

Influence of Preoperative Symptom Duration on Postoperative Clinical Outcomes and Trajectory in Patients Undergoing Minimally Invasive Transforaminal Lumbar Interbody Fusion for Isthmic Spondylolisthesis

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INTRODUCTION: Prior studies that have assessed how duration of symptoms preoperatively affects patient postoperative clinical outcomes postoperatively following minimally invasive transforaminal lumbar interbody fusion (MIS-TLIF) have been limited in the strength of their conclusions due to the inclusion of heterogeneous spinal pathology. We aim to compare perioperative and postoperative mean patient-reported outcome measures (PROMs) and minimum clinically important difference (MCID) achievement following MIS-TLIF for isthmic spondylolisthesis in patients stratified by preoperative symptom duration.

METHODS:

A retrospective review of a maintained attending academic single-surgeon database was conducted for lumbar procedures between June 2005 and December 2021. Inclusion criteria was set as primary, elective, single-level or multi-level MIS-TLIF procedures for isthmic spondylolisthesis. Patients undergoing a revision procedure, or surgery indicated for infectious, malignant, or traumatic etiologies were excluded. Further, patients undergoing surgery for primary indication of recurrent herniated nucleus pulposus, degenerative spondylolisthesis, or degenerative scoliosis were excluded. Additionally, patients without preoperative duration of symptom data were excluded as well.

Duration of symptoms was defined as the time span from patient-reported onset of symptoms to the date of surgery. Patient demographics, perioperative characteristics, and PROMs were collected. PROMs were administered at preoperative and 6-week, 12-week, 6-month, 1-year, and 2-year postoperative timepoints and included Patient-Reported Outcomes Measurement Information System-Physical Function (PROMIS-PF), Visual Analogue Scale (VAS) for back and leg pain, Oswestry Disability Index (ODI), and 12-Item Short Form Physical and Mental Composite Score (SF-12 PCS/MCS).

Patients were grouped into two cohorts, utilizing 365 days a duration of symptom cutoff – symptoms duration <365 days or symptom duration ≥ 365 days. Demographic, perioperative characteristics, and mean PROMs were compared among groups using inferential statistics. Postoperative improvement from preoperative baseline within each cohort was assessed with paired samples t-test. Achievement of Minimum Clinical Important Difference (MCID) was determined by comparing ΔPROM scores to previously established threshold values.

RESULTS:

A total of 151 patients met inclusion criteria with 41 patients in the symptom duration <365 patient cohort and 110 patients in the symptom duration ≥365 patient cohort. A greater proportion of patients in the symptom duration <365 patient cohort had workers' compensation status ($p \leq 0.007$). A significantly greater proportion of patients in the symptom duration <365 cohort were discharged on postoperative day 0 (18.2% vs. 5.0%).

Preoperative mean PROM scores were similar for all PROMs collected with exception of preoperative ODI and SF-12 MCS noted to be significantly worsened in the symptom duration <365 day cohort ($p \leq 0.024$, all). Cohorts demonstrated no significant mean postoperative differences for all PROMs collected at all postoperative follow-up timepoints with exception of VAS back at 1-year, VAS leg at 2-years, ODI at 2-years, and PROMIS-PF at 12-weeks, 1-years, and 2-years ($p \leq 0.036$, all). Symptom duration <365 days patient cohort demonstrated significant improvement from preoperative baseline to the 2-year timepoint for all PROMs collected at all individual postoperative timepoints except ODI at 2-years, SF-12 MCS at 6-weeks, 6-months, 1-year, and 2-years, SF-12 PCS through 6-months, and PROMIS-PF at 6-weeks, 12-weeks, and 2-years ($p \leq 0.048$, all). Symptom Duration ≥365 patient cohort demonstrated significant improvement from preoperative baseline to 2-year timepoint for all PROMs collected at all individual postoperative timepoints with the exception of ODI at 6-weeks, SF-12 MCS at 6-weeks, 12-weeks, 1-year, and 2-years, SF-12 PCS at 6-weeks, and PROMIS-PF at 6-weeks ($p \leq 0.028$, all). Both cohorts achieved overall MCID greater than 50% for the following HRQOL measures: VAS back, VAS leg, ODI, SF-12 PCS, and PROMIS-PF.

DISCUSSION AND CONCLUSION: Results from our study may suggest improved short-term physical function improvement and long-term mean outcomes for leg pain and disability in patients undergoing MIS-TLIF for isthmic spondylolisthesis in patients presenting for surgery with longer symptom duration preoperatively.

Table 1. Patient Demographics

Table with 5 columns: Variable, Total (n (%)), Symptom Duration <=65 Days (n (%)), Symptom Duration >=66 days (n (%)), and p-value. Rows include Age, Gender, Ethnicity, Body Mass Index, etc.

Table 2. Perioperative Characteristics

Table with 5 columns: Variable, Total (n (%)), Symptom Duration <=65 Days (n (%)), Symptom Duration >=66 Days (n (%)), and p-value. Rows include Spinal Pathology, Anesthesia, Incision, etc.

Table 3. Patient Report

Table with 5 columns: Variable, Symptom Duration <=65 Days (Mean ± SD), Symptom Duration >=66 Days (Mean ± SD), Symptom Duration >=66 Days (Mean ± SD), and p-value. Rows include Preoperative, Postoperative, VAS, etc.

Table 4. MCHD Achievement

Table with 5 columns: Variable, Symptom Duration <=65 Days (n (%)), Symptom Duration >=66 Days (n (%)), and p-value. Rows include VAS Back, VAS Leg, ODI, etc.

*p-value calculated with chi-squared analysis