



MEPOS
Middle East Pediatric Orthopaedic Society
رابطة الشرق الأوسط لجراحة عظام الأطفال



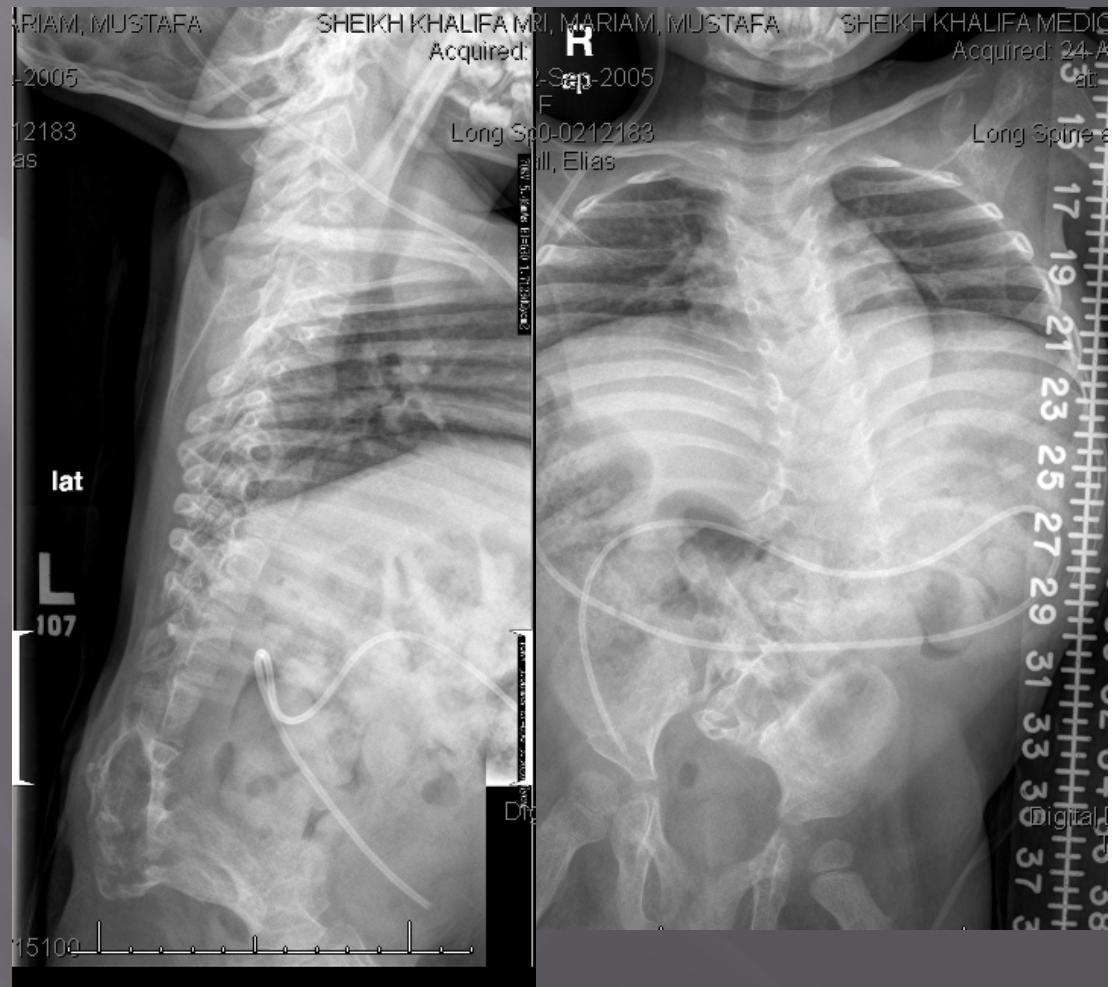
THE SURGEON'S WORST COMPLICATION: ICEOS UTRECHT 2016

