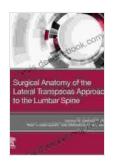
### Surgical Anatomy of the Lateral Transpsoas Approach to the Lumbar Spine

The lateral transpsoas approach to the lumbar spine is a minimally invasive corridor to access the lumbar spine. It is often used for lumbar fusion and lumbar herniated disc surgery.



## Surgical anatomy of the lateral transpsoas approach to the lumbar spine E-Book by R. Shane Tubbs

★ ★ ★ ★ ★ 4.6 out of 5 Language : English : 309309 KB File size Text-to-Speech : Enabled Screen Reader : Supported Enhanced typesetting: Enabled Print length : 256 pages Hardcover : 253 pages Item Weight : 1.76 pounds

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### **Surgical Technique**

The lateral transpsoas approach is typically performed under general anesthesia. The patient is placed in the lateral decubitus position, with the operative side up. A small incision is made in the skin and fascia, approximately 2-3 cm lateral to the lateral border of the erector spinae muscle.

The incision is extended through the subcutaneous tissue and the external oblique muscle. The internal oblique muscle is then carefully split in the direction of its muscle fibers. The transversus abdominis muscle is similarly split.

The transversalis fascia is then incised, exposing the retroperitoneal space. The ureter and other retroperitoneal structures are identified and retracted laterally.

The psoas muscle is then identified and retracted medially. The lumbar spine is now in view.

### **Surgical Anatomy**

The surgical anatomy of the lateral transpsoas approach is complex. A thorough understanding of the relevant muscles, nerves, and vessels is essential to safely perform this procedure.

#### Muscles

- Erector spinae: The erector spinae muscle is a thick, elongated muscle that runs along the length of the spine. It is located lateral to the psoas muscle.
- **External oblique:** The external oblique muscle is a large muscle that covers the lateral and anterior aspects of the abdomen. It is located superficial to the internal oblique muscle.
- Internal oblique: The internal oblique muscle is a thin, flat muscle that lies deep to the external oblique muscle. It runs in a slightly different direction than the external oblique muscle.

- Transversus abdominis: The transversus abdominis muscle is the deepest of the abdominal muscles. It lies deep to the internal oblique muscle and runs in a transverse direction.
- Psoas: The psoas muscle is a large, powerful muscle that lies deep to the abdominal muscles. It runs along the lateral border of the spine and attaches to the lumbar vertebrae.

#### Nerves

- **Femoral nerve:** The femoral nerve is a large nerve that supplies the muscles of the anterior thigh. It originates from the lumbar plexus and runs through the psoas muscle.
- Lateral femoral cutaneous nerve: The lateral femoral cutaneous nerve is a sensory nerve that supplies the skin of the anterolateral thigh. It originates from the lumbar plexus and runs just below the inguinal ligament.
- **Iliohypogastric nerve:** The iliohypogastric nerve is a sensory nerve that supplies the skin of the lower abdomen and groin. It originates from the lumbar plexus and runs through the psoas muscle.
- **Ilioinguinal nerve:** The ilioinguinal nerve is a sensory nerve that supplies the skin of the lower abdomen and groin. It originates from the lumbar plexus and runs through the psoas muscle.

#### Vessels

 Aorta: The aorta is the main artery of the body. It descends through the abdomen and gives off branches to the lumbar vertebrae and other abdominal structures.  Inferior vena cava: The inferior vena cava is the main vein of the body. It ascends through the abdomen and receives blood from the

lumbar vertebrae and other abdominal structures.

Renal arteries: The renal arteries supply blood to the kidneys. They

are located on either side of the aorta.

Renal veins: The renal veins drain blood from the kidneys. They are

located on either side of the inferior vena cava.

**Complications** 

The lateral transpsoas approach is a safe procedure, but there are potential

complications associated with it. These include:

Bleeding

Infection

Nerve injury

Vascular injury

Dural tear

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corridor to access the lumbar spine. It is often used for lumbar fusion and

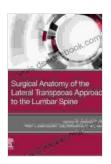
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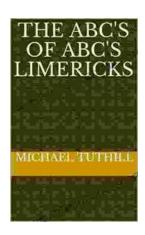
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