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The role of epidural steroids in the outcome of postoperative lumbar discectomy

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Aim: Intraoperative epidural corticosteroids have been used by some surgeons to decrease pain following surgery for a herniated lumbar disc. The objective of this study was to determine if epidural steroid have significant role to improve the outcome of lumber disc surgery.

Methods: We prospectively evaluated 321 patients who underwent unilateral lumbar discectomy from 2013 to 2016 in Faculty of Medicine Cairo University. Multiple discectomy, laminectomy or recurrent procedures were excluded from analysis of 321 patient divided into two groups: Group (A) 157 patient with epidural steroid postoperative (40 mg methylprednisolone) group (B) 164 patient without use of steroid. The two groups was evaluated and compared by pain relief as measured by consumption of postoperative pain medications; the length of hospital stay; postoperative functional status; and the time interval from surgery until return to work.

Results: The mean postoperative analgesic medications consumed was 12.2 ± 1.9 mg of morphine equivalents in the group (A) versus 12.2 ± 1.8 mg of morphine equivalents in the group (B). The mean hospital stay was less than two days in each group, and the mean interval until return to work was 21 ± 3 days in the group (A) versus 25 ± 3 days in the group (B). Moreover, no statistically significant difference was measured between both groups. The mean outcome scores, which are derived from a postoperative assessment of pain relief resulting from surgery, functional status, and interval until return to work, were identical between both groups.

Conclusions: The use of epidural steroid administration after unilateral lumbar discectomy does not lessen postoperative morbidity or improve functional recovery. Epidural steroid does not affect the outcome of unilateral lumbar discectomy. The mean postoperative analgesic medications consumed was 12.2 ± 1.9 mg of morphine equivalents in the corticosteroid group versus 12.2 ± 1.8 mg of morphine equivalents in the control group. The mean hospital stay was less than two days in each group, and the mean interval until return to work was 21.2 ± 2.7 days in the corticosteroid group versus 25.4 ± 3.1 days in the control group. Moreover, no statistically significant difference was measured between the steroid-treated and control groups when the data were stratified for sex, age, and site of disc herniation. The mean outcome scores, which are derived from a postoperative assessment of pain relief resulting from surgery, functional status, and interval until return to work, were identical in the corticosteroid and control groups. This study concludes that epidural corticosteroid administration after microsurgical lumbar discectomy for unilateral disc herniation does not lessen postoperative morbidity or improve functional recovery. The use of a fat graft results in excellent clinical outcomes with low incidence of postoperative cutaneous CSF fistula or other complications. The use of a fat graft is recommended as a rapid, effective means of prevention and repair of CSF leaks following lumber spinal surgery.

Biography

Mohamed Shaban is currently working at Cairo University as a Special Surgeon. He has published many research works.

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