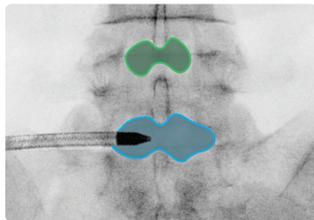


# Interlaminar Approach for Discectomy

## Quick Reference Guide

View full surgical  
technique



**01**

### Target the Bullseye

- › Place a switching stick in the middle of the ipsilateral interlaminar window.
- › Use a #11 or #15 blade to create an incision <1 cm in length through the skin and lumbar fascia.
- › Use fluoroscopy to confirm positioning.



**02**

### The Click

- › Dock the switching stick vertically on the trailing edge of the L5 lamina (for L5-S1 discectomy).
- › Use the switching stick to “click” between the caudal edge of the lamina and the ligamentum flavum (LF).
- › Use tactile feedback to feel the “bounce” of the LF and confirm your location in the interlaminar window.



**03**

### Clean the Trampoline

- › Cauterize 360° around the cannula.
- › Use a pituitary rongeur and FlexTip probe to remove tissue on top of the LF.



**04**

### Create and Identify the Black Hole

- › Rotate the cannula, using its tip to tension the remaining LF fibers.
- › Use endoscopic scissors to incise through the LF.
- › After encountering the black hole, pause to allow fluid to fill the space, ensuring protection of the dura.



**05**

### Identify the Edge

- › Rotate the endoscope to view the lateral edge, looking for the white stripe against the epidural fat, which is the edge of the nerve root.
- › Use the tissue dissector to palpate and define the edge of the nerve by dissecting the adhesions.



**06**

### Retract and Protect

- › Inside the spinal canal, wand the cannula from lateral to medial to free up adhesions to the disc herniation.
- › Rotate the opening of the cannula so it faces lateral, protecting the nerve root medially and delivering the herniation into the cannula.