Sequestrectomy

Decompression or sequestrectomy in the lumbar spine can be performed under general anesthesia or regional anesthesia. In elderly patients, it is still not clear, which procedure should be chosen.

Objective: To demonstrate that spinal anesthesia (SA) is a safe choice for lumbar decompression or sequestrectomy in elderly patients.

Design: Retrospective clinical single-center study.

Patients sample: We included 154 patients with ages over 75 years after lumbar decompression or sequestrectomy. The mean age of the patients was 81 years.

Outcome measures: Perioperative data (blood loss, dural tear, operative and perioperative time, delirium, urinary retention, and hospital stay) and the postoperative 1-year follow-up (visual analog scale and complication rate).

Patients and methods: Data were retrospectively collected from patients that underwent lumbar decompression or sequestrectomy between January 2019 and December 2020. The data from the GA and SA groups were compared.

Results: SA was performed in 56 patients whereas 98 patients received a GA. There was no clinically relevant difference between both groups with comparable complication rates. The time of surgery, blood loss, perioperative time, and hospital stay time were significantly less in the SA group.

General anesthesia or regional anesthesia are both safe and reliable procedures for Lumbar Decompression Surgery for Spinal Canal Stenosis or sequestrectomy in elderly patients with no clinically relevant difference [1].

1)
Kindris F, Zegarek G, Krappel FA, Perrig WN, Schmid SL. Spinal Versus General Anesthesia for Lumbar Decompression or Sequestrectomy in Patients Over 75 Years. Clin Spine Surg. 2023 Mar 31. doi: 10.1097/BSD.0000000000001456. Epub ahead of print. PMID: 37012621.