NICE National Institute for Health and Care Excellence

NICE guidance

Endoscopic laser foraminoplasty

HealthTech guidance
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www.nice.org.uk/guidance/htg13

Your responsibility

This guidance represents the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take this guidance fully into account, and specifically any special arrangements relating to the introduction of new interventional procedures. The guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

All problems (adverse events) related to a medicine or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare products Regulatory Agency using the Yellow Card Scheme.

Commissioners and/or providers have a responsibility to implement the guidance, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties. Providers should ensure that governance structures are in place to review, authorise and monitor the introduction of new devices and procedures.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Contents

This guidance replaces IPG31.

1 Recommendations

1.1 Current evidence of the safety and efficacy of endoscopic laser foraminoplasty does not appear adequate to support the use of this procedure without special arrangements for consent and for audit or research. Clinicians wishing to undertake endoscopic laser foraminoplasty should inform the clinical governance leads in their Trusts. They should ensure that patients offered the procedure understand the uncertainty about its safety and efficacy and should provide them with clear written information. Use of NICE's information for the public is recommended. Clinicians should ensure that appropriate arrangements are in place for audit or research. Further research into safety and efficacy outcomes will be useful in reducing the current uncertainty. NICE is not undertaking further investigation at present.

2 The procedure

2.1 Indications

2.1.1 Endoscopic laser foraminoplasty is used mainly to treat chronic back and leg pain from a variety of causes. Annually, 2% to 5% of people suffer acute back pain, and 0.5% of these have pain and neurological conditions requiring surgery.

2.2 Outline of the procedure

2.2.1 This endoscope-assisted laser technique is used to widen the lumbar exit foramina for nerves from the lumbar spine. A laser is inserted to ablate portions of the intervertebral disc that have protruded and caused narrowing of the foramina.

2.3 Efficacy

2.3.1 The research on efficacy undertaken to date is based on case series only and has all been led by a single clinician. In general, pain was decreased after the procedure. For more details, see the overview for this guidance.

2.3.2 The Specialist Advisors believed the efficacy of this procedure to be unproven.

2.4 Safety

2.4.1 The research on safety undertaken to date has all been led by a single clinician. The rates of reported complications were low, with discitis and neurological deficit being the most common (both with incidence lower than 1%). For more details, see the overview for this guidance.

2.4.2 The Specialist Advisors noted a number of potential complications including nerve injury and infection.

3 Further information

Sources of evidence

The evidence considered by the committee is in the overview for this guidance.

Information for patients

NICE has produced information for the public on this procedure. It explains the nature of the procedure and the guidance issued by NICE, and has been written with patient consent in mind.

Update information

Minor changes since publication

January 2026: Interventional procedures guidance 31 has been migrated to HealthTech guidance 13. The recommendations and accompanying content remain unchanged.

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Endorsing organisation

This guidance has been endorsed by Healthcare Improvement Scotland.