Does Obesity Influence Outcomes of Primary, Single-Level Lateral Lumbar Interbody Fusion?

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INTRODUCTION:

The influence of obesity on outcomes of lateral lumbar interbody fusion (LLIF) has not been extensively evaluated. We aim to determine if obesity impacts perioperative characteristics, patient-reported outcome measures (PROMs), or minimal clinically important difference (MCID) achievement following primary, single-level LLIF. METHODS:

Patients undergoing primary, single-level LLIF were identified from a single-surgeon retrospective database. Subjects missing body mass index (BMI) and subjects undergoing LLIF for infection, cancer, or trauma were excluded. Patients were divided into Non-Obese (BMI <30 kg/m²) and Obese (BMI ≥30 kg/m²) groups. Demographic and perioperative characteristics were collected and compared between groups. PROM scores were collected in the preoperative period and postoperative period at 6-weeks, 12-weeks, 6-months, and 1-year. The following PROMs were evaluated in this study: Visual Analog Scale (VAS) back and leg, Oswestry Disability Index (ODI), 12-Item Short Form (SF-12) Physical Composite Score (PCS), and Patient-Reported Outcome Measurement Information System physical function (PROMIS-PF). PROMs were compared within groups to preoperative baseline scores and between groups at each time point. MCID achievement was determined using established threshold values for change in PROMs from preoperative to each postoperative time point and compared between groups. RESULTS:

A total of 88 patients were included in the final study, with 54 non-obese and 34 obese subjects. Age, gender, ethnicity, diabetic status, smoking status, hypertensive status, American Society of Anesthesiologists (ASA) classification, Charlson Comorbidity Index (CCI) score, and insurance did not significantly differ between groups. The majority of patients presented with degenerative spondylolisthesis (59.1%). Central stenosis was present in 89.8% (n=79) patients, while foraminal stenosis present in 58.0% (n=51). Length of stay on average was longer in the obese cohort (43.8 hours vs 33.0 hours; p=0.037). Mean narcotic consumption at postoperative day 1 was also higher in the obese cohort (47.6 oral morphine equivalents [OME] vs. 29.2 OME; p=0.044). Other perioperative characteristics and 1-year arthrodesis rate (100.0% for both groups) did not significantly differ. The non-obese group improved from preoperative to postoperative PROM values at all time points (p<0.018, all) except for PROMIS-PF and SF-12 PCS at 6-weeks. The obese group improved from preoperative to postoperative PROM values at all time points (p<0.018, all) except for PROMIS-PF and SF-12 PCS at 6-weeks. The obese group improved from preoperative to postoperative PROM values at all time points (p<0.047, all) apart from PROMIS-PF (6-weeks through 1-year), SF-12 PCS at 6 weeks, and ODI at 1-year. Mean PROMIS-PF was significantly higher in the non-obese group at 12-weeks and 6-months, and mean disability was significantly higher in the obese group at 1-year following LLIF (p<0.046, all). MCID achievement rates significantly differed for ODI at 12-weeks and 1-year, and for PROMIS-PF at 6-months, only (p<0.024, all).

DISCUSSION AND CONCLUSION: Obese patients required longer postoperative stay and greater amounts of narcotics following single-level LLIF. Obese patients also suffered from poorer PROMIS-PF scores in the intermediate postoperative period; however, SF-12 PCS scores were similar. Additionally, apart from higher disability for this group at 1-year, all other disability scores were similar. Back and leg pain scores also did not differ. MCID achievement rates were generally comparable between both groups for pain. disability. and physical function.

