ICU Versus Neurosurgical Floor Status in Post-operative Care of Microvascular Decompression for Hemifacial Spasm and Trigeminal Neuralgia

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Introduction

Intensive care unit postoperative care is common after microvascular decompression for trigeminal neuralgia and hemifacial spasm. Quality improvement initiatives have already started to evaluate routine placement in intensive care units after elective craniotomy from the perspective of cost effectiveness and complication rates.

Methods

This is a retrospective review comparing outcomes after microvascular decompression for hemifacial spasm and trigeminal neuralgia at two high volume centers. At one center, patients were sent to a neurosurgical floor bed off telemetry. At the other center, patients were initially transferred to an intensive care unit for post operative care.

Length of stay, infection, cerebrospinal fluid leak, thrombotic events, and re-operation rates were recorded and compared for the two groups.

Results

There was no statistically significant difference in the occurrence of adverse events between the two groups.

Conclusions

Routine post-operative care in the ICU does not reduce complication rates or improve outcomes in patients receiving microvascular decompression surgery.

Learning Objectives

Routine floor care is a safe and effective option in microvascular decompression patients. Future studies should evaluate length of stay, surplus post-operative testing (such as chest x-ray, blood work), and cost-effectiveness in patients managed post-operatively after microvascular decompression in ICU versus neurosurgical floor.

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