The Impact of Surgical Chronology on Outcomes of Patients Receiving Lumbar Spine and Lower Extremity Joint Surgeries

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Disclosures

- No disclosures
Introduction

• The aging population and obesity epidemic suggest that increasingly more patients with lumbar spine pathology will likely also develop lower extremity joint (LEJ) disease (hip and/or knee).

• Lack of outcomes data of patients who receive surgeries for both an LEJ and the lumbar spine within a short period based on chronology of surgery type.

• First report that evaluates the differences in surgical outcomes of patients receiving lumbar surgery following LEJ surgery compared to receiving lumbar surgery before LEJ surgery.
Methods

• Retrospective chart review of patients at a single institution with lumbar surgery between 2008-2015 and with hip/knee surgery within three years prior/following

• Pre-/post-operative outcome measures: EuroQol five dimensions questionnaire (EQ5D) and Pain Disability Questionnaire (PDQ).
Results

• 670 patients

• Patients receiving lumbar surgery first were 4.75 times more likely to reach the minimal important difference in PDQ.

• Patients receiving LEJ surgery first had a higher mean Charlson Comorbidity Index.

• Male patients were 37% less likely to be readmitted within 90 days of either procedure.
Discussion/Conclusion

- Postoperatively, patients who received lumbar surgery before LEJ surgery had greater improvement than patients who received LEJ surgery before lumbar surgery.

- These findings suggest that in patients with a co-existing need for lumbar and LEJ surgery, greater consideration should be given to providing lumbar surgery before LEJ surgery.

- Multi-specialty applicability

- Need for larger scale, multi-institute prospective studies