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**Original article:**

**Microlumbar discectomy in Lower Lumbar and Lumbosacral disc prolapse- A Prospective Study**

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**Abstract**

Background: Lumbar Disc prolapse surgery due to sciatica is one of the commonest procedurethat has evolved from the open techniquesto the microdisectomy.

Objective: To assess the functional outcome in patients undergoing microlumbardisectomy.

Methods: 40 patients with single level, unilateral Lumbar disc prolapse were included over period of 2 years between June 2013 and June 2015. Inclusion criteria were patients with disc proplase at L3-L4/L4-L5/L5-S1 Level with radiculopathy, Conservative treatment failure, Presence of positive root tension signs and Claudication with or without neurodeficit. Exclusion criteria were multiple level involvement, previously operated patients involving the diseased level,marked instability.

Results: The mean age was 41.26+/- 6.07,average hospital stay was 32.45 +/- 9.33 hours and patients returned to their work in 18.34 +/- 4.23 days. 35 patients (87.5%) had low back pain with radiculopathy and claudication. 3 (7.5 *%*) had leg pain and radiculopathy and 2 (5%) had leg pain with motor weakness. The mean surgical time was40 minutes. One case (2.5%) had superficial wound infection responded to antibiotics. Patients were followed up at 6months, 1 year and 2 years. Final outcome was determined using Japanese Orthopaedic Association score,which was 9.65 pre-operative and 23.35 at 2 years follow up(P<.001). Mean Oswestry Disability Index questionnaire pre-op was 63. 83 which decreased significantly to 19.18 at 2 years(P<0.001). Conclusion: Microdisectomy with a curved incision gives fairly good results with less tissue trauma, early recovery and better quality of life.

Keywords: Low back pain, Intervertebral disc displacement, prolapse, Back pain