

Outpatient Cervical Spine Surgery Is Feasible And Safe; A Consecutive Single-Center Series Of 1300 Patients

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Purpose:

Outpatient surgery is more cost effective than inpatient surgery when feasible and safe. The objective of this study is to assess the types and rates of complications after outpatient cervical spine decompressions for degenerative disease.

Materials and Methods:

Complications were recorded prospectively in 1300 outpatients undergoing microsurgical decompression for degenerative cervical spinal disease at the private Oslofjord Clinic from 2008 to 2017. The surgical procedure was anterior cervical decompression and fusion (ACDF) in 1083 patients and posterior cervical foraminotomy in 217 patients.

Results:

Surgical mortality was 0%. A total of 20 (1.5%) major and minor complications were recorded in 16 individual patients. Three (0.2%) patients had to be admitted to a hospital the day of surgery. Five (0.4%) patients were admitted to a hospital within 3 months due to surgery-related events. The encountered complications were neurological deterioration (0.2%), deep wound infection (0.1%), postoperative hematoma (0.2%), dural lesions with cerebrospinal fluid leakage (0.1%), persistent hoarseness (0.2%) and persistent dysphagia (0.4%). All potential life-threatening hematomas were detected within the planned 6 hours observation period.

Conclusions:

Microsurgical decompression of the degenerative cervical spine in carefully selected patients appears to be feasible and safe in an outpatient setting dedicated to the purpose.