

**Outpatient Lumbar Surgery for Herniated Disc and Microsurgical Decompression is Feasible and Safe; a  
Consecutive Single-center Series of 1822 Patients**

Bjarne Lied MD, Ph.D; Oystein Helseth Medical Student; Kare Ekseth MD; Ben Heskestad MD; Eirik Helseth



**Introduction**

There is an increasing demand for surgery of degenerative spinal disease. Limited health care resources draw attention to the need for cost-effective treatments. Outpatient surgery, when safe and feasible, is more cost-effective than inpatient surgery. The aim of this study is to study types and rates of complications following surgery for herniated lumbar disc and microsurgical decompression for spinal stenosis.

**Methods**

Complications were recorded prospectively in 1822 outpatients undergoing surgery for herniated lumbar disc and microsurgical decompression for lumbar spinal stenosis at the private Oslofjord Clinic, in the time period 2008-2015.

**Results**

Surgical mortality was 0%. A total of 57 (3.1%) minor and major complications were recorded in 57 individual patients. Two (0.1%) patients had to be admitted to a hospital the day of surgery. The encountered complications were postoperative hematoma (0.4%), neurological deterioration (0.1%), deep wound infection (0.8%), dural lesions with CSF-leakage (1.7%). All of the symptomatic hematomas were detected within 3 hours after surgery.

**Conclusions**

This series of 1822 consecutive outpatient operated for herniated lumbar disc and microsurgical decompression for lumbar spinal stenosis adds to the growing literature in favor of outpatient spinal surgery. In properly selected patients, 99.9% of the patients were successfully discharged either to their homes or to a hotel on the day of surgery. The surgical mortality was 0%, the overall complication rate was 3.1%.

**Learning Objectives**

Outpatient lumbar surgery for herniated disc and microsurgical decompression is feasible and safe