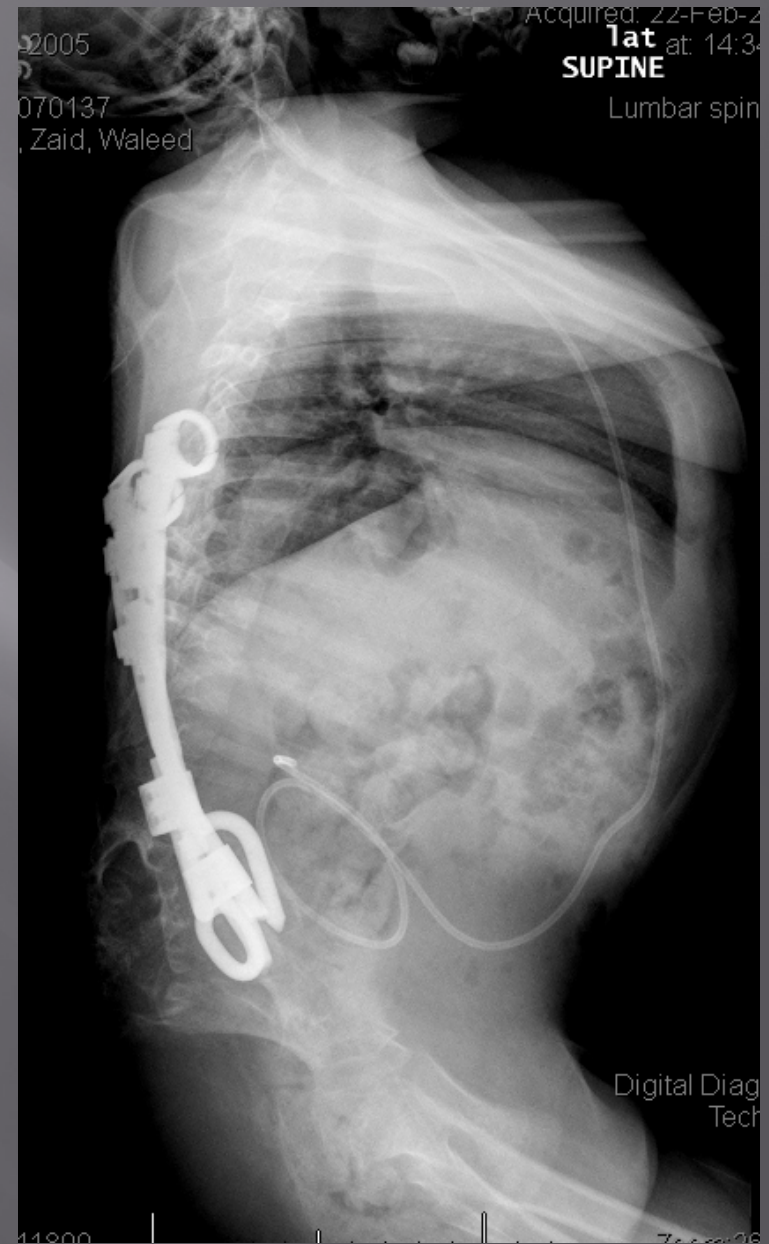
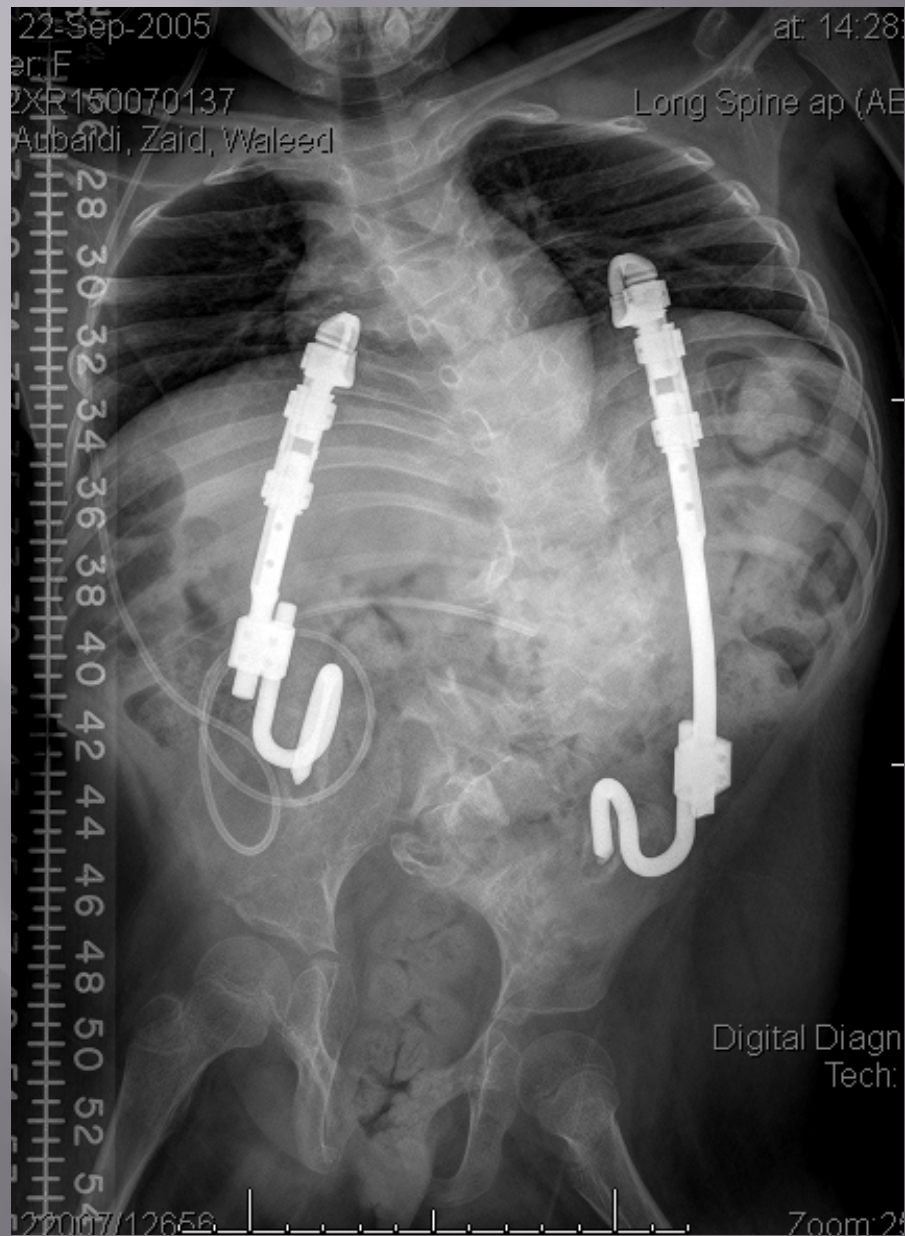