generally		comparable			Table 2. Perioperative Characteristics			both		groups for		pain,			disability,		and	physical	
Table 1. Patient Demographics										Table 3. Mean Patient Reported Outcomes		•			Table 4. Min	imum Clinically I	mportant Difference	• •	
haracteristic	Total (n=88)	Non-Obese (n=54)	Obese (n=34)	*p-value	Spinal Pathology	Total (n=\$8)	Non-Obese (n=54)	Obese (n=34)	*p-value	PROM	Non-Obese Mean ± SD	*p-value	Obese Mean 4 SD	†p-value	*†p-value	PROM	Non-Obese %, (n)	Obese %, (n)	*p-value
ge (mean + SD, years)	57.3±12.4	57.7±13.6	56.7±10.4	0.709	Degenerative					PROMIS PF	36.7±7.5		35.6±7.9		0.676	ODI	70, (B)	2 9 , (0)	
nder				0.544	Spandylolisthesis	59.1% (52)	61.1% (33)	55.9% (19)	0.627	Preoperative 6-weeks	39,146.0	0.179	37,344,5	0.780	0.876		22.02/ 00	AL AN (7)	0.960
Female Male	48.9% (43) 51.1% (45)	46.3% (25) 53.7% (29)	52.9% (18) 47.1% (16)		Isthmic Spondylolisthesis	1825(16)	14,8% (8)	23.5% (8)	0.302	12-weeks	43.7±2.9	0.002	38.8±5.7	0.130	0.046	6-weeks	32.0% (8)	31.3% (5)	
icity	31.179 (43)	33.7% (29)	47.1%(10)	0.063	Recurrent Herniated	10.2.74 (10)	147614 (0)	23.376(8)	0.704	6-months	49.747.2	<0.001	41.7±8.5	0.297	0.031	12-weeks	32.0% (8)	72.7% (8)	0.023
ucasian	78.2% (16)	84.9% (45)	67.7% (23)	0,000	Nucleus Pulposus	3.4% (3)	1.9%(1)	5.9% (2)	0.310	1-year	48.4+6.7	<0.001	45.0+9.6	0.064	0.332	6-months	63.2% (12)	80.0% (4)	0.477
frican American	6.9% (6)	3.8% (2)	11.8% (4)		Degenerative Scoliosis	26.1% (23)	29.6% (16)	20.6% (7)	0.347	SF-12 PCS						1-year	53.9% (7)	0.0% (0)	0.024
ispanic	6.9% (6)	1.9% (1)	14.7% (5)		Central Stenosis	89.8% (79)	88.9% (48)	91.2% (31)	0.730	Preoperative	32.048.1		30.249.1		0.502	Overall	61.3% (19)	61.1% (11)	0.990
ian	2.3% (2)	3.8% (2)	0.0% (0)		Foraminal Stenosis Operative Time	58.0% (51)	64.8% (35)	47.1% (16)	0.100	6-weeks	33.0±9.8	0.223	32.3±9.6	0.392	0.827	PROMIS-PF	011070(13)	011110(11)	
201	5.8% (5)	5.7% (3)	5.9% (2)		(Mean ± SD; min)	122.0+50.4	115.8±50.0	132.1±50.1	0.145	12-weeks 6-months	40.0±10.3 45.5±12.6	-0.001 0.001	38.2±12.9 41.6±13.9	0.010 0.003	0.689				0.930
tic Status				0.554	Estimated Blood Loss					e-monins 1-year	43.7±11.7	0.001	42,4±15,2	0.009	0.838	6-weeks	35.0% (7)	33.3% (3)	
n-Disbetic abetic	93.2% (82) 6.8% (6)	94.4% (51) 5.6% (3)	91.2% (31) 8.8% (3)		(Mean ± SD; mL)	50.3±25.2	49.5±24.5	\$1.5±26.5	0.723	VAS back	40.7511.7	1101	Sector Con	0,007	0.070	 12-weeks 	62.5% (10)	42.9% (3)	0.382
ing Status	0.879 (0)	3.0% (3)	0.071(3)	0.616	Length of Stay					Preoperative	6.3±2.0		6.9±2.3		0.220	6-months	86.7% (13)	33.3% (2)	0.015
n-Smoker	82.8% (72)	81.1% (43)	85.3% (29)	0.010	(Mean ± SD; hours)	37.3+22.1	33.0+20.8	43.8+22.6	0.037	6-weeks	3.3+2.3	<0.001	3.2+2.2	<0.001	0.980	1-year	81.8% (9)	57,1% (4)	0.255
