURGEONS AT NORTHERN WESTCHESTER HOSPITAL UTILIZE ENDOSCOPIC MICRODISCECTOMIES TO SURGICALLY TREAT PATIENTS SUFFERING FROM DISC HERNIATION, RESULTING IN MINIMAL TRAUMA AND POSTOPERATIVE PAIN.

MEET DR. KORNEL

EZRIELE. KORNEL, M.D., FACS, a Director of the Orthopedic and Spine Institute at Northern Westchester Hospital specializes in endoscopic spine procedures, surgical brain tumor treatments using the Gamma Knife system and artificial disc replacement.

After obtaining his medical degree from Rush Medical College, Dr. Kornel performed a residency in neurosurgery at George Washington University Medical Center. Notably, he was a member of the medical team that cared for former White House Press Secretary James Brady after he was shot during an assassination attempt on President Ronald Reagan in 1981. Dr. Kornel is also host of the BackTalkLive radio show on WOR710.

MINIMALLY INVASIVE MICRODISCECTOMIES emerged with the advent of the surgical microscope and allow surgeons to use smaller incisions. However, these procedures still carry risk for tissue scarring and nerve damage. By contrast, the endoscopic microdiscectomy uses a dilating tubular system that causes less trauma as it is inserted and allows for work to be done within the spine with minimal exposure of nerves, thereby reducing the risk of damage.

“The advantage of the procedure is that you are not having to divide any muscle off the spine,” says Ezriel E. Kornel, M.D., FACS, a Director of the Orthopedic and Spine Institute at Northern Westchester Hospital. “You are simply separating the muscle fibers, and when you remove the tube, the muscle fibers come back into their normal configuration.”

Once the muscle tissue is dilated, a fiber optic light source and an endoscope — or a surgical microscope — can be used to view the surgery area. Microsurgical instruments are used to remove the herniated portion of the disc, the tubular retractor is removed, and a small bandage is applied over the incision.

The Tubular Advantage

The tubular approach used in endoscopic microdiscectomies offers several advantages. The muscle tissue surrounding the spine sustains no damage, very little of either the posterior spinal ligament or the lamina bone is removed, and nerve exposure is minimal. These factors significantly lower the likelihood of nerve damage or postoperative scarring, shorten recovery time, and reduce postoperative pain. Skilled surgeons can complete endoscopic microdiscectomies in less than one hour, and patients are usually able to leave the hospital later the same day. Although Dr. Kornel recommends that patients abstain from physical exertion for three to six weeks to allow spinal discs to fully heal, he has noticed marked improvement in recovery time.

“Both in standard microdiscectomy and in this approach, the severe leg pain that is caused by the disc herniation is usually resolved almost immediately,” Dr. Kornel says. “However, the back pain related to the surgery resolves more quickly with endoscopic microdiscectomy because the procedure causes less trauma. I’ve had patients who have flown up from Florida and were able to fly back three days later.”

To facilitate endoscopic microdiscectomies and similar procedures such as lumbar spinal fusion, Northern Westchester Hospital is equipped with three state-of-the-art operating microscopes and a skilled team of surgical nurses. In addition, each operating room has high-definition video monitors that allow the entire surgery team to view the procedure in detail.

For more information about minimally invasive spine surgery at Northern Westchester Hospital, visit www.nwhortheandspine.org.