Preoperative Back Pain Severity Influences Postoperative Clinical Outcomes and Trajectory in Patients undergoing Lateral Lumbar Interbody Fusion

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INTRODUCTION: The Visual Analog Scale (VAS) is a frequently used and validated instrument for assessing a patient's self-perceived lower back and leg pain and is often employed to assess the efficacy of lumbar surgical intervention. Our study seeks to assess how preoperative severity of presenting lumbar back pain may influence postoperative clinical trajectory and patient-reported outcome measures (PROMs) following lateral lumbar interbody fusion (LLIF). METHODS:

A prospectively maintained surgical database was retrospectively reviewed for lumbar operations between June 2005 and December 2021. Patients with primary LLIF procedures were included while those with incomplete preoperative VAS back surveys, or had surgery indicated for infectious, malignant, or traumatic etiologies were excluded. PROMs were administered at preoperative and various postoperative time points and included physical function, pain, and disability. Postoperative complications were collected for each group as well. Patients were grouped into two cohorts, dependent on preoperative VAS back scores of <7 for mild-moderate pain or ≥7 indicative of severe back pain. Demographic and perioperative characteristics were compared among groups using chi-square and Student's t-test for categorical and continuous variables, respectively. Mean PROM scores were compared between cohorts at each time point utilizing a unpaired Student's t-test. 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. MCID achievement rates were compared between groups with chi-squared analysis.

RESULTS: The patient cohort consisted of 199 patients with 84 patients in VAS back Preoperative <7. The only demographic difference of note is the higher rate of hypertension (p<0.029) in the VAS back Preoperative <7 cohort. Majority of patients in both cohorts had presenting spinal pathology of degenerative spondylolisthesis with concomitant central stenosis. A significantly greater proportion of patients in the VAS back preoperative <7 cohort reported central and foraminal stenosis. No significant differences were noted between cohorts for operative duration, estimated blood loss, or postoperative day of discharge. Patients in the severe back pain cohort demonstrated significantly greater mean postoperative length of stay, greater postoperative VAS pain scores on POD0 and 1, and greater postoperative narcotic consumption on POD1 (p≤0.049, all). Rate of postoperative complications did not differ between cohorts. Preoperative mean PROM scores were significantly different for all PROMs collected. Cohorts demonstrated significant mean postoperative differences for the following PROMs at the following postoperative time points: VAS back at 6 weeks, 12 weeks, 6 months, and 2 years, VAS leg at 6 months, ODI at 6 weeks, 12 weeks, 6 months, and 2 years, SF-12 PCS at 6 months, and PROMIS-PF at 12 weeks, 6 months, and 1 year (p≤0.049, all). The Preop VAS back <7 patient cohort showed improvements from preoperative to 2 years for all PROMs collected at postoperative timepoints except for VAS leg at 1-year, ODI at 6 weeks, SF-12 PCS at 6 weeks, and PROMIS-PF at 6 weeks. Preop VAS back ≥7 patient cohort demonstrated improvement in this time period for all PROMs collected at all postoperative timepoints. Patients in the VAS back ≥7 patient cohort demonstrated greater proportion achieving MCID for VAS back at 6 weeks, 12 weeks, 1 year, and overall as well as for VAS leg at 6 weeks (p≤0.043, all).

DISCUSSION AND CONCLUSION:

Patients in both preoperative back pain severity cohorts demonstrated significant long-term clinical improvement from their respective preoperative baselines at 2-years postoperatively for back pain, leg pain, physical function, and general disability. Patients with severe preoperative back pain (VAS >7), however, demonstrated significantly inferior short (6weeks-6months) and long-term (2 years) mean outcome scores for back pain and general disability. 2-year mean outcome scores for leg pain and physical function were similar between cohorts. Results from our study may be used by surgeons to understand differing postoperative trajectories of patients undergoing LLIF stratified by back pain severity.

