

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 cervical disc and fusion.

Methods

Complications were recorded prospectively in 759 outpatients undergoing outpatient cervical surgery at the private Oslofjord Clinic, in the time period 2008-2015.

Results

Surgical mortality was 0%. A total of 13 (1.7%) minor and major complications were recorded in 13 individual patients. Two (0.2 %) patients had to be admitted to a hospital the day of surgery. The encountered complications were postoperative hematoma (0.3%), neurological deterioration (0.4%), deep wound infection (0.3%), dural lesions with CSF-leakage (0.1%), persistent dysphagia (0.4%), persistent hoarseness (0.3%). All of the life-threatening hematomas were detected within 3 hours after surgery.

Conclusions

This series of 759 consecutive outpatient cervical spine decompressions adds to the growing literature in favor of outpatient spinal surgery, in properly selected patients. 99.8% 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 1.7%.

Learning Objectives

Outpatient surgery for herniated cervical disc and fusion is feasible and safe.

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