Subdural drain for chronic subdural hematoma complications

Due to the low quality of the evidence for the secondary outcomes, the effect of drainage on the occurrence of chronic subdural hematoma surgery complications, mortality and poor functional outcome is uncertain. This uncertainty can be clarified with data from high-quality studies that may be conducted in the future. There is no strong evidence of any increase in complications when drains are used [1)].

The chronic subdural hematoma (cSDH)-Drain trial compared recurrence rates and clinical outcome associated with the use of subperiosteal drain (SPD) and subdural drain (SDD) after burr-hole drainage for cSDH. This subgroup analysis aimed to determine, whether one drain type is preferable for patients treated with platelet inhibitors (PI) or anticoagulants (AC). This subanalysis included 133 patients treated with PI/AC of the 220 patients from the preceding cSDH-Drain trial. For these patients the association between the drain type used and recurrence rates, mortality, as well as clinical outcome at 6 weeks and 12 months follow-up were analyzed using a logistic regression analysis model. Additionally, recurrence rates, clinical outcome, and mortality were assessed for each PI or AC type separately. The insertion of SPD was associated with 7.35% recurrence rates compared to 13.85 % with SDD in patients treated with PI or AC (OR 0.41, 95% CI 0.06 - 2.65, p=0.36). Outcome measurements and mortality did not differ significantly between both groups at 6 weeks and 12 months follow up. In addition, there was no statistically significant association between drain type and recurrence rate or mortality when comparing data for each PI or AC type. At 24 hours after surgery, significantly more patients under phenprocoumon and natrium-dalteparin had a GCS between 13 and 15 in the SDD group compared to the SPD group (p=0.006), while at 6 weeks follow up significantly more patients in the SDD group treated with ASA had a good mRS (p=0.01). At 12 months no significant difference in outcome measurements was seen for all PI and AC types In patients treated with PI or AC, the insertion of SPD after burr-hole drainage of cSDH showed comparable recurrence, mortality, and long term outcome rates when compared to SDD [2)].

1)
Peng D, Zhu Y. External drains versus no drains after burr-hole evacuation for the treatment of chronic subdural haematoma in adults. Cochrane Database Syst Rev. 2016 Aug 31;(8):CD011402. doi: 10.1002/14651858.CD011402.pub2. Review. PubMed PMID: 27578263.
2)
Kamenova M, Lutz K, Schaedelin S, Fandino J, Mariani L, Soleman J. Subperiosteal versus Subdural Drain after Burr-hole Drainage under blood thinners: a Subanalysis of the cSDH-Drain RCT. World Neurosurg. 2020 Apr 2. pii: S1878-8750(20)30605-7. doi: 10.1016/j.wneu.2020.03.134. [Epub ahead of print] PubMed PMID: 32247794.

From:
https://neurosurgerywiki.com/wiki/ - **Neurosurgery Wiki**

Permanent link:
https://neurosurgerywiki.com/wiki/doku.php?id=subdural_drain_for_chronic_subdural_hematoma_complications

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