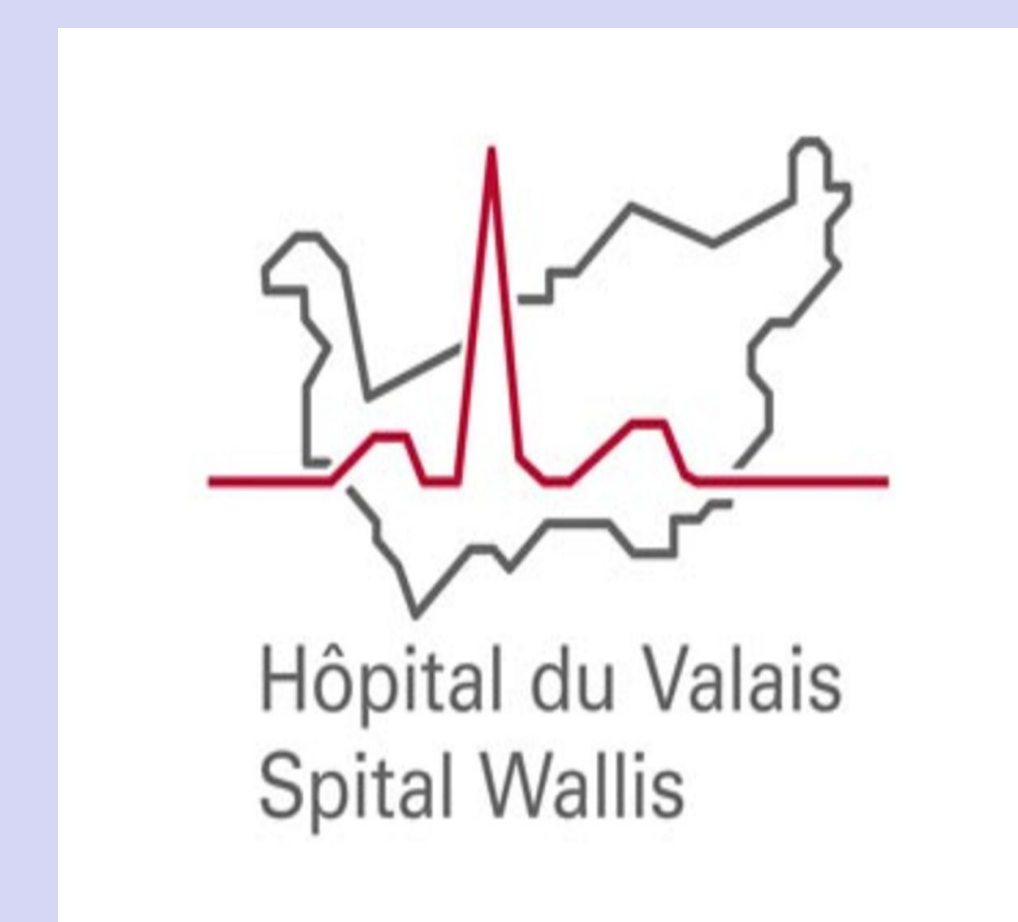


# Title: Reducing the learning curve of interlaminar full-endoscopic discectomy : Mushroom model-simulation training

Authors : Alexandre Simonin<sup>1</sup>, Stefanie Troxler<sup>2</sup>, Sakana Iselin<sup>2</sup>, Kyriakos Papadimitriou<sup>1</sup>, Khalid Al-Taha<sup>1</sup>, Etienne Chaboudez<sup>1</sup>, Leo Weman<sup>1</sup>, Gregory Zegarek<sup>1</sup>, Karen Huscher<sup>1</sup>, Jean-Yves Fournier<sup>1</sup>  
1. Neurosurgery, Sion Cantonal Hospital, Switzerland  
2. Product Specialist & Internal Education, Stoeckli Medical, Switzerland



## Introduction

The very difficult learning curve remains one of the main obstacles against the widespread diffusion of interlaminar full endoscopic lumbar discectomy (ILFED)<sup>1-9</sup>. One solution to overcome this learning curve is training with deliberate practice. As realistic models are relatively expensive and cadaver workshops not readily available, we developed a simple and cheap model to train the key steps of the procedure.

## Purpose/Aim

To describe a cheap simulation model used to reduce the learning curve of the interlaminar full-endoscopic discectomy.

