

THE INCIDENCE OF EARLY POSTOPERATIVE COMPLICATIONS AFTER ANTERIOR CERVICAL DISCECTOMY AND FUSION

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INTRODUCTION

The study is a retrospective study upon 138 patients who underwent ACDF surgery for treatment of degenerative discs disease using standalone PEEK cages between January 2011 and December 2019. All cases were operated upon in spine unit, El-Hadara university hospital.

AIM OF THE WORK

The study aims at evaluation of incidence of early postoperative complications after ACDF surgeries using stand alone cages.

PATIENTS AND METHODS

The study was done upon 138 patients who underwent ACDF surgery for treatment of degenerative discs disease using standalone PEEK cages, 75 males and 63 females, the age of the patients ranged from 16-71 years with a mean age of 43.5 years. 96 patients were complaining of radiculopathy and 42 patients were myelopathic. The majority of cases had single level ACDF 55 cases, 33 cases double level, 31 cases triple level and 19 cases 4 level.

RESULTS

We encountered 3 cases of Dural tears with no postoperative CSF leakage and was managed conservatively. 1 case of postoperative neurological deterioration in form quadriparesis with right side more weaker than left which improved after 2 months with residual intrinsic plus in right hand. 1 case of postoperative haematoma 2ry to coagulopathy and was managed with urgent evacuation with no postoperative morbidity. 1 case of Dysphonia which was due to excessive retraction and improved within 3 weeks.

Table 1: Relation between dysphagia and age (n = 138)

Age (years)	Dysphagia (n = 109)		c ²	MCp
	No.	%		
<30	6	5.5	3.087	0.692
30 – 40	17	15.6		
41 – 50	33	30.3		
51 – 60	33	30.3		
61 – 70	18	16.5		
>70	2	1.8		

Table 2: Relation between dysphagia and sex (n = 138)

Sex	Dysphagia (n = 109)		c ²	p
	No.	%		
Males	54	49.5	0.015	0.904
Females	55	50.5		

Table 3: Relation between dysphagia and levels operated (n = 138)

Complications	Number of patients.	%
Hematoma	1	0.7
Neurological deterioration	1	0.7
Dysphonia	1	0.7
Accidental dural tear	3	2.2
Total	6	

Table 4: Distribution of the studied cases according to complications (n = 138)

Complications	Number of patients.	%
Hematoma	1	0.7
Neurological deterioration	1	0.7
Dysphonia	1	0.7
Accidental dural tear	3	2.2
Total	6	

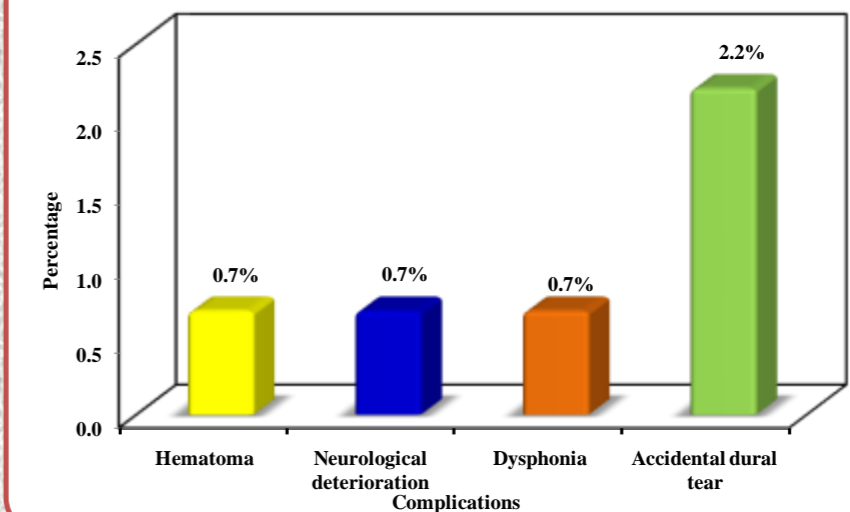


Figure: Distribution of the studied cases according to complications (n = 138)

CONCLUSION

Small accident aldurotomies heal well and do not require further measures post operative. Positioning of the patients during intubation and surgery may guard against post operative neurological deterioration. HCV patients are prone to bleeding post operative and this can be avoided by plasma transfusion. Dysphonia has a low incidence with right sided approach of cervical spine.