

Endoscopic Discectomy Ube - Bombay Spine Clinic

- Endoscopic Discectomy (UBE)

What Is This Surgery?

- Biportal Endoscopic Discectomy is an advanced minimally invasive spine surgery performed to treat a slipped disc (lumbar disc herniation) that is compressing a nerve in the lower back.
- Unlike conventional surgery, this technique uses two very small skin incisions (portals). One portal is used for a high-definition endoscopic camera, while the other portal is used for specialized surgical instruments. This allows the surgeon to visualize the nerve and disc in high magnification while minimizing injury to muscles and surrounding tissues.
- The goal of the surgery is to remove the portion of the slipped disc causing nerve compression while preserving the normal structures of the spine.
- This is a minimally invasive endoscopic spine surgery and represents one of the most advanced techniques currently available for the treatment of sciatica caused by a lumbar disc herniation.
- Why Is This Surgery Performed?
- This surgery may be recommended for:
 - Lumbar Slip Disc (Disc Herniation)
 - Sciatica
 - Lumbar Radiculopathy
 - Foot Drop due to nerve compression
 - Persistent nerve compression despite conservative treatment
- Common symptoms that may lead to surgery include:
 - Severe leg pain (Sciatica)
 - Burning pain radiating down the leg
 - Tingling or numbness in the foot
 - Weakness in the leg
 - Foot drop
 - Difficulty standing or walking
 - Pain affecting sleep and daily activities
- Who Is A Suitable Candidate?
- You may be a suitable candidate if:
 - ✓ Symptoms persist despite medications and physiotherapy
 - ✓ Leg pain is more severe than back pain

- ✓ MRI confirms nerve compression by a slipped disc
- ✓ Progressive weakness develops
- ✓ Foot drop is present
- ✓ Quality of life is significantly affected
- ✓ Symptoms interfere with work, sleep or daily activities
- How Is The Surgery Performed?
- Step 1
- The procedure is performed under general anesthesia. The patient lies face down on a specialized operating table.
- Step 2
- Two small skin incisions (typically 5–10 mm each) are made near the affected spinal level.
- Step 3
- A high-definition endoscopic camera is inserted through one portal while specialized instruments are introduced through the second portal.
- Step 4
- Continuous saline irrigation provides a clear magnified view of the nerve and disc. The compressed nerve root is identified and protected.
- Step 5
- The herniated disc fragment causing nerve compression is carefully removed using specialized endoscopic instruments.
- Step 6
- Once the nerve is fully decompressed, the instruments are removed and the small incisions are closed.
- Most procedures are completed within 45–90 minutes depending on complexity.
- What Are The Advantages?
- Potential benefits include:
- Very small skin incisions
- Minimal muscle injury
- Less blood loss
- Reduced postoperative pain
- Faster recovery
- Shorter hospital stay
- Earlier mobilization
- Reduced need for pain medications
- Excellent visualization of neural structures
- Quicker return to work
- Improved quality of life
- Compared to conventional open surgery, Biportal Endoscopic Surgery allows excellent visualization while preserving normal spinal anatomy.
- What Are The Risks?

- Every surgical procedure carries certain theoretical risks and potential complications. However, every effort is made to minimise these risks through meticulous surgical planning, advanced technology and comprehensive patient optimisation.
- At Bombay Spine Clinic™ under the care of Dr. Siddharth Katkade, Biportal Endoscopic Discectomy is performed using a high-definition endoscopic imaging system, specialized endoscopic instruments and modern minimally invasive surgical techniques. These technologies allow precise nerve decompression through tiny skin incisions while minimizing disruption to surrounding muscles and tissues.
- In addition, every patient undergoes a thorough pre-operative assessment. Depending on individual health requirements, this may involve evaluation and optimisation by physicians, cardiologists, anaesthetists and other medical specialists. This multidisciplinary approach helps improve surgical safety, recovery and overall outcomes.
- Potential risks that are discussed with patients include:
 - Infection
 - Bleeding
 - Dural tear
 - Nerve injury
 - Persistent numbness
 - Persistent weakness
 - Recurrent disc herniation
 - Incomplete symptom relief
 - Rare need for revision surgery
- Fortunately, the incidence of significant complications is low when surgery is performed for appropriate indications, following careful patient selection, optimisation and modern minimally invasive surgical principles.
- Preparing For Surgery
 - Before surgery:
 - Clinical evaluation
 - MRI review
 - Blood investigations
 - Medical fitness assessment
 - Medication review
 - Anaesthesia assessment
 - Patients should inform their doctor regarding:
 - Blood thinning medications
 - Diabetes
 - Heart disease
 - Previous surgeries
 - Allergies
 - Smoking history
 - Smoking cessation is strongly encouraged as it improves healing and recovery.

- What Happens During Hospital Stay?
- Day of Surgery
- Hospital admission
- Surgery

Recovery room observation

- Early mobilization under supervision
- First 24 Hours
- Pain management
- Walking with assistance
- Physiotherapy instructions
- Wound care guidance
- Discharge
- Most patients are discharged within:
- 24–48 hours
- Selected patients may even be discharged the next day.

