

HOW TO STAY OUT OF TROUBLE

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MICHIGAN ORTHOPEDIC SURGEONS



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DISCLOSURES

- PAID CONSULTANT
 - STRYKER, ARTHREX, ORTHOFIX, MEDYNUS, AMPLIFY
- BOARD
 - AAOS ORTHOINFO

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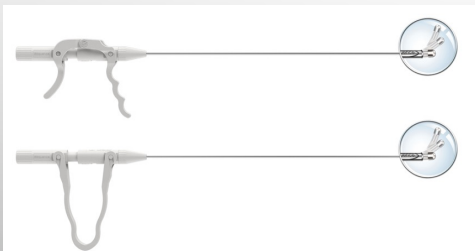
POSSIBLE COMPLICATIONS

- INTRAOPERATIVE
 1. BLEEDING
 2. INTRAOPERATIVE DUROTOMY
- POSTOPERATIVE
 1. HEMATOMA
 2. INCOMPLETE DECOMPRESSION

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INTRAOPERATIVE

- BLEEDING CONTROL
 - CAUTERY
 - WHAT SETTING FOR ABLATOR?
 - BIPOLEAR



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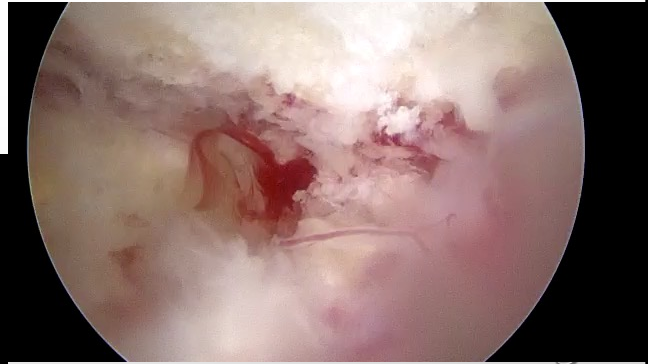
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BLEEDING

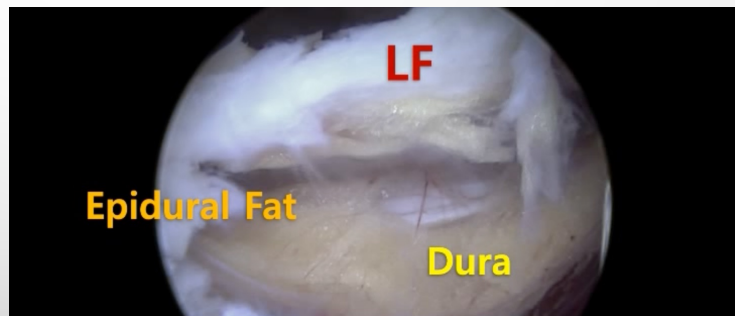
- BONE WAX
- CURET



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DUROTOMY

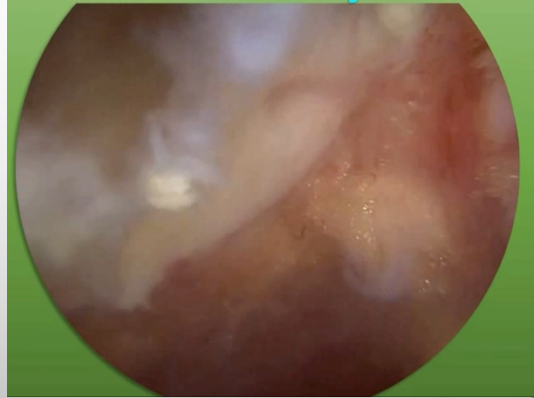
- BEWARE OF THE MIDLINE STRUCTURE
- THREE STRUCTURES
 - LF=LIGAMENT FLAVUM
 - FAT
 - DURA



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DUROTOMY

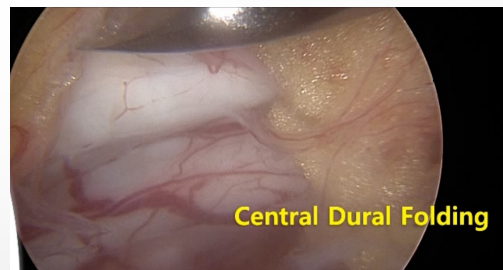
- WHEN CONTRALATERAL STAY BETWEEN FAT AND LIGAMENT



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DUROTOMY

- BE CAREFUL OF
 - CENTRAL DURAL FOLDING
 - CENTRAL FIBROUS BANDS



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POSTOPERATIVE

- EPIDURAL HEMATOMA

- DRAINS?
- TXA
- LOCAL ANESTHETIC

Observational Study

Medicine®

OPEN

Postoperative spinal epidural hematoma in a biportal endoscopic spine surgery

Dong Ki Ahn, MD*, Jung Soo Lee, MD, Won Shik Shin, MD, San Kim, MD, Jin Jung, MD

- PAPER FOUND BIPORTAL HIGHER RISK OF HEMATOMA (8.4% VS 1.4%)

- PROBLEMS
 - MANY PATIENTS HAD POSTOP MRI
 - 6/8 ENDO HAD UNILATERAL LEG PAIN AND NUMBNESS ONLY
 - 1 HAD UNILATERAL MOTOR WEAKNESS AND 1 HAD BILATERAL
 - COUNTER IS THAT EVERYONE IMPROVED AFTER WASHOUT

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MY US EXPERIENCE

- 48 PATIENTS LAMI/DISC
 - 20 PATIENTS BILATERAL LAMINECTOMY
 - NO EPIDURAL HEMATOMA SYMPTOMATIC
 - FASTER DISCHARGE
 - NO DRAIN
 - NO POSTOP MRI

WHAT DO I DO?

- 30 CC OF 0.5% MARCAINE AND EPI INFILTRATE INTO THE MUSCLE
- GRAVITY WATER PRESSURE
- NOW ADDED TXA 1 GM IN PREOP AND 1 GM AT CLOSURE

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POSTOPERATIVE

- INCOMPLETE DECOMPRESSION
 - VISUALIZE BOTH TRAVERSING NERVE ROOTS
 - EXITING NERVE ROOTS IF DECOMPRESSING FORAMEN

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DECOMPRESSION

- SOLUTION
 - LIKE OTHER OPEN SURGERIES, FIND A SYSTEM THAT WORKS FOR YOU
1. IPSILATERAL DECOMPRESSION-SHOULDER OF TRAVERSE
 2. CONTRALATERAL DECOMPRESSION-SEE TRAVERSING NERVE
 3. CHECK EXITING NERVES IF NEED FORAMINAL DECOMPRESS
 4. CHECK DISC

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