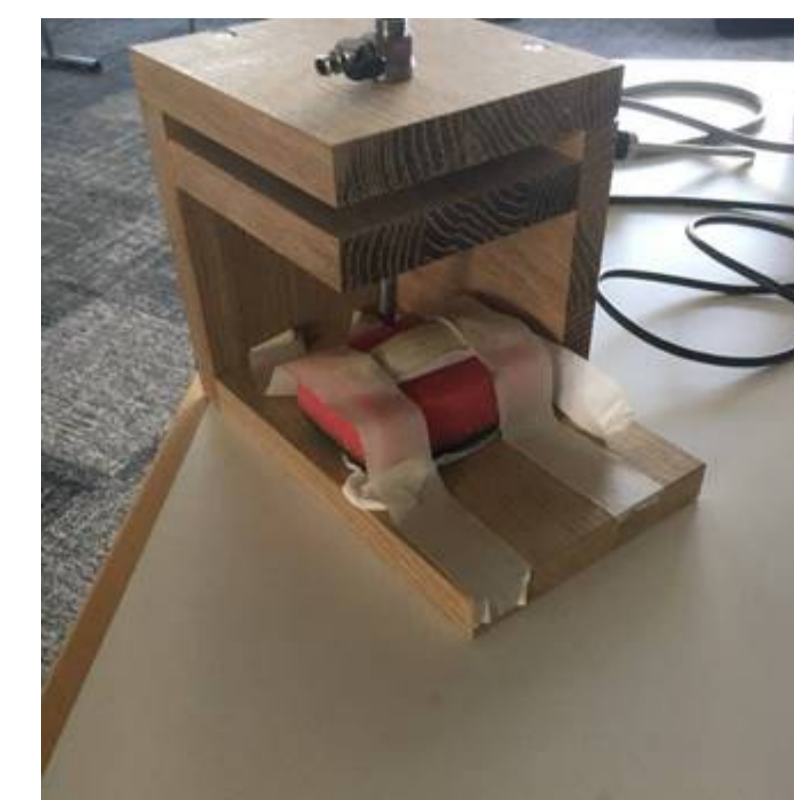
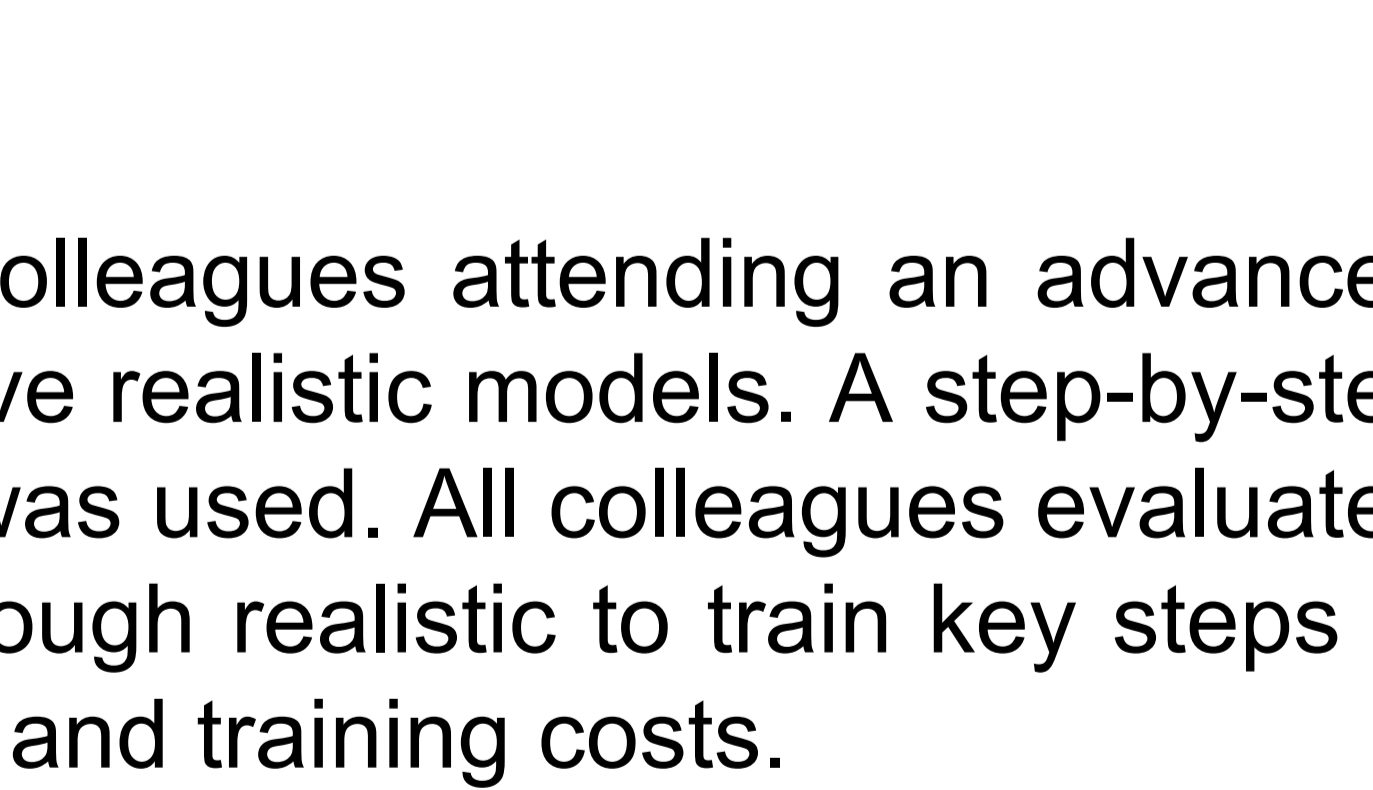
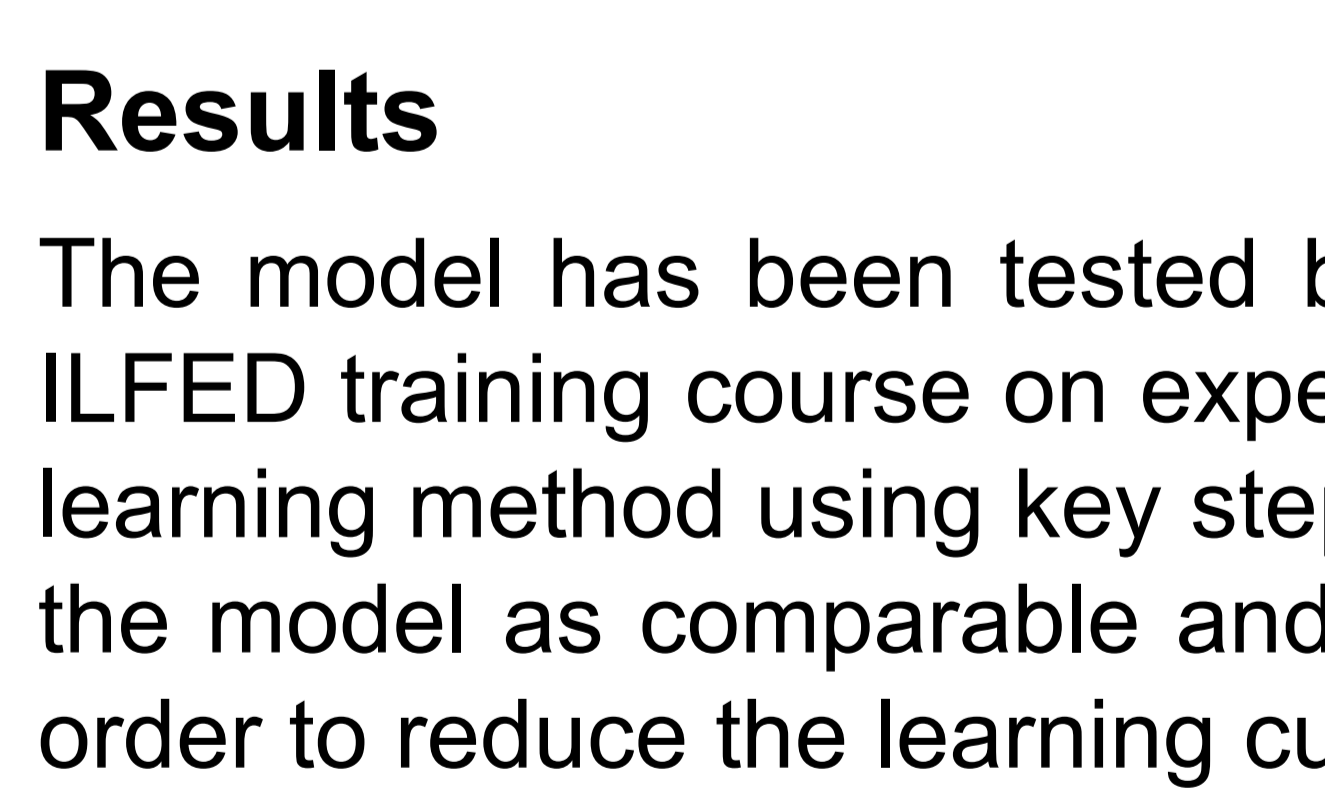
