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| Policy statement: | Endoscopic Laser Spinal Surgery |
| Status: | Not Funded |

M&SECCGs do not fund endoscopic laser spinal surgery for chronic back pain.

This service/procedure has been assessed as a **Low Clinical Priority** by M&SECCGs and will not be funded unless there are **exceptional clinical circumstances**.

This restriction applies to the following procedures:

- Laser lumbar disectomy considered when there is nerve compression or persistent symptoms that are unresponsive to conservative treatment. Laser disectomy can be performed when the prolapse is contained. It is one of several minimally invasive surgical techniques which are alternatives to open repair procedures such as open lumbar disectomy or laminectomy.(IPG027)
- Endoscopic laser surgery for aminoplasty for chronic back and leg pain from a variety of causes. (IPG031)
- Percutaneous endoscopic laser thoracic disectomy is used to treat symptomatic thoracic disc hemiation. (IPG061)
- Endoscopic division of epidural adhesions for lower back pain, particularly when radiculopathy (a disorder of the spinal nerve roots) is present. (IPG088)
- Percutaneous intradiscal electrothermal therapy for discogenic back pain. (IPG081)

Rationale:

Endoscopic laser spinal surgery for chronic back pain is of unproven benefit. Referral and treatment should only be considered under exceptional circumstances, in settings which meet the requirements of NICE guidance (IPG027, IPG031, IPG061 and IPG088).

Individual funding requests should only be made where the patient demonstrates clinical exceptionality.

Further information on applying for funding in exceptional clinical circumstances can be found on the CCGs' website.

