Disability at Presentation and Patient-Reported Outcomes among Cervical Disc Replacement Recipients in an Outpatient Setting

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INTRODUCTION: No prior study to our knowledge has evaluated the influence of preoperative neck disability index (NDI) on postoperative outcomes following cervical disc replacement (CDR) in an ambulatory surgical center (ASC) setting. We aim to determine the impact of varying degree of preoperative disability on postoperative patient-reported outcome measures (PROMs) and minimal clinically important difference (MCID) achievement in patients with herniated nucleus pulposus (HNP) undergoing outpatient CDR surgery. METHODS:

A retrospective dataset of a spinal surgeon was searched to identify patients meeting the following inclusion criteria: those diagnosed with HNP undergoing primary, single-level CDR in an ASC setting. Patients with diagnoses of spondylolisthesis or degenerative scoliosis were excluded. Individuals receiving CDR for infection, malignancy, or trauma were removed from the study. Patients were divided using the measures of central tendency (mean, median) for preoperative NDI score among included patients into two groups: NDI ≤39 and NDI >39 group. RESULTS:

One-hundred and six total patients were included, 31 in the NDI <39 group and 32 in the NDI >39 group. The average age among patients was 45.2 years. Most patients were non-obese (68.3%) and male (60.3%). No demographic differences were observed among preoperative NDI cohorts. All patients presented with HNP (100.0%), with several patients also having central stenosis (47.6%) and foraminal stenosis (28.6%). A significantly greater proportion of higher NDI patients presented with foraminal stenosis (p=0.012). The average surgical time was 58.3 minutes, while the average estimated blood loss and length of stay were 25.9 mL and 6.5 hours, respectively. No perioperative characteristics differed among NDI groups. The NDI <39 group significantly improved for VAS neck from 6-weeks to 6-months, VAS arm at 6-weeks/12-weeks, NDI from 12-weeks to 1-year, and PROMIS-PF at all time points (p<0.044, all). The NDI >39 group improved for VAS neck, VAS arm, and SF-12 PCS from 6-weeks to 6-months, NDI at all timepoints, and PROMIS-PF at 6-months (p<0.045, all). Mean scores across all PROMs were inferior among the NDI >39 cohort (p<0.005, all). Postoperative VAS neck and NDI were significantly higher among NDI >39 patients at 6-weeks/6-months, respectively (p<0.046, all). MCID achievement rates for PROMIS-PF were significantly greater in the lower NDI group at 6-weeks and overall. No other differences were however observed in MCID achievement.

DISCUSSION AND CONCLUSION: Patients presenting with higher baseline disability demonstrated worse pain and disability scores in the early postoperative period and inferior physical function scores throughout the entire postoperative period. While MCID achievement was comparable for pain and disability PROMs, clinically meaningful improvements in physical function were less likely among patients presenting with higher levels of NDI.