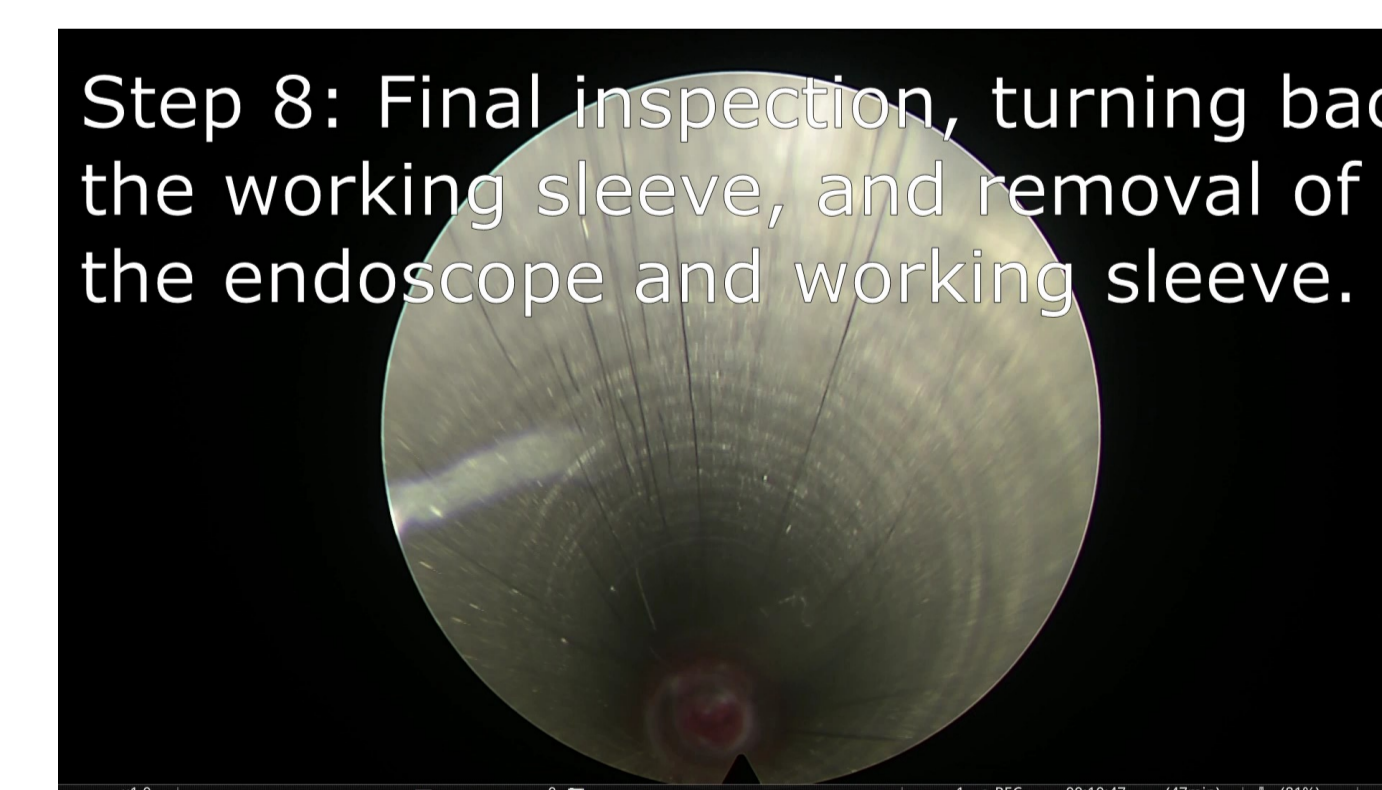
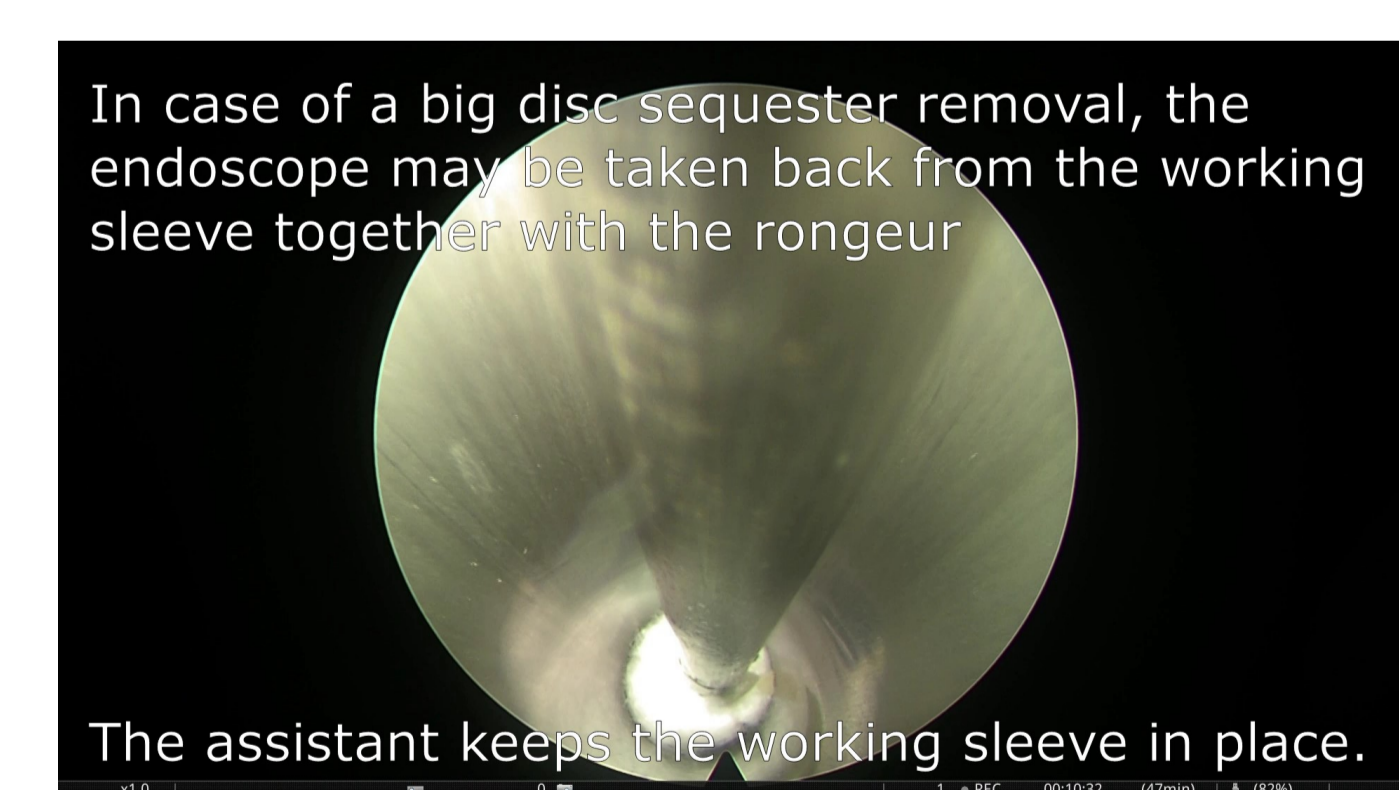
