Spinal Tumor Surgery (techniques)

**INTRAOPERATIVE TUMORS**

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**INTRAOPERATIVE TUMORS**

Surgical extirpation is treatment of choice for benign tumors! (cures have been reported only after complete surgical resections)

Total removal with preservation of neurologic function!!

**PREOPERATIVE**

- steroids in perioperative period (start at least 24 h prior to surgery; begin tapering 3-5 days after surgery)
- baseline urodynamic studies!

**PROCEDURE**

Monitor spinal cord function using intraoperative electrophysiology (real-time feedback regarding possible ischemia or retraction injury):

1) somatosensory-evoked potentials
2) motor-evoked potentials
3) EMO (extremity muscles, anal sphincter)
   - spinal cord is sensitive to decreased perfusion - avoid hypotension!
   - alterations in evoked potentials → prompt cessation of dissection until potentials recover.

- patient under general anesthesia in prone position.
- if tumor spans several spinal levels → wide osteotomy
- i.e. posterior laminectomy should be performed with large corridor to accommodate tumor.
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**POSTOPERATIVE**

- see p. Ons50 **
- flat for 3 days.

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