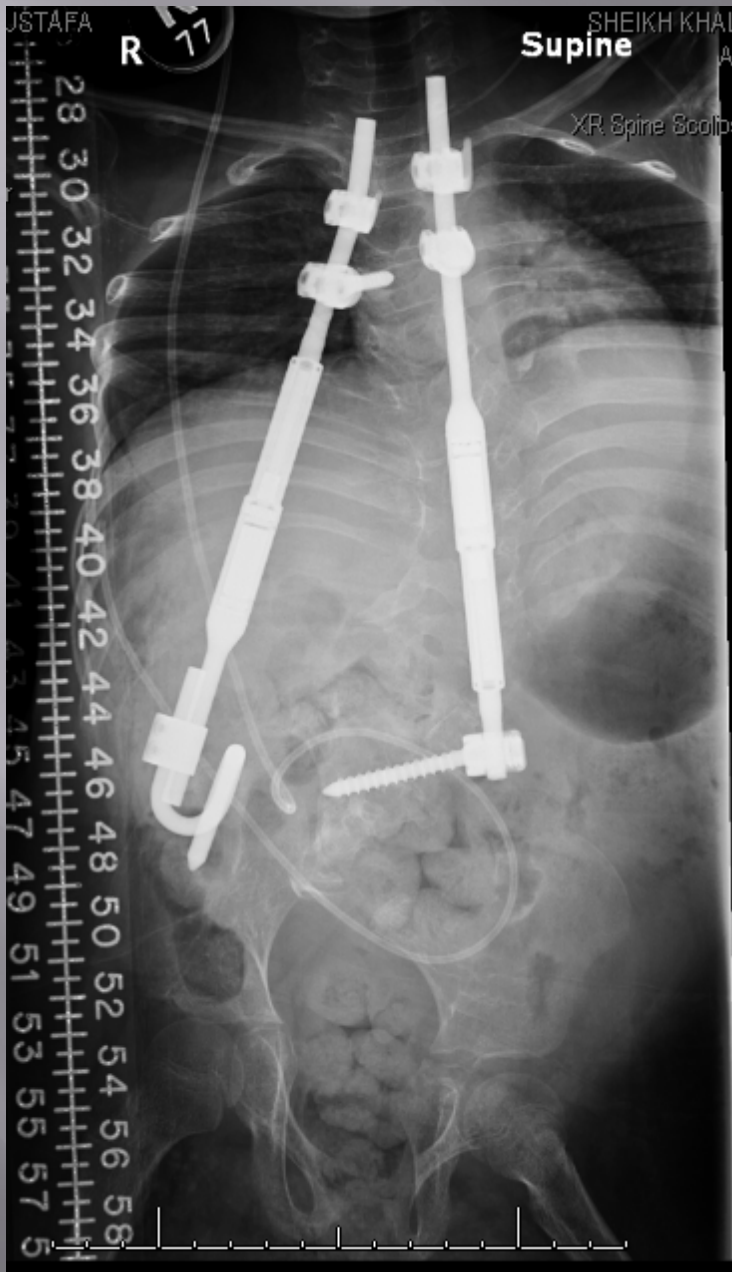
**Zaid Al-Aubaidi, MD, MB.CH.B, RDBO, EPOS
(MC), FRCPSO**