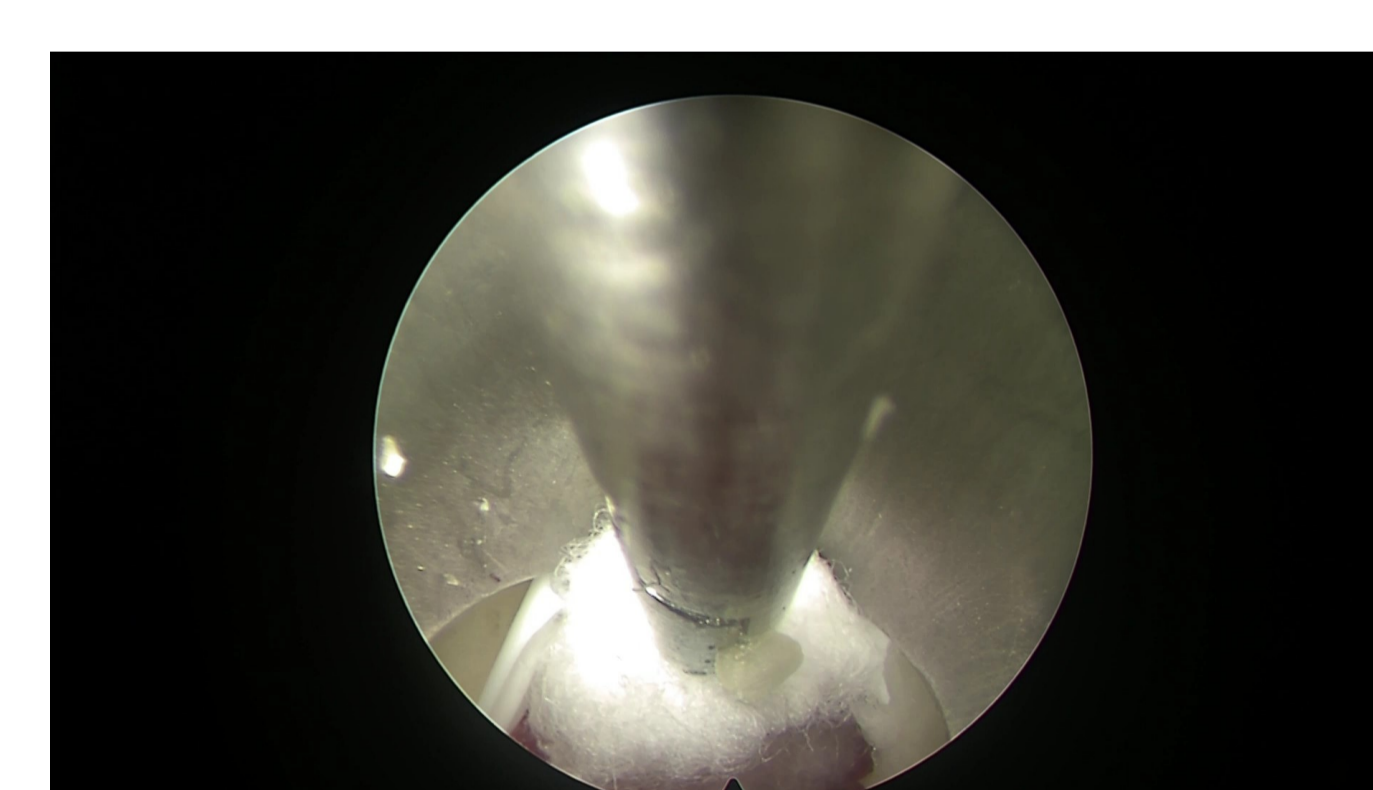
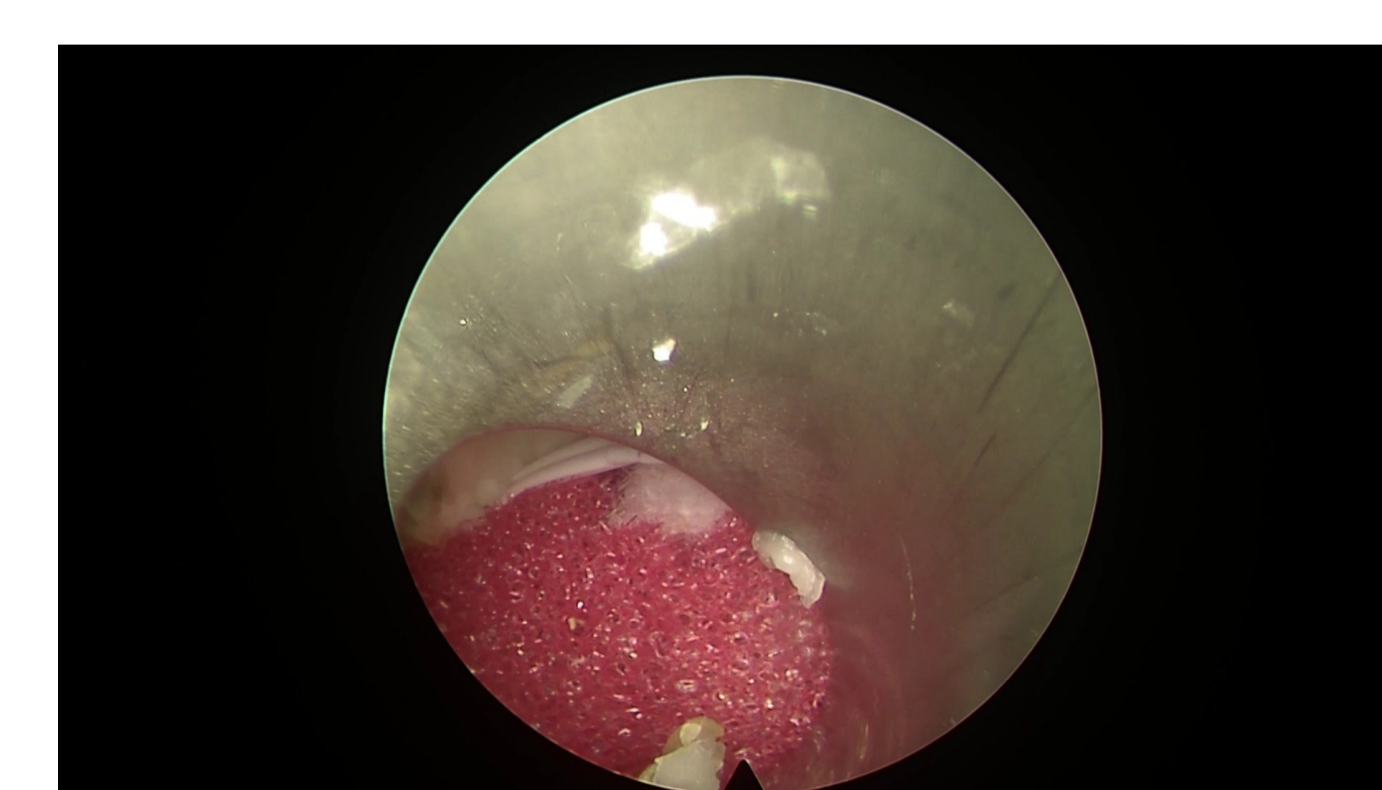
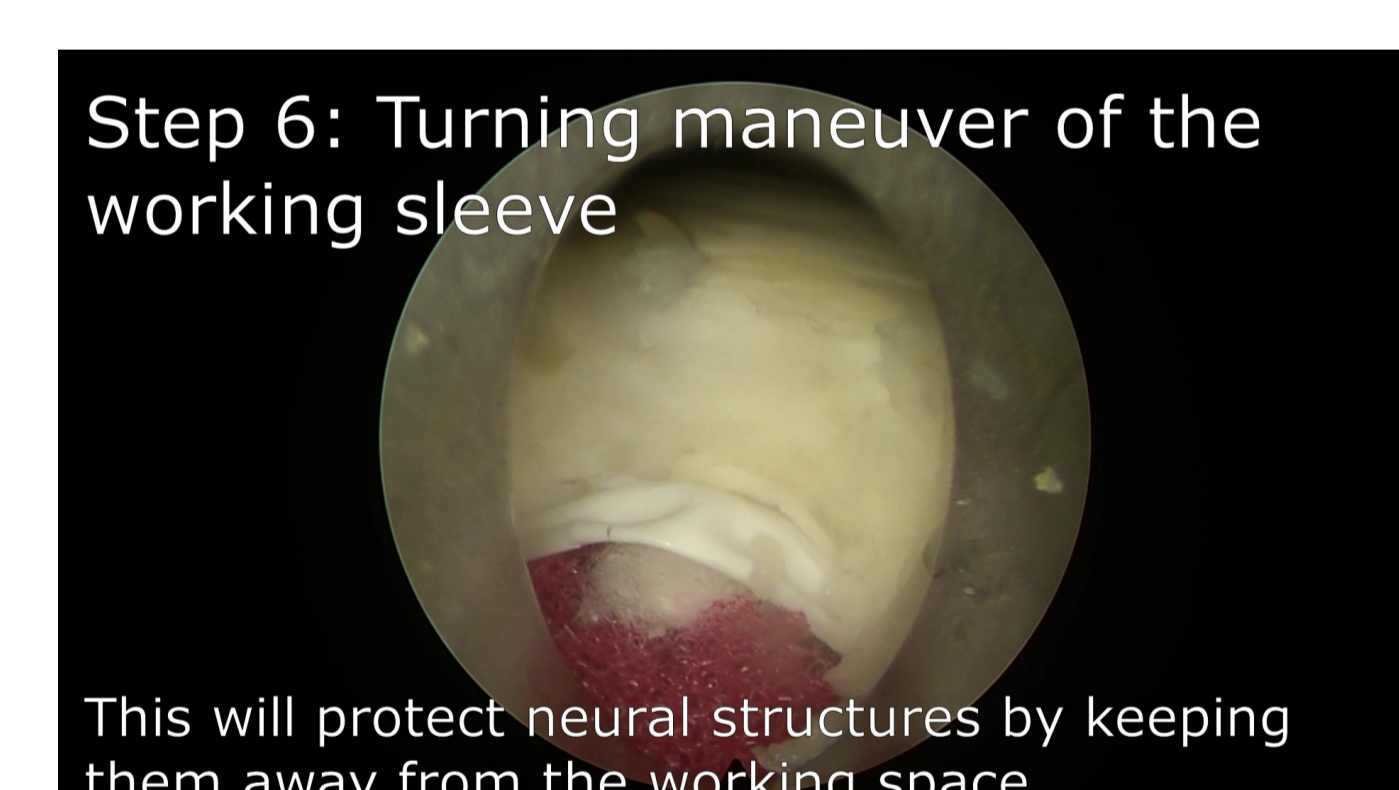
