

## Does Time From CT Until Surgical Evacuation Of CSDH Affect Outcome?

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### Purpose

Evacuation of chronic subdural hematoma belongs to one the most common neurosurgical procedures, and the incidence is increasing. Often the patients are operated subacutely, but there is little research to support whether time from the diagnostic CT scan until actual surgical evacuation affects outcome. We therefore undertook this retrospective cohort study.

### Materials and Methods

Patients who underwent evacuation for unilateral chronic subdural hematomas at the department of neurosurgery in Lund 2016-2017 and residing in the county of Scania (the most southern part of Sweden) were included. Outcome was assessed by 30d-mortality, re-operations within 6 months, GOS, number of days spent in hospital and discharge to home/institution.

### Results

Totally 179 patients were included. Mean time from diagnostic CT until surgery was 76 ± 100 hours. No difference in outcome could be demonstrated regarding GOS, number of days spent in hospital or discharge to home/institution in correlation to time from CT to surgery. Mortality was too low to make any analysis of statistical significance. Interestingly, a shorter time increased the risk for re-operation within 6 months. There was no correlation between the pre-operative use of blood diluting agents and the risk for re-operation.

### Conclusion

Our retrospective study gives us some confidence that at least we do not harm our patients when we operate them in a subacute manner as practiced at our department. It is an ethical dilemma to perform a prospective study regarding this question, and therefore, we mean that also a retrospective cohort study is of interest.