Pediatric Orthopedic and spine Consultant

- ▣ 8 year old SB
- ▣ Developed progressive scoliosis
- ▣ Operated primarily abroad using the VEPTR with the Eifel tower construct





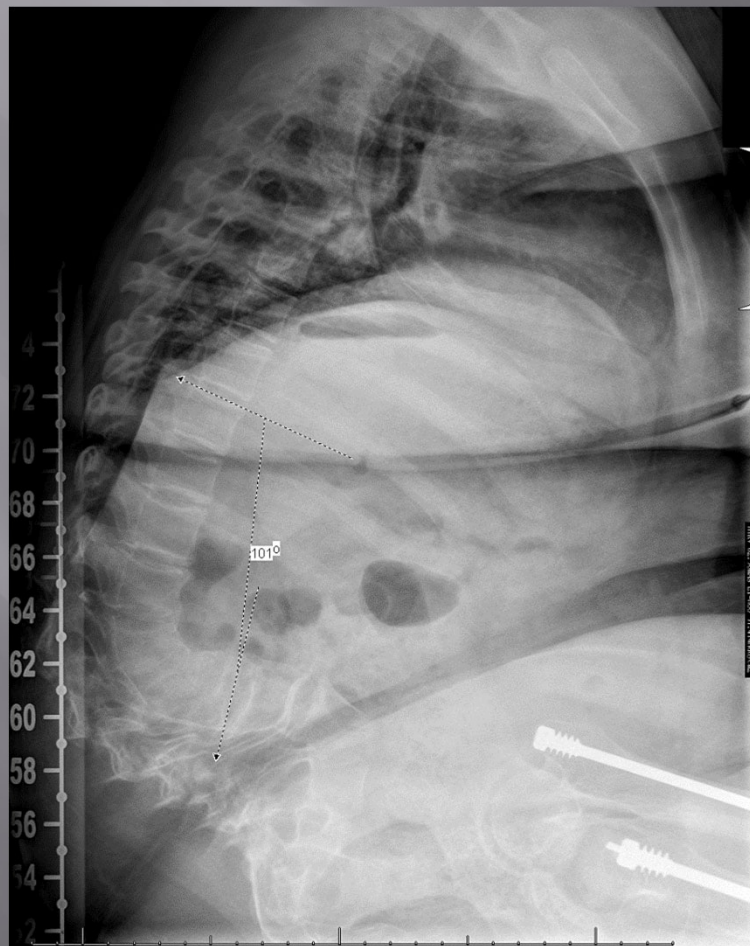


- ▣ We had a small CSF leakage from the upper hook construct, that stopped
- ▣ Did well 2 post surgery
- ▣ Started leakage from the lower part of the wound with serosanguinous fluid
- ▣ Neurosurgeons were consulted
- ▣ It cleared up after 2 days
- ▣ Lumbar drain was inserted, VP shunt pressure was adjusted
- ▣ Clamped after 1 week, then removed
- ▣ The collection started again