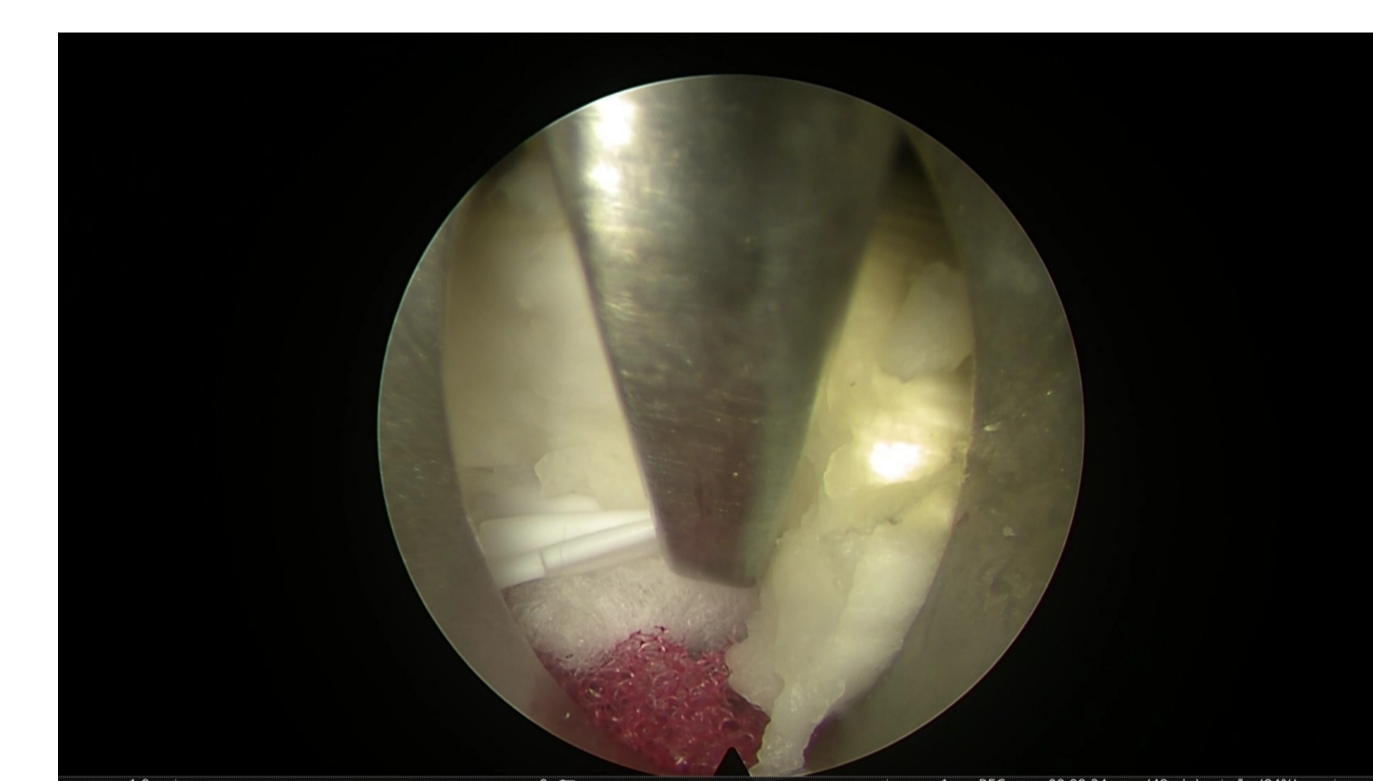
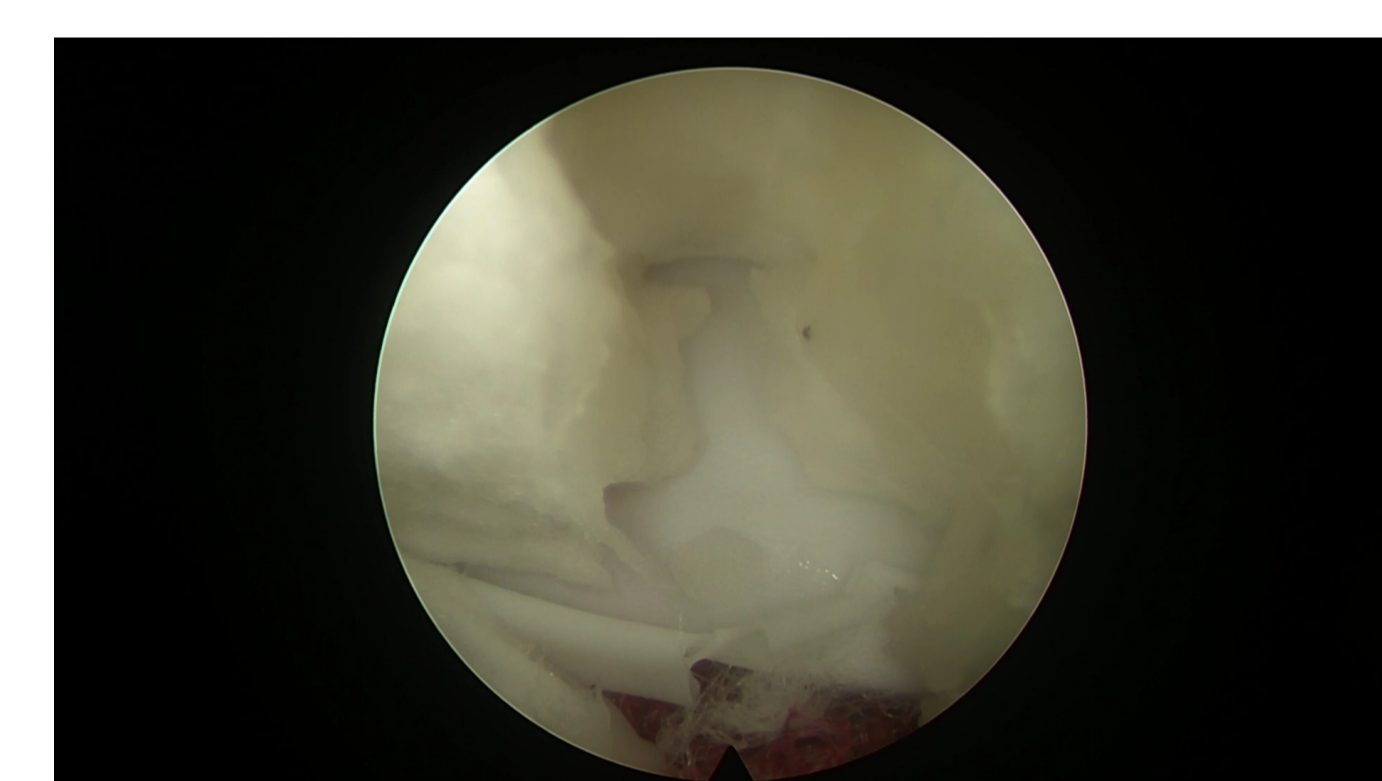