	Tetal (er 190)	V.A.S- Black =7 (m=84)	VAS- Budg?	*p-rale
Age Empare/SEPs	961116	985 ± 11.2	58.9 ± 11.9	0.725
Gender				
	48.2% (90)	43.9% (10)	52.25 (1900)	0.194
	51.304 (19T)	AT 1% (80)	47.8% (3%)	
Finite Mess Index (Mess + 201)				1.065
Dody resta mort (resear- 50)	50.5 + 6.1	29.4 ± 5.7	38.9 ± 6.2	2000
Ethnicity				
Concesion	88.8% (190)	83.1% (99)	79.1% (91)	
			8.7% (10)	
				8.862
Other	3.5% (7)	145(0)	3,896(4)	
		13.1% (10)		
Smoking States				
Non-Smoker				
Smoker	14.7% (29)	17.1% (14)	13.0% (15)	
Non-Hypertensine	53,5% (190)	62,7% (32)	46,9% (54)	8.009
	46.5% (92)	37.4% (30)	53.0% (61)	
				8.719
25	25.9% (59)	31.25 (20)	28.9% (33)	
CCI Score Olivan e SEN				
Medicare/Medicald				
Wedon' Compensation	16.1% (32)	11.9% (10)	19.1% (22)	8.050
Private ASA = American Society of American	62,8% (125)	72.6% (80)	55,7% 6540	

	Tetal (s-199)	VAS-Back =7 (n=84)	VAS-Back 27 (n=118)	*p-rale
Spinal Pathology				
Central Streenis	86.5% (177)	92,9% (76)	82.6% (95)	0.654
Foraminal Stonesia	38.2% (76)	46.4% (39)	32.2% (37)	0.640
Hersisted Nucleus				0.295
Pulporas	7.5% (15)	4.8% (4)	9.6% (1.1)	
Degenerative				
Spondylolisthosis	50.8% (101)	47,654 (40)	53.0% (61)	
Degenerative Scotlosis		36.9% (31)	28.7% (33)	0.221
Saltonia Spondyfeliathenia	19.1% (20)	15.9% (13)	6.1% (7)	0.069
Number of Operative Lavely				
Single Level	23.2% (140)	27.4% (65)	69.9% (79)	
Maltiple Levels	26.9% (57)	22,6% (15)	30.1% (34)	
Operative Time (Mesen) SD;				0,295
Estimated Effood Laws				
(MosniSD; mL)	96.8 ± 176.4	165.1 ± 250.8	92.0 ± 84.8	
Post-operative Day of				
	14.8% (27)	3.7% (90	19/05/20	
	8.6% (19)	64% (2)	1625 (11)	
Posterosstivo VAS Pain				
Score				
BODA .	54+1.9	48+19	57+19	0.000
1001	48118	42 (13	51+19	9,613
Postspermine Narroute				
Consumetion (CME)				
PODS	63:411	54.5 + 32.5	66.0 + 45.9	0.661
1001	47.5 ± 47.6	38.7 ± 32.2	53.2 ± 55.7	0.649
CREE - Creek Mornhous Equation				

Complication	Tetal (n=199)	VAS- Back <7 (n=84)	VAS-Buck≥7 (n=115)	*p-valu
Reintubation	0.0% (0)	0.095 (0)	0.0% (0)	
Urinary Retention	6.0% (12)	9.5% (8)	3,5% (4)	0.077
Urinary Tract Infection	0.0% (0)	0.0% (0)	0.0% (0)	
Acute Renal Finker	0.0% (0)	0.0% (0)	0.0% (0)	
Altered Mental Status	2.0% (4)	0.0% (0)	3,5% (4)	0.054
VTE	0.0% (0)	0.0% (0)	0.0% (0)	
Polmonary Embolism	0.5% (1)	0.6% (1)	0.0% (0)	0.672
Progreshens	0.5%(1)	0.0% (0)	0.9% (I)	0.332
Pneumonia	0.5%(1)	0.0% (0)	0.9%(1)	0.392
Atelectusis	1.5% (5)	0.0% (0)	2.6% (3)	0.136
Pleural Effusion	0.5% (1)	0.0% (0)	0.9%(1)	0.392
Ambehnia	0.5%(0)	1.2% (f)	0.0% (0)	0.241
Bous	2.5% (5)	0.0% (0)	4.4% (5)	0.053
Nauca / Voniting	7.5% (1.5)	4.8% (4)	9.6%(11)	0.205
Fever of Unknown				0.392
Origin	10.6% (21)	7.156 (6)	13.0% (15)	