- ▣ Was operated with laminectomy
- ▣ The Dural tear was patched using: Dura-seal, Ti-seal, Flo-seal
- ▣ The Lumbar drain was reinserted
- ▣ Lumbar drain was removed after 5 days
- ▣ She started oozing from the lumbar drain site
- ▣ The site was stitched and pumping the VP shunt done with 4 squeezes every 15 minutes
- ▣ Stopped after 2 days

Case 2

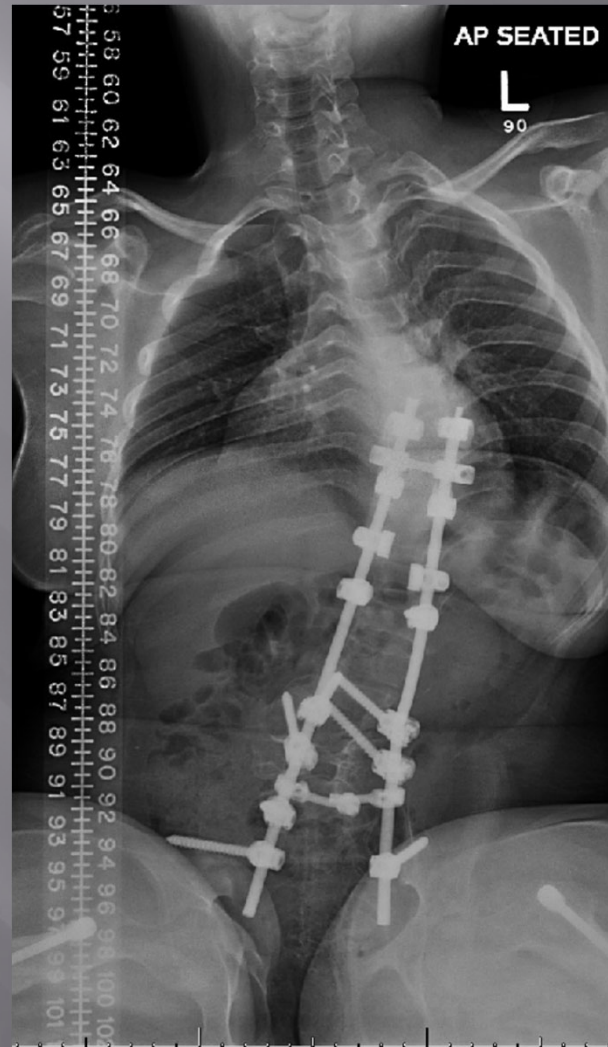
- ▣ 14 years old known with OI
- ▣ Developed progressive spinal deformity
- ▣ Was operated with PSO/multiple Ponte osteotomies





