Bed rest for unintended durotomy treatment

Duration of post-operative bed rest was not related to complication rate but led to delays in discharge. Robson et al. did not find evidence that early mobilization lead to an increased likelihood of complications ¹⁾.

Although bed rest \times 4–7 days is often advocated to reduce symptoms and facilitate healing when watertight dural closure has been achieved, normal post-op mobilization is not associated with a high failure rate (bed rest is recommended if symptoms develop)²⁾. In one report of 8 patients with leaks that appeared post-op, reoperation was avoided when treated by resuturing the skin under local anesthesia, followed by bed rest in slight Trendelenburg position (to reduce pressure on the leakage site), broad-spectrum antibiotics and antibiotic ointment over the skin incision, and daily puncture and drainage of the subcutaneous collection ³⁾.

Among German neurosurgeons, no consensus exists concerning the intra- and postoperative management of accidental durotomies in lumbar spine surgery. Despite not being proved to reduce the rate of cerebrospinal fluid fistulas, bed rest is frequently used. As bed rest prolongs the hospital stay with additional costs and has the potential of a higher rate of medical complications, a prospective multicenter trial is warranted ⁴⁾.

References

1)

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