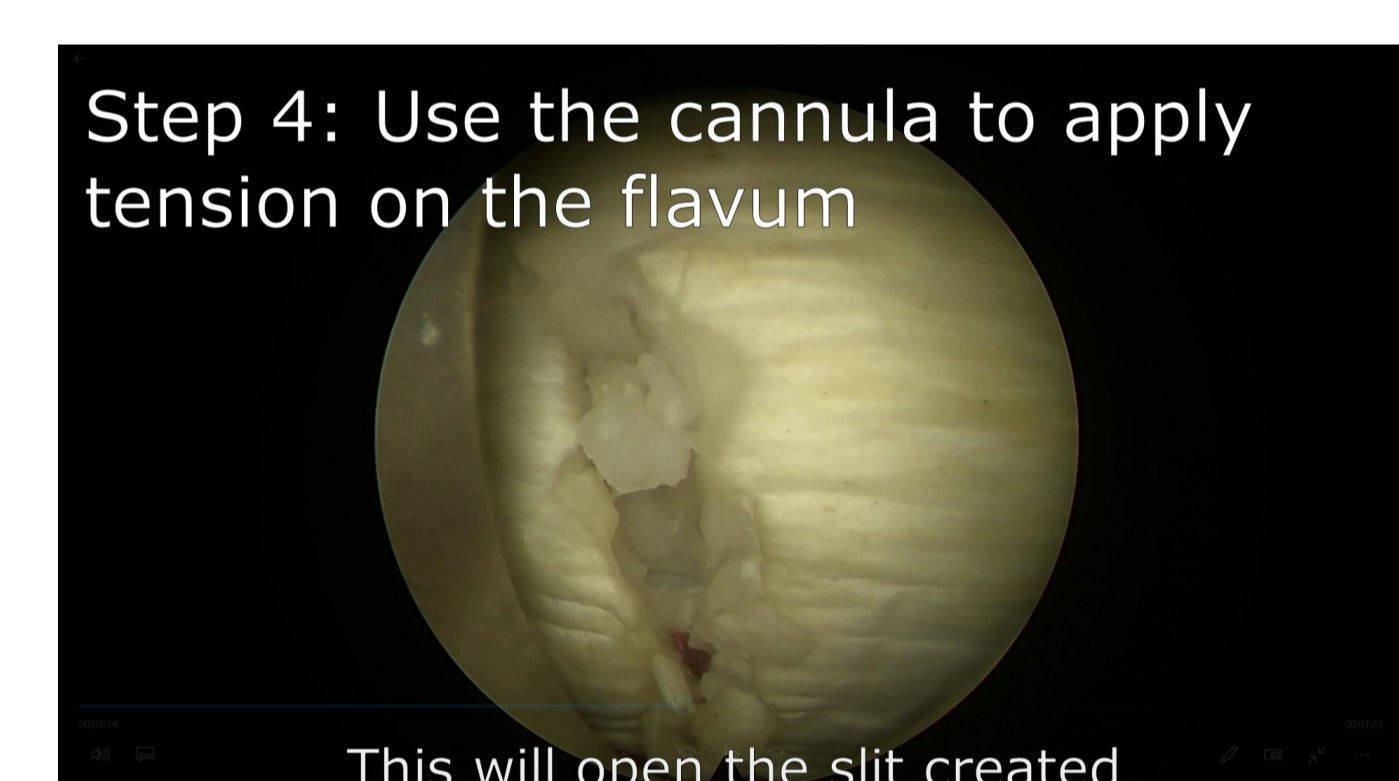
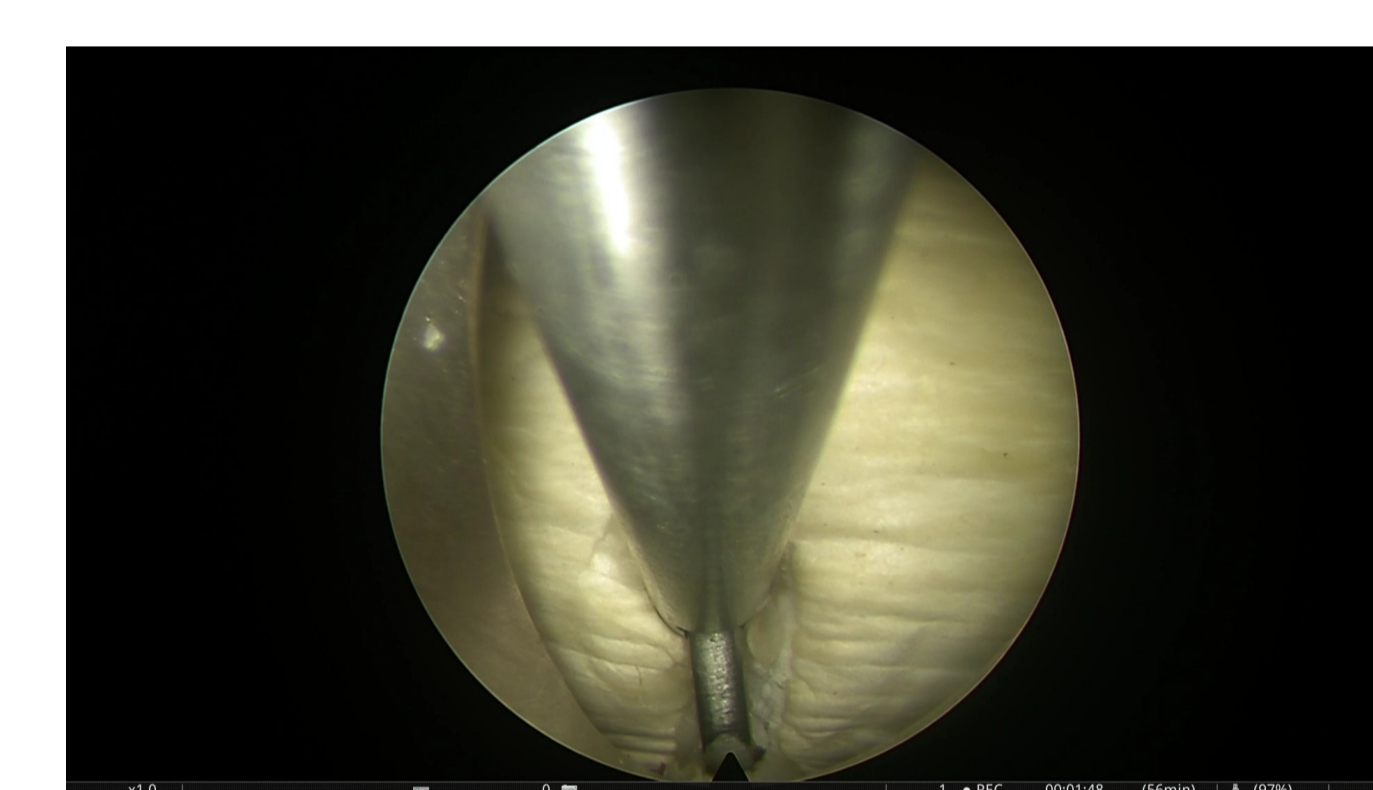
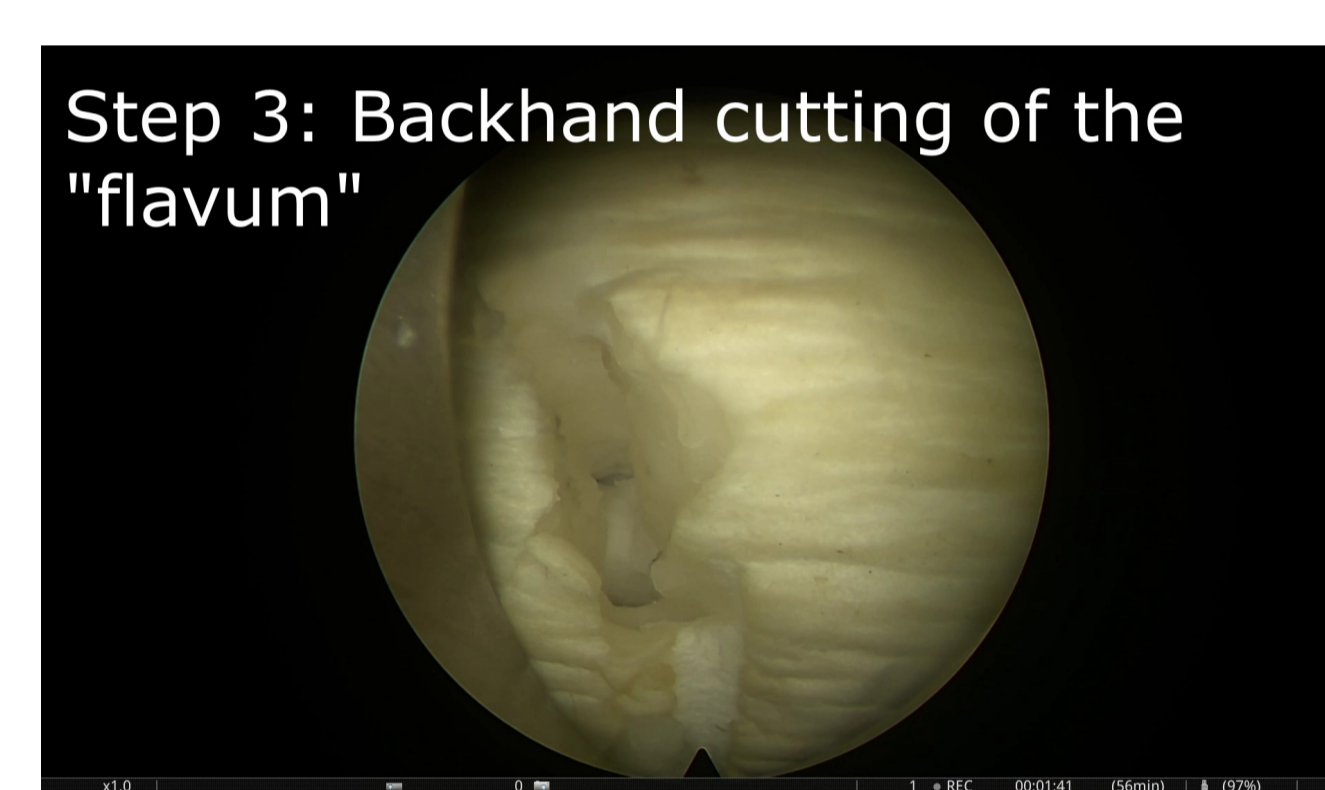
