Title of Abstract:	Posterolateral Endoscopic Thoracic Microdiscectomy with GPS System.
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Keyword:	Endoscopic thoracic discectomy GPS
Purpose:	To demonstrate the safety and efficacy of outpatient based endoscopic thoracic discectomy with laser thermodiskoplasty performed for symptomatic thoracic herniated nucleus pulposus.
Materials and Methods:	Since February 1996, 412 patients' (516 discs) with symptomatic thoracic discs without myelopathy, who failed at least 12 weeks of conservative care, were treated. The technique of percutaneous microdecompressive endoscopic thoracic discectomy (with laser thermodiskoplasty) with GPS (Grid Positioning System) by posterolateral approach is described. The thoracic disc levels were T1 to T12. All patients demonstrated a contained soft thoracic disc herniation on MRI or CT scans. Intraoperative thoracic discogram and pain provocative tests were positive and confirmed the disc involved.
Results:	Preliminary postoperative follow-up demonstrates 90% of all patients had good to excellent and 6% fair symptomatic relief. The average time to return to work was ten days for the non-workers' compensation patients. Most of the patients received non-ablative lower laser energy application for thoracic disc shrinkage or tightening.
Conclusion:	Percutaneous microdecompressive endoscopic thoracic discectomy with GPS (Grid Positioning System) and application of non-ablative lower Holmium laser energy for disc shrinkage (laser thermodiskoplasty) appears to be easy, safe and efficacious. This less traumatic, easier outpatient treatment leads to excellent results, faster recovery, and significant economic savings.

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