Recovery After Surgery

- Week 1
- Expected symptoms:
- Mild wound discomfort
- Improvement in leg pain
- Walking encouraged
- Light daily activities permitted
- Weeks 2–6
- Gradual increase in walking
- Return to desk work (in many patients)
- Physiotherapy if required
- Follow-up consultation
- 6 Weeks–3 Months
- Progressive strengthening exercises
- Return to normal routine
- Significant improvement in function
- Long-Term Recovery
- Most patients experience substantial relief of leg pain and improved quality of life. Maintaining good posture, core strength and spinal fitness helps reduce recurrence risk.

Frequently Asked Questions

- 1. Why do I need this surgery?
- Because a slipped disc is compressing a nerve and causing persistent symptoms that have not improved with conservative treatment. The goal of surgery is to relieve nerve compression, reduce pain and improve function.
- 2. Are there alternatives to surgery?
- Yes. Many patients improve with medications, physiotherapy, activity modification and time. Surgery is usually recommended when symptoms persist despite adequate conservative treatment or when neurological deficits such as weakness or foot drop develop.
- 3. Will I have a large scar?
- No. Biportal Endoscopic Discectomy is performed through two very small skin incisions, usually measuring only a few millimetres, resulting in minimal scarring.
- 4. How long will I stay in hospital?
- Most patients stay in hospital for 24–48 hours. Selected patients may even be discharged the following day depending on their recovery.
- 5. When can I start walking after surgery?
- Most patients are encouraged to start walking within a few hours after surgery under supervision. Early walking is an important part of recovery and helps improve circulation, reduce stiffness and promote faster rehabilitation.
- 6. When can I start outdoor walking?
- Indoor walking is encouraged immediately after surgery. Most patients can gradually begin outdoor walking after approximately 1 week, depending on comfort and recovery.
- 7. When can I travel after surgery?
- Short local travel is usually possible after about 2 weeks. Longer journeys, including outstation travel and air travel, are generally recommended after 6–8 weeks, depending on recovery and your surgeon's advice.
- 8. When can I return to work?

Recovery varies between individuals and depends on the nature of work.

- Typical timelines are:
- Work From Home (WFH): Approximately 2 weeks
- Office-Based Work: Approximately 3–4 weeks
- Light Physical Work: Approximately 4–6 weeks
- Heavy Manual Labour: Approximately 8–12 weeks
- Your surgeon will provide personalised guidance based on your recovery progress.
- 9. When can I drive, exercise, dance or resume sports?
- Driving is usually permitted after approximately 3–4 weeks, provided you are comfortable and no longer require strong pain medications.
- Light exercises and physiotherapy are started gradually under guidance. Sports, dancing, gym workouts and other high-impact activities are typically resumed after 10–12 weeks, depending on recovery and fitness levels.
- 10. What is the success rate of Biportal Endoscopic Discectomy?
- When performed for appropriate indications, Biportal Endoscopic Discectomy has an excellent success rate in relieving leg pain (sciatica) caused by nerve compression from a slipped disc.

- The majority of patients experience significant improvement in leg pain, walking ability and overall quality of life. Outcomes are generally best when surgery is performed before severe or prolonged nerve damage develops.
- Individual results may vary depending on factors such as the duration of symptoms, severity of nerve compression, presence of weakness, overall health and adherence to post-operative rehabilitation protocols.
- 11. Can the problem recur?
- Yes. Although Biportal Endoscopic Discectomy has an excellent success rate, disc herniation can occasionally recur. Maintaining a healthy weight, good posture, core muscle strength and proper lifting techniques can help reduce this risk.
- Myth vs Fact
- Myth:
- A slipped disc always requires surgery.
- Fact:
- Most slipped discs improve without surgery. Surgery is reserved for patients with persistent symptoms, neurological deficits or significant functional limitations.
- Myth:
- Endoscopic spine surgery is experimental.
- Fact:
- Biportal Endoscopic Spine Surgery is an established modern technique used worldwide and offers excellent outcomes in appropriately selected patients.
- When Should I Contact My Surgeon After Surgery?
- Contact your surgeon if you experience:
- Fever
- Increasing wound discharge
- Severe back or leg pain
- Progressive weakness
- Difficulty passing urine
- New numbness
- Persistent headache after surgery
- Related Conditions
- Slip Disc (Disc Herniation)
- Sciatica
- Lumbar Radiculopathy
- Foot Drop
- Related Procedures
- Microscopic Discectomy (Tubular)
- MIS TLIF (Tubular)
- MIS Decompression (Tubular)
- Need Expert Advice?

- If you have been advised spine surgery or would like a second opinion regarding your MRI findings, you may schedule a consultation or upload your MRI for specialist review.
- Dr. Siddharth KatkadeConsultant Spine Surgeon
- Bombay Spine Clinic™

Need Clinical Evaluation or Second Opinion?

This educational document was prepared by **Dr. Siddharth Katkade**. For appointments or to share MRI scan reports for clinical review, call **+91 88507 73095** or consult at Byculla (E) / Khar (W) clinics.