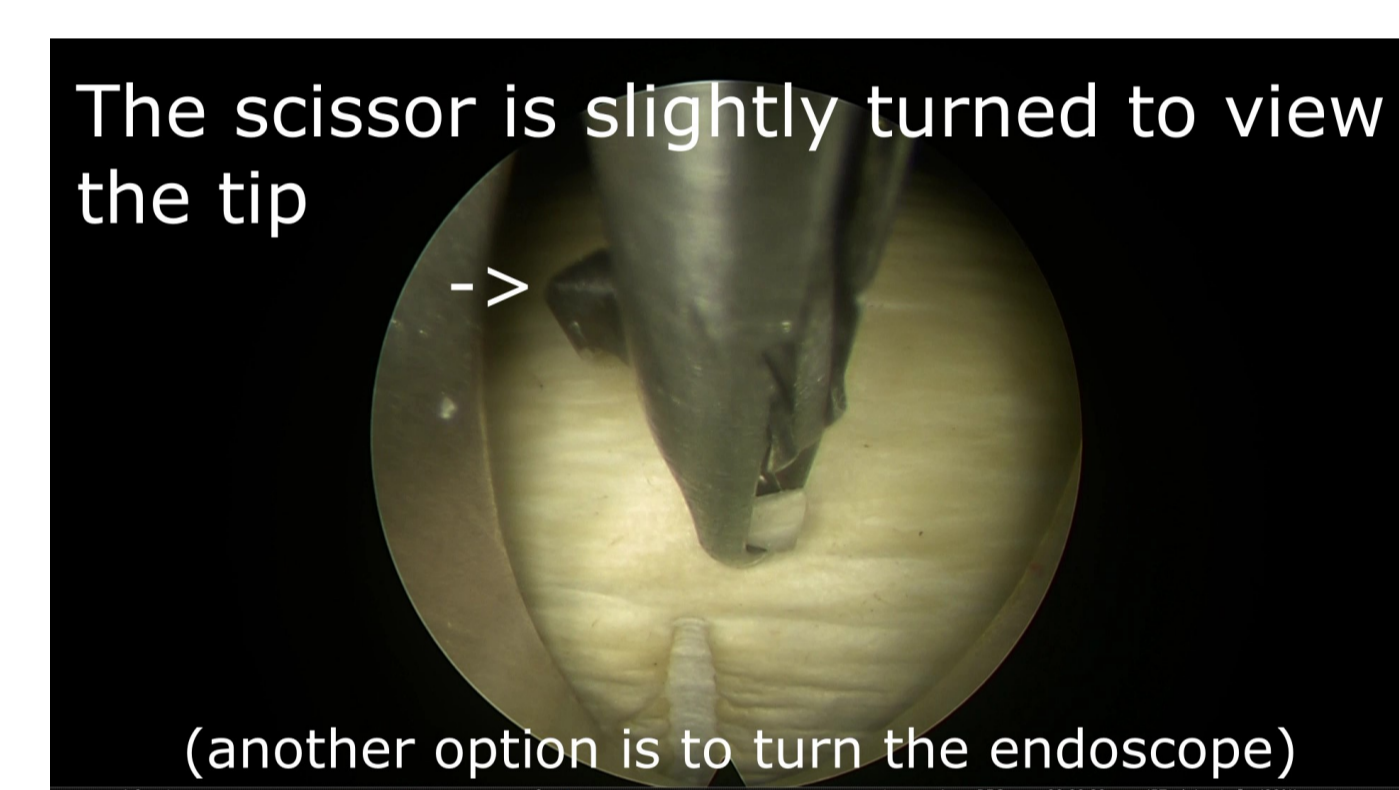
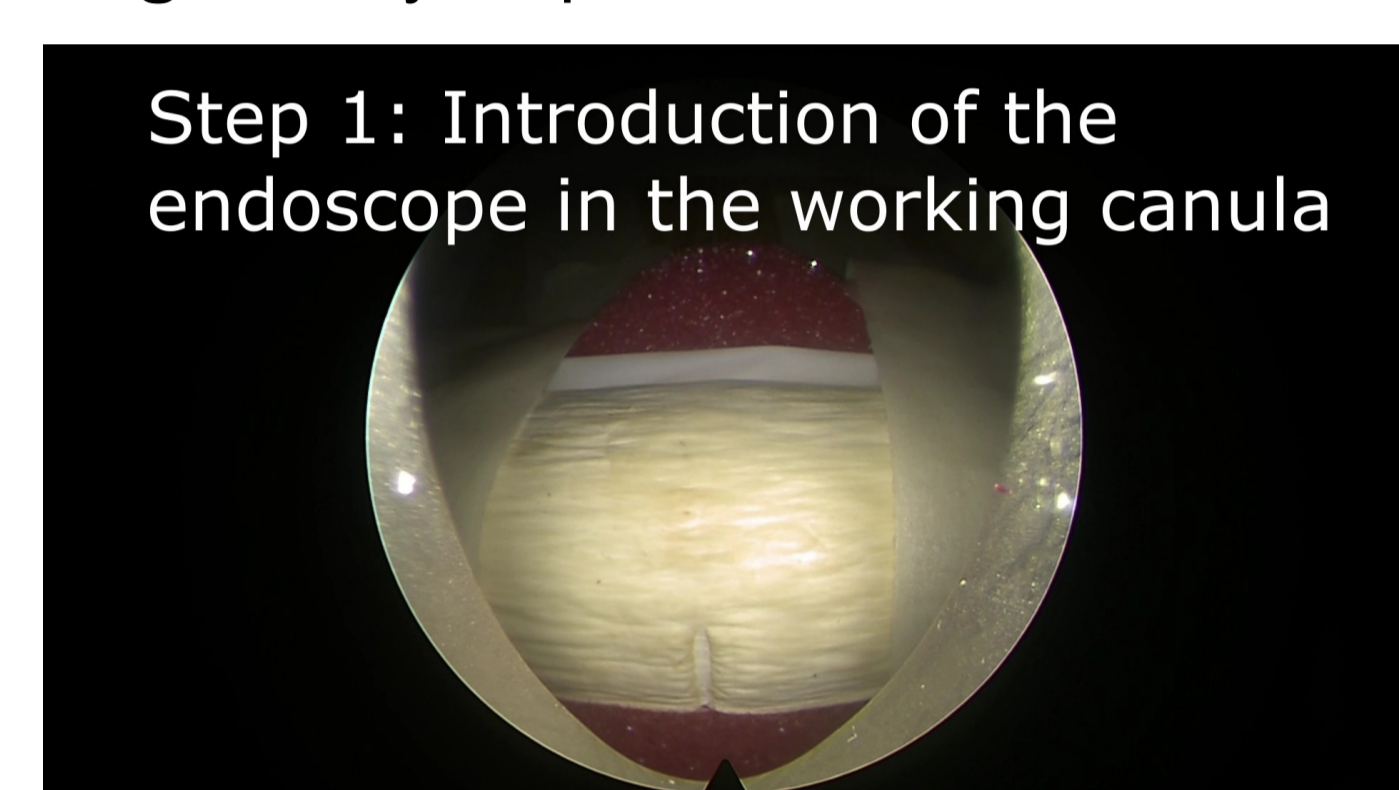


