

neuropathological findings consistent with PSP. We have identified 7 similar cases of NPH patients found to have concomitant PSP at autopsy in the literature. Like the case we present, these shunted patients experienced an initial, but unsustained, improvement in clinical status. Conclusions: We recommend the clinical management of NPH patients include surveillance for neurodegenerative disorders. CSF diversion in NPH patients who develop concomitant PSP benefit from CSF diversion, offering them an interval of significantly improved quality of life.

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Management of subdural hematoma as a complication of shunting in normal pressure hydrocephalus

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Background: Subdural hematoma (SDH) is a serious complication of shunt surgery for normal pressure hydrocephalus (NPH). Since the introduction of adjustable valves, management strategy has changed significantly. **Methods:** A retrospective review of NPH patients treated in the Hydrocephalus and CSF Disorders Clinic over the past five years was conducted. A review of clinical materials and imaging identified 32 patients who developed SDH following shunt surgery for NPH. **Results:** Twenty-seven patients were male and five were female. Mean age was 74. All patients received programmable valves. Nineteen patients were diagnosed with SDH within six months of shunt insertion, with a mean duration to diagnosis of 48 days. Five required surgery. The remaining 14 patients were treated successfully with shunt adjustment. All patients returned to their clinical baseline. Thirteen of the 32 patients developed SDH after a period of six months, with a mean duration to diagnosis of 43 months. None required surgical intervention. Ten patients were treated with shunt adjustment. The remainder were observed. **Conclusions:** Close surveillance following shunt insertion, particularly within the first six months post-op, is essential to prevent significant clinical sequelae secondary to SDH. Programmable valves can play an important role in early SDH management.

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Pain has a significant impact on post-operative quality of life outcomes in patients requiring surgical intervention for degenerative cervical myelopathy

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Background: Degenerative Cervical Myelopathy (DCM) is a progressive condition causing cervical spinal cord injury.

Disease severity is commonly assessed using the modified Japanese Orthopedic Association (mJOA) score, yet clinical guidelines do not integrate pain—a key symptom—in evaluations. This meta-analysis examines the relationship between pain scores and quality of life outcomes (QOL) in surgical DCM patients. **Methods:** A comprehensive literature search using MEDLINE, Web of Science, and Embase identified 73 studies. Data regarding pain scores (VAS/NRS) and QOL outcomes (SF-12, SF-36) were extracted by 2 independent reviewers and all conflicts were resolved by the senior author. The number of patients analyzed in the studies included was 929. **Results:** Meta-regression identified no significant relationship between pain and SF-36 preoperatively but found a significant negative correlation at 3 months ($r = -0.67$, $p < 0.05$), 6 months ($r = -0.65$, $p < 0.05$), 1 year ($r = -0.63$, $p < 0.05$), and 2 years ($r = -0.62$, $p < 0.05$). **Conclusions:** Our results indicate a strong relationship between postoperative pain and QOL among patients with DCM. Surgeons and care teams should prioritize optimal pain management postoperatively for patients with DCM.

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An examination of risk factors and outcomes of iatrogenic dural tears in southern New Brunswick

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Background: Dural tears (DT) are relatively common spine surgery complications, increasing risks of cerebrospinal fluid leaks, adverse events, and prolonged hospitalization. This study sought to identify DT predictors and compare postoperative outcomes including adverse events, revision, emergency room (ER) care, and length of stay between DT and non-DT cohorts. **Methods:** Retrospective analysis of elective spine surgery patients at a single tertiary centre. Variables included demographics, DT repair techniques, risk factors, post-operative adverse events, ER care within 30 days post-op, and revision. Binary logistic regression was used to analyze risk factors while hierarchical logistic and linear regressions analyzed postoperative events. **Results:** 6.6% of patients experienced DTs, with patches used in 40% of repairs. Age was a risk factor for DT ($\text{EXP}(B) = 1.039$, CI [1.016, 1.063]), while minimally invasive surgery (MIS) ($\text{EXP}(B) = 0.521$, CI [.297, .912]) reduced risk. DTs were associated with increased rates of cardiac arrest ($\text{EXP}(B) = 3.966$, CI [1.046, 15.033]), urinary retention ($\text{EXP}(B) = 2.408$, CI [1.218, 4.759]), revision ($\text{EXP}(B) = 4.574$, CI [1.941, 10.779]), ER visits ($\text{EXP}(B) = 1.975$, CI [1.020, 3.826]), and length of stay ($B = 3.42$, $p < 0.001$). **Conclusions:** MIS seems to be associated with decreased DT risk. DTs are also associated with post-operative cardiac arrest, urinary retention, required revision surgery, and visits to the ER within 30 days post-op.