sker	17.2% (15)	18.9% (10)	14.7% (5)		Postoperative Vas pain POD 0	5.1±2.1	5.1±2.1	5.1±2.1	0.905	12-weeks	2.542.5	<0.001	3.342.4	<0.001	0.260	Overall	79.2% (19)	60.0% (6)	0.248
ension Status				0.456	POD 1	4.6±1.7	4.611.6	4.8±1.9	0.720	6-months	2.0+2.4	<0.001	3.4+3.1	0.013	0.156	SF-12 PCS			
n-hypertensive	63.6% (56)	66.7% (36)	58.8% (20)		Postoperative Narcotic	1,0-1,1	110-110		0.7.00	1-year	2.1±2.7	0.018	3.641.4	0.043	0.180		10.001 000	6.6 MAL 1993	0.234
pertensive	36.4% (32)	33.3% (18)	41.2% (14)		Consumption (OME)					VAS leg Preoperative	5.4±2.5		5.5±3.4		0.957	6-weeks	45.0% (9)	66.7% (8)	
Classification				0.551	POD 0	57.8±42.2	57.9±48.1	\$7.6±31.4	0.973	6-works	2.3±1.8	-0.001	2.342.6	0.002	0.974	12-weeks	72.2% (13)	77.8% (7)	0.756
	11.4% (10)	13.0% (7)	8.8% (3)		POD 1	36.3+41.8	29.2444.1	47.6+35.6	0.044	12-weeks	1.4±1.9	<0.001	1.8±2.7	0.007	0.588	6-months	83.3% (10)	100.0% (7)	0.253
	88.6% (78)	87.0% (47)	91.2% (31)		1-year Arthrodesis	100.0% (38)	100.0% (23)	100.0% (15)		6-months	1.2 ± 1.9	<0.001	2.5+3.2	0.047	0.257	1-year	72.7% (8)	85,7% (6)	0.518
icore (Mean ± SD)	2.542.1	2.542.3	2.5±1.7	0.899	POD = pastoperative day; mL = *e-values calculated using Stat					1-year	1.9±2.8	0.002	2.1±1.4	0.012	0.881	- Overall	75.0% (18)	92.3% (12)	0.199
ance odicaro/Modicaid	13.6% (12)	13.0% (7)	14.7% (5)	0.240						ODI						VAS back	151070(10)	22.578 (12)	0.1333
ekers' Compensation	18.2% (16)	13.0% (7)	26.5% (9)		Boldface indicates significat	nce				Preoperative	32.5±11.6	0.032	39.4±18.2		0.098				
vate	68,2% (60)	74,1% (40)	58.8% (20)							6-weeks 12-weeks	26.0±13.0 22.2±15.3	0.032	34.3+14.3 19.1+20.8	0.023	0.614	6-weeks	53.9% (21)	68.0% (17)	0.261
American Society of Ane	sthesiologists; CCI	- Charlson Comerbi		dard deviation						f-months	15.1411.5	-0.001	20.2+18.6	0.005	0.389	12-weeks	69.2% (27)	67.4% (11)	0.739
More indicates significance						1-year	13.1±11.1	0.001	39.7±21.4	0.532	0.001	6-months	67.9% (19)	66.7% (6)	0.947				
										*p-values calculate	d using paired same	e t-test to determi	ine preoperative to pos	stoperative impro	wement in non-	1-year	61.5%(8)	66.7% (4)	0.829
										Obese cohort						Overall	76.1% (35)	74.1% (20)	0.847
										tp-values calculate	ed using paired samp	es 1-test to determ	sine preoperative to po	ostoperative impr	ovement in Obese	VAS leg	101170 (55)	111110(00)	0.017
										*translars calcula	ed mine Staden's r	and for independent	ent samples to compar	e mene 220Ma	between both				
										cohorts						6-weeks	44.0% (11)	68.8% (11)	0.121
										Baldford in Cont						12-weeks	60.0% (15)	70.0% (7)	0.580
										Boldface indicat	es significance					6-months	77.8% (14)	60.0% (3)	0.423
																1-year	76.9% (10)	83.3% (5)	0.750
																Overall	74.2% (23)	72.2% (13)	0.880
																*p-values calcula	ted using chi-square a	malysis	
																Boldface indica	ites significance		