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## **Oncological spine surgery**

see also Spinal metastases surgery.

## **Adverse events**

Emergency oncological spine surgery are generally palliative to reduce pain and improve patients neurology and health-related quality of life. In individuals with limited life expectancy, adverse events (AEs) can have catastrophic implications; therefore, an accurate AE incidence must be considered in the surgical decision-making process.

Dea et al., carried out a Prospective cohort study in a quaternary care referral center that included consecutive patients admitted between January 1, 2009, and December 31, 2012. Inclusion criteria were all patients undergoing emergency surgery for metastatic spine disease. AE data were reported and collected with the Spine AdVerse Events Severity System, version 2 [SAVES V2] forms) at weekly dedicated morbidity and mortality rounds attended by attending surgeons, residents, fellows, and nursing staff.

A total of 101 patients (50 males, 51 females) met the inclusion criteria and had complete data. Seventy-six patients (76.2%) had at least 1 AE, and 11 patients (10.9%) died during their admission. Intraoperative surgical AEs were observed in 32% of patients (9.9% incidental durotomy, 16.8% blood loss > 2 L). Transient neurological deterioration occurred in 6 patients (5.9%). Infectious complications in this patient population were significant (surgical site 6%, other 50.5%). Delirium complicated the postoperative period in 20.8% of cases.

When evaluated in a rigorous prospective manner, metastatic spine surgery is associated with a higher morbidity rate than previously reported. This AE incidence must be considered by the patient, oncologist, and surgeon to determine appropriate management and preventative strategies to reduce AEs in this fragile patient population. <sup>1)</sup>.

Dea N, Versteeg A, Fisher C, Kelly A, Hartig D, Boyd M, Paquette S, Kwon BK, Dvorak M, Street J. Adverse events in emergency oncological spine surgery: a prospective analysis. J Neurosurg Spine. 2014 Aug 22:1-6. [Epub ahead of print] PubMed PMID: 25147976.

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