

1. infection:

a) **superficial wound infection**: 0.9–5% 61 (risk is increased with age, long term steroids, obesity, ? DM): most are caused by *S. aureus*

Laminectomy wound infection

see [Laminectomy wound infection](#).

b) **deep wound infection**: <1%

2. increased motor deficit: 1–8% (some transient)

3. unintended “incidental” durotomy (the term “**unintended durotomy**” has been recommended in preference to “**dural tear**,”): incidence is 0.3–13% (risk increases to \approx 18% in redo operations) ¹⁾.

a) **CSF fistula** (external CSF leak): the risk of a CSF fistula requiring operative repair is \approx 10 per 10 ²⁾.

b) **Pseudomeningocele**: 0.7–2% ³⁾ (may appear similar radiographically to spinal epidural abscess (SEA), but post-op SEA often enhances, is more irregular, and is associated with muscle edema)

4. **Recurrent lumbar disc herniation** (same level either side): 4% (with 10-year follow-up)

5. Postoperative **urinary retention** (POUR): usually temporary, but may delay hospital discharge.

¹⁾ , ³⁾

Goodkin R, Laska LL. Unintended 'Incidental' Durotomy During Surgery of the Lumbar Spine: Medicolegal Implications. *Surg Neurol.* 1995; 43:4-14

²⁾
Ramirez LF, Thisted R. Complications and Demographic Characteristics of Patients Undergoing Lumbar Discectomy in Community Hospitals. *Neurosurgery.* 1989; 25:226–231

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Last update: **2024/06/07 02:50**

