

Delayed Diagnosis of Symptomatic Postoperative Spinal Epidural Hematoma in a 63-Year-Old Male Undergoing Spinal Fusion

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Learning objective: Appreciate the rare but well-known nature of postoperative spinal epidural hematomas.

CASE INFORMATION

A 63-year-old male patient with a history of prediabetes, combined obstructive-central sleep apnea, hypocholesterolemia, inguinal and umbilical hernia, benign prostatic hyperplasia, heart murmur/mitral valve prolapse, high frequency hearing loss, tinnitus, advanced arthritis in the left big toe, and undiagnosed ataxia.

In April 2021, the patient received lumbar spinal fusion of the L4-L5 vertebrae along with discectomy and laminectomy by a physician under whose care the patient had been for roughly 8 years prior.

The patient had a delayed discharge. Prior to discharge, the patient reported a pain level of “15” on a 1-10 scale despite administration of Percocet 20 minutes prior.

The patient was nonetheless discharged that same day despite increasing, intractable pain.

The patient awoke the following morning in even greater pain.

The patient and his family called the physician’s office three times over the span of 7.5 hours, each time being reassured by the medical assistant that the pain was normal post-operative pain.

The medical assistant also advised the patient to stay on top of the oxycodone, despite the patient already having communicated such.

That afternoon, the patient’s wife called 9-1-1 to have EMS transport the patient back to the hospital.

After magnetic resonance imaging, the patient was diagnosed with postoperative spinal epidural hematoma at the level of L4 and L5 crossing the midline to the left resulting in significant central canal narrowing/mass effect onto the thecal sac.



DISCUSSION

This case illustrates the risks posed by a healthcare system that increasingly pushes more and more complex procedures out of the hospital and into ambulatory surgery centers or as same day discharges from hospital-based outpatient surgery, where patients cannot be monitored for rare but serious complications, such as spinal epidural hematoma.

This case also illustrates the need for better communication between patients and clinicians following spinal surgery, communication that includes clinicians listening to and not dismissing the patient.