

Endoscopic laser foraminoplasty

Interventional procedures guidance

Published: 17 December 2003

www.nice.org.uk/guidance/ipg31

1 Guidance

- 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 the Institute'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, 2–5% 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, refer to the sources of evidence section.
- 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, refer to the sources of evidence section.
- 2.4.2 The Specialist Advisors noted a number of potential complications including nerve injury and infection.

3 Further information

- 3.1 NICE has also issued guidance on laser lumbar discectomy (replaced by NICE interventional procedure 357; '[Percutaneous intradiscal laser ablation in the lumbar spine](#)'). Guidance on prosthetic intervertebral disc replacement, percutaneous intradiscal electrothermocoagulation and percutaneous radiofrequency thermocoagulation are currently in progress and will be published in 2004 after public consultation [Now published as '[Prosthetic intervertebral disc replacement in the lumbar spine](#)', '[Percutaneous intradiscal electrothermal therapy for low back pain](#)' and '[Percutaneous intradiscal radiofrequency thermocoagulation for lower back pain](#)', respectively].

Andrew Dillon
Chief Executive
December 2003

Sources of evidence

The evidence considered by the Interventional Procedures Advisory Committee is described in the following document.

['Interventional procedure overview of endoscopic laser foraminoplasty'](#), October 2002.

Information for patients

NICE has produced [information on this procedure for patients and carers](#) ('Understanding NICE guidance'). It explains the nature of the procedure and the guidance issued by NICE, and has been written with patient consent in mind.

4 Changes since publication

The guidance was considered for reassessment in October 2009 and it was concluded that NICE will not be updating this guidance at this stage. However, if you believe there is new evidence which should warrant a review of our guidance, please [contact us](#).

30 January 2012: minor maintenance.

5 About this guidance

NICE interventional procedure guidance makes recommendations on the safety and efficacy of the procedure. It does not cover whether or not the NHS should fund a procedure. Funding decisions are taken by local NHS bodies after considering the clinical effectiveness of the procedure and whether it represents value for money for the NHS. It is for healthcare professionals and people using the NHS in England, Wales, Scotland and Northern Ireland, and is endorsed by Healthcare Improvement Scotland for implementation by NHSScotland.

This guidance was developed using the NICE [interventional procedure guidance](#) process.

We have produced a [summary of this guidance for patients and carers](#). Information about the evidence it is based on is also [available](#).

Your responsibility

This guidance represents the views of NICE and was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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Contact NICE

National Institute for Health and Clinical Excellence
Level 1A, City Tower, Piccadilly Plaza, Manchester M1 4BT

www.nice.org.uk

nice@nice.org.uk

0845 033 7780

Endorsing organisation

This guidance has been endorsed by [Healthcare Improvement Scotland](#).