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Table 1. Patient Demographics				Table 2. Perioperative Characteristics						Table 3 Patient-Reported Outcome Measures				•		Table 4. Minimum		Clinically Important Difference		
		NDI ≤39	NDI >39		Characterisi	(8-236)	NDI 53 (8=31)		*p-value		PROM VAS Neck	NDI ≤39	*p-value	NDI>39	*p-value	tp-value.	PROM	NDI ≤39 %, (n)	NDI >39 %, (n)	*p-value
Characteristic	Total	(a=31)	(n=32)	*p-value	Spinal Pathole HNP	100.0% (5	100.0% (31) 100.0% (7	25 -		Preopentive	5.6±1.9		7.3±1.8		<0.001	VAS neck			
Age (mean±SD)	45.2±10.1	45.6±10.0	44.8±10.4	0.744	Central						6-weeks	2.5±2.0	0.001	4.8±2.8	0.006	0.009	6-weeks	45.0% (9)	41.2% (7)	0.815
Gender				0.165	Stanosis Foraminal	47.6% (30	51.6% (1	43.8% (1-	0.532		12-weeks 6-membs	1.4±1.5 1.2±1.6	<0.001	2.6±2.5 2.4±2.1	<0.001	0.090	12-weeks	70.6% (12)	72.7% (16)	0.883
Female	39.7% (25)	48.4% (15)	31.3% (10)		Statosia	28.6% (18	12.9% (0 43.85 (14	0.012		0-membs 1-year	3.2±3.6	<0.001	49+16	-0.001	0.106	6-months	81.8% (9)	79.0% (15)	0.850
Male	60.3% (38)	51.6% (16)	68,8% (22)		Operative Tim (Mean) SD rp		49.6114		2 0.454	-	VAS Am	74.77	0.149	4,1,2,4	4.577	0.477	1-year	57.1% (4)	16.7% (1)	0.135
Ethnicity				0.670	Estimated Bio		47.0114				Preopentive	5.0±2.8		6.8±2.0		0.005	Overall	65.2% (15)	72.0% (18)	0.613
African American	8.1% (5)	9.7% (3)	6.5% (2)		Los	25.9/4.8	25.0+0	25.816.0	0.190		6-weeks	1.8±2.8	0.010	3.612.8 2.613.1	0.661	0.063	VAS arm			
Asian	1.6%(1)	0.0% (0)	3.2% (1)		(Mean + SD; m Longth of Ste		25.048	J 20.810.0	0.190		12-weeks 6-membs	1.9±2.8 2.5±3.2	0.015	2.6±3.1 2.7±2.6	<0.001	0.504 0.913	6-weeks	31.6% (6)	37.5% (6)	0.713
Hispanic	4.8% (3)	3.255 (1)	6.5% (2)		(Mean + SD; h	an) 6.5±4.4	5.841.5	5 7.3+6.0	0.318		1-year	2.3+2.4	0.253	3.8+2.6	0.067	0.915	12-weeks	35,3% (6)	57.9% (11)	0.175
White	85.5% (53)	87.1% (27)	83.9% (26)		Postapenative	Vas				-	NDI						6-months	44,4% (4)	46.7% (7)	0.916
Other	07.574 (55)	01.110(21)	00.074 (20)		POD a	3.6+1.8	3.5+1.3	1642.4	0.965		Preoperative	28.2+8.8		55.3±12.5		<0.001	1-year	42.9% (3)	33,3% (2)	0.725
Diabetic Status				0.306	Postapetative						6-weeks 12-weeks	21.9+12.9 13.8±11.0	0.058	43.0+19.7 23.3+18.1	0.004	0.001	Overall	36.4% (8)	54.6% (12)	0.226
		96.8% (30)		0.306	Narcetia Consumption						12-weeks	12.4+8.9	-10.001	23.5+17.0	<0.001	0.055	NDI	30,474 (8)	54.676 (12)	0.220
Non-Diabetic Diabetic	98.4% (62)	96.8% (30) 3.2% (1)	100.0% (32)		POD 0	17.8+16.0					1-year	12.0+12.8	0.003	23.7±19.6	0.024	0.222	6-weeks	57.9% (11)	50.0% (8)	0.640
	1.6% (1)	3.2%(1)	0.0% (0)			nicleus pulporas; POD				continuous variables, respectively	SF-12 PCS						12-weeks	68.8% (11)	81.8% (18)	0.350
Obesity Status				0.319			appear of an annual state	in the starpeneous of	infort in cardiners used	annande variante, respectively	Prooperative	40.4±8.6	0.995	29.8±4.7 34.0±6.8	0.036	<0.001 0.073	6-months	63.6% (7)	84.2% (16)	0.199
Non-Obese	68.3% (43)	74.2% (23)	62.5% (20)		Boldface indice	des significance					6-weeks 12-weeks	39.649.5 46.1+6.9	0.105	38.8+11.2	0.043	0.073	1-year	85.7% (6)	66.7% (4)	0.416
Obese	31.8% (20)	25.8% (8)	37.5% (12)								6-membs	47.3+6.7	0.115	42.3±13.1	0.045	0.404	Overall	72.7% (16)	83.3% (20)	0.384
Smoking Status				0.962							1-year	45.7+6.9	0.090	32.6±7.8	0.579	0.004	SF-12 PCS	72.7% (16)	83.3% (20)	0.384
Non-Smoker	87.3% (55)	87.1% (27)	87.5% (28)								PROMIS-PF							AR 441 (A)	AC 894 (1)	0.973
Smoker	12.7% (8)	12.9% (4)	12.5% (4)								Prooperative	43.214.8 48.114.7	0.021	37.7±6.2 36.0±7.4	0.747	0.001	6-weeks	27.3% (3)	26.7% (4)	0.320
Blood Pressure				0.421							6-weeks 12-weeks	50.1+6.0	0.0021	45.6111.9	0.055	0.344	12-weeks	45.5% (5)	26.7% (4)	
Normotensive	87.3% (55)	83.9% (26)	90.6% (29)								6-ments	\$8,7411.7	0.011	46.519.8	0.005	0.016	6-months	60.0% (3)	62.5% (5)	0.928
Hypertensive	12.7% (8)	16.1% (5)	9.4% (3)							-	1-year	50.016.2	0.044	42.7±8.2	0.635	0.105	1-year	50.0% (3)	16.7% (1) 40.0% (8)	0.221 0.666
ASA score				0.118							SD = standard dev						Overall	47.1% (8)	40.0% (8)	0.000
<2	38.7% (24)	48,4% (15)	29.0% (9)								*p-vasie calculate	d using Student's t-test	so assess crange	non peoperate	e so possoperative	ands within	PROMIS-PF			0.049
≥2	61.3% (38)	51.6% (16)	71.0% (22)									d Student's t-test for in	dependent samp	les to assess diffe	rence in mean PRC	Ms between	6-weeks	58.3% (7)	10.2% (2)	
CCI Score				0.214							groups						12-weeks	72.7% (8)	50.0% (7)	0.250
<2	87.0% (20)	93,3% (14)	75.0% (6)								Boldface indicates	significance					6-months	85.7% (6)	76.9% (10)	0.639
>2	13.0% (3)	6.7% (1)	25.0% (2)														1-year	57.1% (4)	50.0% (2)	0.819
Insurance Type			// (a)	0.715													Overall	85.7% (18)	60.0% (12)	0.063
Medicare/Medicaid	3.2% (2)	3.2% (1)	3.1% (1)	3.713													*p-values calculat Boldface indicates	ed using chi-square anal s significance	ysis	
Workers' Comp	23.8% (15)	19.4% (6)	28.1% (9)																	
Private	73.0% (46)	77.4% (24)	68.8% (22)																	
ASA = American Society Standard Deviations; Wor	kers' Comp - wo	rkers' compensatio	n (