84 yo F with a history of L4-L5 interlaminar lumbar instrumented fusion underwent a T9 laminectomy and spinal cord stimulator placement with paddle lead implants for treatment of post laminectomy syndrome. The patient tolerated the procedure well, and her immediate postoperative course was uncomplicated. She endorsed good pain relief and was eventually discharged home with follow up. One day after leaving the hospital, the patient developed progressive worsening paraplegia and bowel/bladder incontinence. Repeat imaging revealed the patient had developed a thoracic epidural hematoma, and she then underwent emergent evacuation and immediate removal of the stimulator. The patient’s lower extremity weakness and incontinence persisted, and she was admitted to acute inpatient rehabilitation. Despite a complex medical course thereafter, the patient was able to progress in function. Upon discharge, the patient was able to make significant improvement in her lower extremity weakness and mobility. Unfortunately, her incontinence remained.

The use of spinal cord stimulators has been shown to be an effective method for treating post laminectomy syndrome. Despite its efficacy, like any procedure, there are risks and potential complications. In particular, the development of an epidural hemorrhage/hematoma, albeit very rare, remains a devastating complication of spinal cord stimulator placement. As such, one must consider the various approaches to implantation including percutaneous electrode and surgical paddle placement.

When considering the treatment of chronic low back pain in post laminectomy syndrome, spinal cord stimulation is an effective method for providing pain relief. In the setting of acute neurological changes post operatively after placement, one must always think about the rare complications.


Image 1 with use courtesy of patient permission, Image 2 courtesy of google images.