

### **Postoperative complications of spinal surgery:**

1. Dural tear and postoperative spinal fluid leak; 5% of lumbar laminectomies and 10% of redo cases are complicated by dural tear (watertight repair if possible is the treatment of choice. If this not possible close the deep fascia watertight without a drain or leave a drain behind for a week or so to allow the wound to heal then remove the drain and close the hole). Complex cases associated with infections require myocutaneous flaps to close the wound.
  2. Wound haematoma: reopening and drainage if symptomatic (cord or cauda equine compression)
  3. Infection: superficial-oral antibiotics. Deep (Discitis, epidural abscess)-reopening of the wound and drainage+ in Abs. Necrotising infections with skin defects require rotation flaps.
  4. New neurological deficit: one should exclude correctable causes such as haematoma, recurrent disc prolapse etc... . if no correctable cause identified-physiotherapy and rehabilitation
  5. Spinal instability: 1% if the large part of the facet joints removed. Patients can develop iatrogenic Spondylolisthesis. Treatment is spinal fusion
  6. General infections (DVT, PE, pneumonia, MI etc;;;
- Chronic pain syndrome (failed back