

# Physical Function at Presentation May Influence Postoperative Clinical Outcome Trajectory and Long Term Patient Satisfaction following Single-Level Lumbar Fusion

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**INTRODUCTION:** This study aims to compare patient-reported outcome measures (PROMS), postoperative patient reported satisfaction, and minimum clinically important difference (MCID) achievement following lumbar fusion in patients stratified by their preoperative Patient-Reported Outcomes Measurement Information System-Physical Function (PROMIS-PF) score.

**METHODS:** Patients who underwent a primary, single-level anterior, lateral, or transforaminal lumbar fusion procedure with posterior instrumentation were retrospectively included in this study. The two propensity score matched cohorts were stratified by a preoperative PROMIS-PF score of  $\geq 35$ . Exclusion criteria was set as revision procedures or those indicated for infection, trauma, or malignancy, or if patients failed to complete a preoperative PROMIS-PF survey. Patient demographics, perioperative characteristics, postoperative patient reported satisfaction scores and complications, and PROMs were collected. PROMs were administered preoperatively and 6 weeks, 12 weeks, 6 months, and 1 year postoperatively and included Visual Analogue Scale (VAS) for back and leg pain, Oswestry Disability Index (ODI), 12-Item Short Form Physical and Mental Composite Score (SF-12 PCS/MCS), and PROMIS-PF. Postoperative patient satisfaction surveys consisted of the ODI for sleep, lift, walk, stand, sex, and travel, and utilized the VAS scoring system for back pain, leg pain, and disability.

## RESULTS:

113 patients were included with 65 in the preoperative PROMIS-PF  $\geq 35$  cohort. The PROMIS-PF  $< 35$  cohort demonstrated increased VAS pain scores and narcotic consumption on postoperative day (POD) 0 and 1, improvement from preoperative baseline to the 1 year time point for all PROMs collected at all postoperative time points except for SF-12 MCS at 6 weeks, 12 weeks, and 1 year, and a greater proportion achieving MCID at 6 weeks for VAS back, VAS leg, ODI, and SF-12 MCS, with the addition of VAS leg at 12 weeks and overall ( $p \leq 0.044$ , all). Cohorts demonstrated differences between all preoperative PROM scores except for SF-12 MCS, and postoperative differences for the following PROMs: VAS back at 12 weeks and 6 months, VAS leg at 6 weeks and 6 months, PROMIS-PF and ODI at all postoperative time points, SF-12 MCS at 6 weeks and 12 weeks, SF-12 PCS at 6 weeks, 12 weeks, and 6 months ( $p \leq 0.045$ , all), which all favored the PROMIS-PF  $\geq 35$  cohort. The PROMIS-PF  $\geq 35$  cohort demonstrated improvement from preoperative baseline to the 1-year time point for all PROMs collected at all postoperative time points except for SF-12 MCS at 1 year, SF-12 PCS and PROMIS-PF at 6 weeks, greater postoperative satisfaction for VAS back at 12 weeks, ODI at 6 weeks, 12 weeks, and 1 year, and ODI for the following categories: lifting and walking at 12 weeks, standing and sexual at 6 and 12 weeks, and travel at 6 weeks, 12 weeks, and 1 year ( $p \leq 0.049$ , all).

## DISCUSSION AND CONCLUSION:

Patients with poor preoperative physical function demonstrated significantly inferior back and leg pain up-to 6 months, and significantly inferior disability and physical function up-to 1 year. However, patients with both "poor" and "fair" physical function preoperatively demonstrated significant long term clinical improvement from their respective preoperative baselines at 1-year postoperatively for back pain, leg pain, physical function, and general disability. Additionally, patients with poorer preoperative physical function consumed larger quantities of narcotics on POD 0 and 1 and reported greater postoperative VAS pain scores on POD 0 and 1. Finally, patients with inferior preoperative physical function reported inferior long term postoperative satisfaction with their disability levels. By stratifying patients by their PROMIS-PF scores in the preoperative period, surgeons may be able to better predict expected postoperative clinical improvement which may aid them in preoperative patient counseling as well as avoid forming realistic patient expectations for patients undergoing single level lumbar fusion.

Table 3. Preoperative Characteristics			
	PROFIS-PF $\geq 35$	PROFIS-PF $< 35$	p-value
Age	56.2(10)	57.1(10)	0.88
Sex	28(43%)	24(37%)	0.48
Female	28(43%)	24(37%)	0.48
Male	37(57%)	33(51%)	0.48
Insurance	16(25%)	14(22%)	0.62
Medicaid	16(25%)	14(22%)	0.62
Private	50(77%)	49(76%)	0.62
Work status	16(25%)	14(22%)	0.62
Employed	16(25%)	14(22%)	0.62
Unemployed	49(75%)	49(76%)	0.62
Education	16(25%)	14(22%)	0.62
High school	16(25%)	14(22%)	0.62
Some college	37(57%)	33(51%)	0.62
College graduate	12(18%)	11(17%)	0.62
Postgraduate	8(12%)	7(11%)	0.62
Marital status	16(25%)	14(22%)	0.62
Married	16(25%)	14(22%)	0.62
Single	37(57%)	33(51%)	0.62
Divorced	12(18%)	11(17%)	0.62
Widowed	8(12%)	7(11%)	0.62
Smoking	16(25%)	14(22%)	0.62
Smoker	16(25%)	14(22%)	0.62
Non-smoker	49(75%)	49(76%)	0.62
Alcohol	16(25%)	14(22%)	0.62
Alcohol use	16(25%)	14(22%)	0.62
None	49(75%)	49(76%)	0.62
Diabetes	16(25%)	14(22%)	0.62
Diabetes	16(25%)	14(22%)	0.62
None	49(75%)	49(76%)	0.62
Hypertension	16(25%)	14(22%)	0.62
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None	49(75%)	49(76%)	0.62
Cholesterol	16(25%)	14(22%)	0.62
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None	49(75%)	49(76%)	0.62
Preoperative PROMIS-PF	45.2(5.2)	38.1(5.1)	<0.001
Preoperative VAS back	4.1(1.1)	4.1(1.1)	0.98
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