A058 Postoperative Complications in Patients Undergoing Anterior Cervical Discectomy and Fusion: A Retrospective Review

Rahul Yadav[1]

[1]*Department of Anaesthesiology and Critical Care, Army Hospital (Research and Referral), Delhi Cantt, Delhi, India*

Introduction: Anterior cervical discectomy and fusion (ACDF) is a surgical procedure used to manage various cervical spine disorders, including spondylosis, prolapsed intervertebral disc, trauma, and degenerative disc disease. However, this procedure may be associated with significant postoperative complications. In this study, we aimed to analyze the prevalence of postoperative complications following ACDF.

Methodology/Description: Perioperative data of 128 patients who underwent ACDF surgery at our institute over a 3-year period were analyzed. Patients who underwent previous neck surgeries were excluded.

Results: Single-level ACDF without cervical plating was observed to be the most commonly performed surgical procedure (53%). Dysphagia was the most common (16.4%) postoperative complaint, followed by neurological deterioration (7.9%). One patient suffered pharyngeal perforation and presented postoperatively with subcutaneous emphysema and hemoptysis.

Conclusion: Postoperative dysphagia and worsening of pre-existing myelopathy were the most common complications following ACDF, and multilevel surgery was identified as the most significant risk factor. The early detection and prompt management may help reduce mortality and morbidity in such patients.

Keywords: ACDF, dysphagia, postoperative complications

References

1. Fountas KN, Kapsalaki EZ, Nikolakakos LG, et al. Anterior cervical discectomy and fusion associated complications. Spine 2007;32(21):2310–2317
2. Li F, Gorji R, Allott G, Modes K, Lunn R, Yang ZJ. The usefulness of intraoperative neurophysiological monitoring in cervical spine surgery: a retrospective analysis of 200 consecutive patients. J Neurosurg Anesthesiol 2012;24(3):185–190