After 4 weeks

Mother felt
some
prominence
after 4 weeks

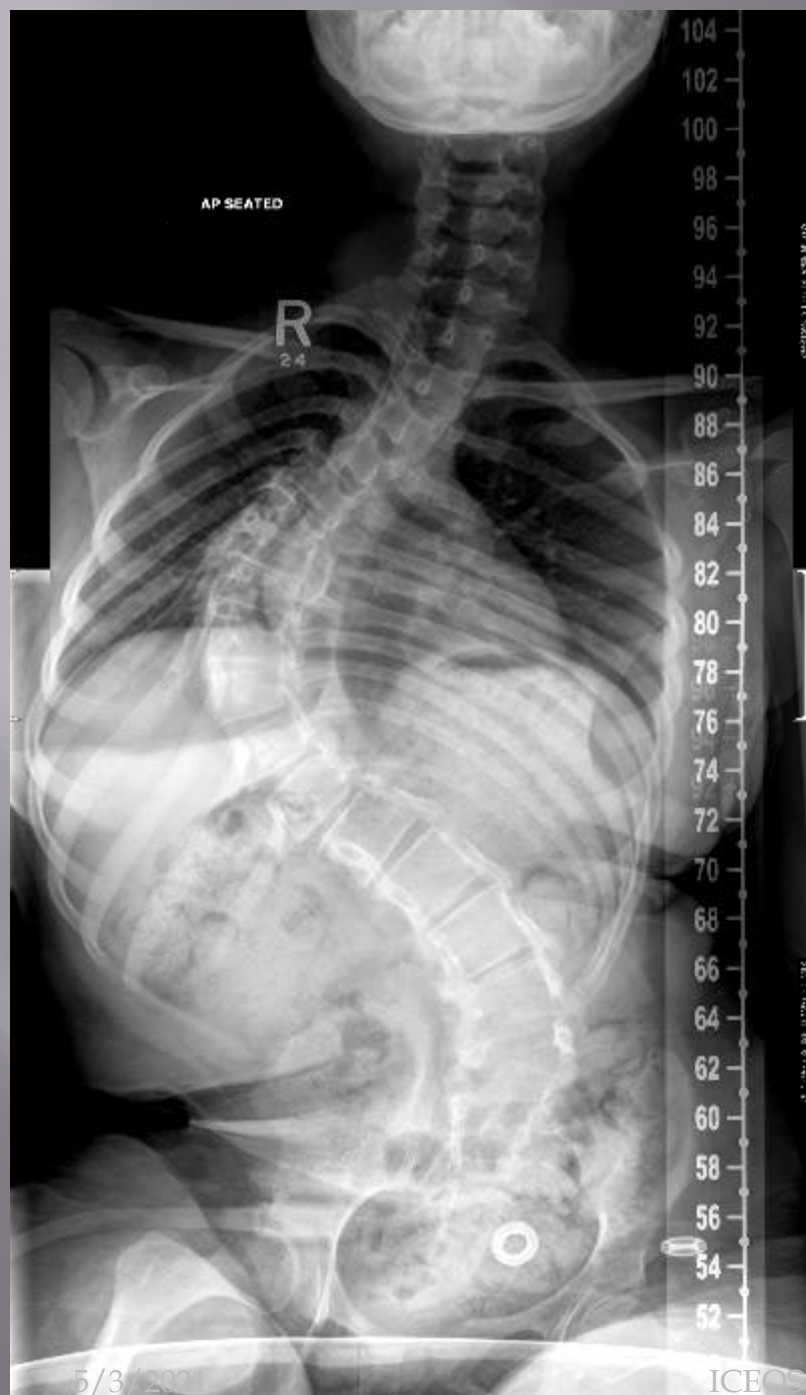


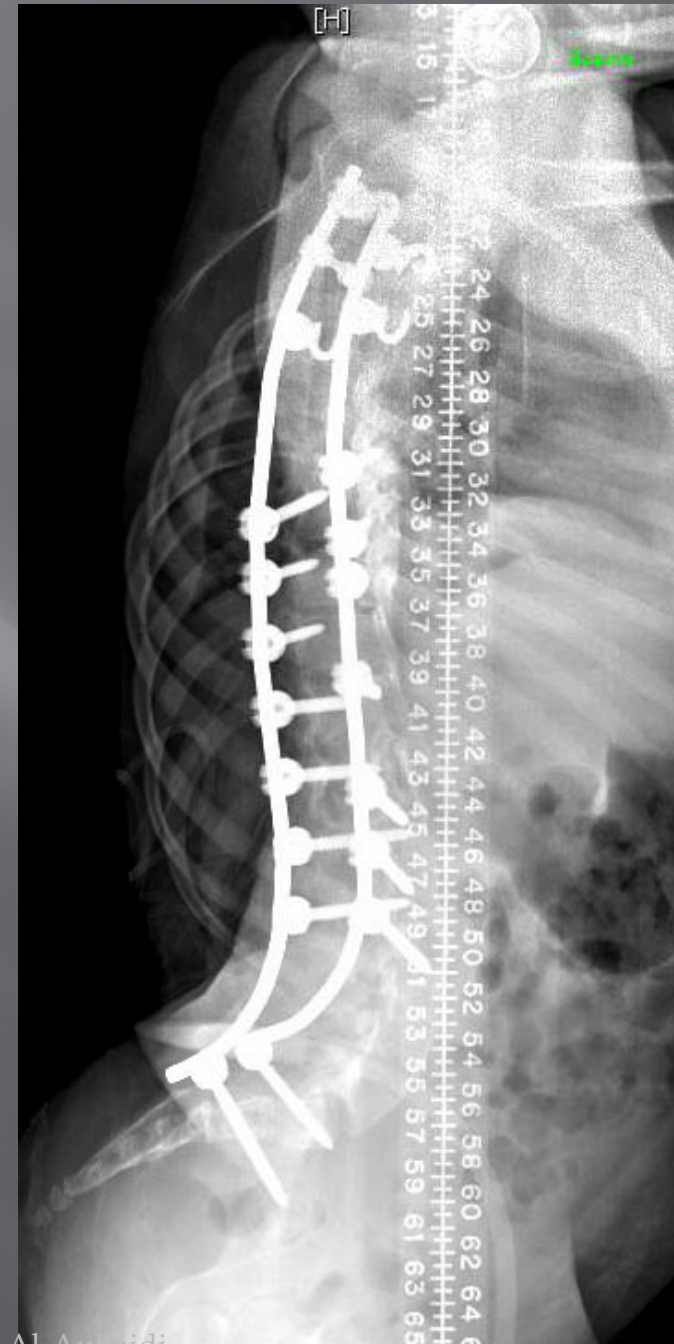
Was revised
using the
universal clamps
and modified
fixation method



Case 3

- ▣ 13 years old female patient
- ▣ We known with Spina Bifida
- ▣ Presented with significant spinal deformity
- ▣ All pre-op multidisciplinary investigations and preparation were done





- ▣ Surgery was done with PSF from T4-pelvis
- ▣ Was complicated with a small dural tear and CSF leak from the meningocell area
- ▣ This was sutured, Valsalva was done with no further leak
- ▣ The patients started to have spiking fever after 2 days
- ▣ Day 3 with swelling on the back
- ▣ Day 4 started to ooze clear fluid from the lower part of the wound

- ▣ Lumbar drain was inserted but with no production
- ▣ day 5 started to have turbid fluid discharge with high infection markers and fever
- ▣ Was taken to the OR, find to have big collection with infected fluid
- ▣ Through irrigation and debridement was done
- ▣ Valsalva was done twice reaching the highest pressure with no leak
- ▣ Taco cell was applied over the MMC area
- ▣ Closure done over 2 wound drains

- ▣ The patient had a dramatic improvement
- ▣ One of the wound drains started to ooze clear fluid
- ▣ All the measures with compressor dressing, prone positioning attempted
- ▣ Day 4 after the second surgery, the patient is still having clear fluid discharge from the wound drain
- ▣ CT myelogram was done, shows a small leak from the right side around L2 screw
- ▣ Taken to the OR with the neurosurgeons, high thoracic drain inserted and position verified with contrast
- ▣ Dye was injected and no leaks were found
- ▣ Valsalva done to the highest pressure and no leaking

Day one after the surgery

- ▣ The patient did not have any production from the thoracic drain
- ▣ Continuous drainage of clear fluid from one of the drains
- ▣ The patient had still leakage that was draining from the wound drain
- ▣ Now also got wound dehiscence and some skin necrosis
- ▣ MRI done and shows a small leak around the MMC

- ▣ Taken to the OR for re-debridement application of Taco cell and flo-seal all over the MMC are, and plastic surgeons did a flap
- ▣ Compressor dressing and Diamox was given
- ▣ The production of CSF started to decrease and stopped after 6 days



The worst surgeon's complication, is the one that is out of their specialty



"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."