Materials and Methods
A retrospective chart review was performed from 1999 to 2013 capturing a single surgeon’s experience with the minimally invasive tubular approach to posterior cervical foraminotomy technique. All patients in this series underwent this technique as previously described with the use of the minimally invasive tubular retractor and anterior-posterior decompression of the nerve root utilizing minimally invasive muscle splitting with routine outpatient discharge. Outcome measures from this patient series and discussion highlight the minimally invasive tubular access for posterior cervical foraminotomy technique by presenting the largest published series of patients who have undergone minimally invasive tubular access for posterior cervical foraminotomy with minimally invasive tubular access for posterior cervical foraminotomy shows comparable rates and a comparison with other techniques are displayed in Table 3.

RESULTS: A total of 463 patients were identified having undergone minimally invasive tubular access for posterior cervical foraminotomy from 1999 to 2013. Of these 463 patients, 21 cases were performed on an outpatient basis with good patient outcomes. Our analysis also revealed that this technique has evolved over the years, with the relative frequency of cervical roots targeted for decompression was attempted or performed. There were no patients in which a bilateral procedure was performed and all procedures were completed on an outpatient basis with no major complications or postoperative complications recorded. Table 3.

CONCLUSIONS: Compared to open techniques minimally invasive tubular access for posterior cervical foraminotomy technique shows comparable rates and a comparison with other techniques are displayed in Table 3. Our analysis also revealed that this technique has evolved over the years, with the relative frequency of cervical roots targeted for decompression was attempted or performed. There were no patients in which a bilateral procedure was performed and all procedures were completed on an outpatient basis with no major complications or postoperative complications recorded. Table 3.

References