


Symptomatic Spinal Epidural Hematoma After Lumbar Spine Surgery: The Importance of Diagnostic Skills

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Purpose/Goal

To provide the learner with knowledge specific to rapid identification and treatment of postoperative symptomatic spinal epidural hematoma (SEH) after lumbar spine surgery.

Objectives

1. Discuss diagnosis of postoperative symptomatic SEH.
2. Explain the presentation of symptomatic SEH.
3. Describe complications of postoperative symptomatic SEH.
4. Identify risk factors for developing symptomatic SEH.

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Drs Daniels and Schiebert have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article. Dr Palumbo has declared financial relationships with Stryker, Kalamazoo, MI, and Globus Medical, Audubon, PA, as a consultant and lecturer and also with a variety of law firms as an expert witness, which could be perceived as posing potential conflicts of interest in the publication of this article.

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ABSTRACT

Symptomatic spinal epidural hematoma (SEH) is a rare but serious complication that may occur after lumbar spine surgery. Prompt recognition of this complication depends on the diagnostic skills of perioperative nursing personnel, particularly postanesthesia care unit nurses. Analysis of a composite of patients undergoing spinal surgery suggests that neurological and functional outcomes of patients with symptomatic lumbar SEH often depend on the time interval between symptom onset and surgical evacuation of the hematoma. Clinicians should consider a diagnosis of symptomatic SEH if there is a change in the patient's neurological status during the first several hours after lumbar spine surgery. Suspicion of postoperative symptomatic SEH should prompt clinicians to notify the responsible surgeon without delay. *AORN J* 101 (January 2015) 86-90. © AORN, Inc, 2015. <http://dx.doi.org/10.1016/j.aorn.2014.03.016>

Key words: *spinal surgery, symptomatic spinal epidural hematoma, symptomatic SEH, postoperative SEH, symptomatic lumbar SEH, lumbar spine surgery, neurological injury, neurological deficit.*

Most spinal epidural hematomas (SEHs) that occur after lumbar spine surgery are asymptomatic, and SEHs have been reported to occur in up to 58% of patients undergoing this procedure as identified with magnetic resonance imaging (MRI).¹ Symptomatic SEH is a far less common complication after lumbar spine surgery, occurring in 0.1%²⁻⁴ to 1%⁵ of patients. An SEH can lead to serious neurological compromise if not diagnosed and treated in an expeditious manner.

DIAGNOSIS

Rapid diagnosis and surgical evacuation of postoperative lumbar SEH are imperative to provide the best chance for complete neurological recovery and a positive clinical outcome. Prompt recognition of symptomatic lumbar SEH often depends on the diagnostic skills of the perioperative nursing personnel. The development of new neurological deficits (eg, numbness, tingling, weakness, loss of bladder control) after lumbar spine surgery should raise suspicion for symptomatic SEH.⁶ According

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