**Title:**

Concomitant placement of intracranial pressure monitor during isolated acute subdural hematoma evacuation does not improve neurological outcomes

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**Abstract:**

***Objective*:**

To investigate and compare the outcomes in patients who underwent isolated acute subdural hematoma evacuation with or without concomitant placement of intracranial pressure monitor.

***Method:***

A twenty-year single institution retrospective comparison between change in neurological status of patients who underwent isolated acute subdural hematoma evacuation with or without concomitant placement of intracranial pressure monitor.

The primary outcome of change in neurological status was defined as the difference between the best postoperative GCS and the most immediate preoperative GCS. Secondary outcomes including change in management, including medical and surgical management of elevated ICP, and 30 day mortality were also studied.

***Result:***

There was no significant difference in neurological outcomes between patients who underwent concomitant placement of intracranial pressure monitor. There was no significant change in medical management, operative management, or 30 day mortality.

***Conclusion:***

There is no utility in the concomitant placement of intracranial pressure monitor in isolated acute subdural hematoma evacuation. The use of unnecessary invasive monitoring should be minimized to optimize operative time, nursing care, and reduce direct and indirect complications.