

Thoracic Decompression and Fusion

Understanding Your Risks

This document outlines the potential complications associated with thoracic laminectomy, foraminotomy, and facetectomy for spinal canal and neuroforaminal stenosis, along with instrumentation and fusion. The information is based on current evidence from large clinical series, meta-analyses, and systematic reviews.

The purpose of surgery is to **relieve spinal cord and nerve compression in order to halt progression of myelopathy and improve radicular symptoms, along with maintaining spinal stability and promoting solid fusion.**

Risks and complications may include:

- Dural tear (with cerebrospinal fluid leak): Most cases are managed conservatively, though some may require lumbar drain or reoperation. Risks are higher with ossified ligamentum flavum and in revision cases.
- Postoperative neurological deterioration (new or worsened deficit)
- Transient or permanent neurological deficit / Paralysis
- Epidural hematoma
- Surgical site infection (superficial)
- Deep surgical site infection
- Wound complications (drainage, dehiscence)
- Reoperation / Revision
- Pseudarthrosis (fusion failure)
- Hardware complications (screw loosening, rod breakage, subsidence)

- Venous thromboembolism (DVT/PE)
- Pulmonary complications
- Spinal cord injury
- Systemic complications: Medical complications (cardiac events, respiratory failure, sepsis) are common causes of morbidity and mortality.
- Risk factors for complications: Advanced age, higher ASA class (≥ 3), comorbidities (diabetes, COPD, renal disease, cardiac disease), obesity, smoking, longer operative time, revision
- Blood transfusion
- Incomplete decompression
- Death

Patient Acknowledgment:

By signing below, the patient acknowledges understanding of the above potential for both common and rare complications associated with discussed plan for thoracic laminectomy, foraminotomy, and facetectomy along with instrumentation and fusion, including the additional risks associated with revision decompression. and all questions have been answered to the patient's satisfaction.

Patient Signature: _____ **Date:** _____

Patient Name: _____ **DOB:** _____