	YAS-Back <7 Mount(E)	VAS-Back +7 Fort-operative PROM Improvement	VAS-Back ≥T MesmiSD	VAS-Back 27 Post-operative PROM Improvement	*p.cale
VAS Back					
	47 (1.7		8.5 + 8.9		+0.861
	3.5 ± 1.9	-9,600	42+25	-5.091	
12-weeks	24+22	<0.000	3.6 ± 2.7	<8.001	6.007
6-mosths	20+23		3.5 + 2.7	-5.091	6,063
2-one	10+26	<0.000	5.8 ± 5.4	9.006	6.049
Prospensive					
	29+27	~9.600	3.8 + 2.5	~8.093	0.117
	3.1 ± 3.5		3.6 ± 2.9	-6,093	0.593
(0)					
6-meeks	32.6 × 16.7	0.891	39.3 ± 36.4	<8.001	6.045
		-9,600	35.4 ± 20.5	-6.093	6.081
1-peer	24.8 ± 21.5	0.829	36.4 + 25.6	9.663	0.091
	19.6 + 19.8				
SP-12 PCS					
			27.3 4 6.8		6.063
6-works	32.6 = 9.8	0.738	31.7 + 9.5	0.662	6.651
	37.8 + 10.4	0.807	37.2 + 11.1	<8.081	0.888
			35.1 ± 12.8		
	43.6 ± 10.5	0.836	41.5 ± 12.4	9.004	0.651
PROMES PF					
Prospensive	37.7 ± 5.5		31.7 ± 5.8		~3,600
	37.9 ± 5.9	0.929	353 ± 6.1	9,659	6,075
12-weeks	42.0 ± 6.7	0.815	38.5 + 6.9	<8.001	6.043
6-months	46.3 ± 8.4	-9,600	29.5 ± 7.2	-6,093	6.065

PROM	VAS- Back <7	VAS-Back≥7	*p-value
VAS Back			
6-weeks	34.9%	72.7%	< 0.001
her 12-weeks	44.5%	72.3%	0.002
6-months	56.5%	72.9%	0.068
1-year	33.3%	75.0%	0.005
2-year	55.6%	50.0%	0.795
Overall	57.1% (44)	83.3% (90)	< 0.001
VAS Leg			
6-weeks	60.8%	61.2%	0.043
12-weeks	50.0%	63.9%	0.223
6-months	56.3%	56.3%	1.000
1-year	52.4%	66.7%	0.329
2-year	44.4%	77.8%	0.147
Overall	61.0% (36)	77.2% (44)	0.060
ODI	01.074 (34)	77.274 (44)	0.000
6-weeks	16.0%	28.6%	0.133
12-weeks	34.2%	44.7%	0.335
6-weeks			0.333
- tomostis	50.0% 33.3%	52.8% 33.3%	1,000
1-year 2-year	33.3% 55.6%	55.6%	1.000
Overall	46.7% (28)	60.0% (36)	0.143
SF-12 PCS			
6-weeks	34.1%	53.6%	0.102
12-weeks	58.3%	82.6%	0.052
6-months	71.4%	77.3%	0.640
1-year	73.9%	75.0%	0.935
2-year	75.0%	81.8%	0.675
Overall	72.0% (36)	83.3% (30)	0.220
PROMIS PE			
6-weeks	23.8%	41.7%	0.135
12-weeks	46.7%	64.0%	0.199
6-months	68.0%	66.7%	0.921
1-year	76.2%	70.0%	0.655
2-year	55.6%	50.0%	0.809
Overall	67,4% (29)	74.3% (26)	0.510