Fig.1: Simple and cheap model made of king oyster mushroom stalk, glove finger, sponge, and cotton wool.



Fig.2: Model simulation setup.

Fig.3 : Key steps to train ILFED in deliberate practice on the cheap model



## Results

The model has been tested by colleagues attending an advanced ILFED training course on expensive realistic models. A step-by-step learning method using key steps was used. All colleagues evaluated the model as comparable and enough realistic to train key steps in order to reduce the learning curve and training costs.

## Conclusion

We present an **affordable, simple and reproducible training model**, which allows for deliberate practice of the **key steps of the ILFED** procedure. The model may be used by surgeons **starting with spinal endoscopy** before practicing on more expensive training material, such as realistic models or cadavers.

Second and third authors are employed by Stoeckli Medical AG. Other authors have no disclosures. We would like to thank Mr. Troxle, carpenter, for the design and production of the wooden holding system.

## References

1. Joswig H, Richter H, Haile SR, Hildebrandt G, Fournier JY. Introducing interlaminar full-endoscopic lumbar discectomy: a critical analysis of complications, recurrence rates, and outcome in view of two spinal surgeons' learning curves. *J Neurol Surg A Cent Eur Neurosurg*. 2016;77(5):406-415.
2. Hsu HT, Chang SJ, Yang SS, Chai CL. Learning curve of full-endoscopic lumbar discectomy. *Eur Spine J*. 2013;22(4):727-733.
3. Elkheshin SE, Soliman AY. Endoscopic interlaminar lumbar discectomy: How to decrease the learning curve. *Surg Neurol Int*. 2020;11:401.
4. Son S, Ahn Y, Lee SG, et al. Learning curve of percutaneous endoscopic transforaminal lumbar discectomy by a single surgeon. *Medicine (Baltimore)*. 2021;100(4):e24346.
5. Gadjradj PS, Rubinstein SM, Peul WC, et al. Full endoscopic versus open discectomy for sciatica: randomised controlled non-inferiority trial. *BMJ*. 2022;376:e065846.
6. Basil G, Brusko GD, Brooks J, Wang MY. The value of a synthetic model-based training lab to increase proficiency with endoscopic approaches to the spine. *Cureus*. 2020;12(3):e7330.
7. Liu JK, Page PS, Brooks NP. Development and validation of a low-cost endoscopic spine surgery simulator. *Cureus*. 2021;13(7):e16541.
8. Mahesha K. Percutaneous endoscopic lumbar discectomy: Results of first 100 cases. *Indian J Orthop*. 2017;51(1):36-42.
9. Beck J, Westin O, Klingenstein M, Baranto A. Successful introduction of full-endoscopic lumbar interlaminar discectomy in Sweden. *Int J Spine Surg*. 2020;14(4):563-570.