

# Postoperative Complications in Adult Spinal Deformity Based on Age: Elderly Patients can be Safely Treated with Surgery

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**INTRODUCTION:**

With an aging population, there has been an increasing need for corrective spinal deformity surgeries in elderly patients in recent years. Historically, older patients have been deemed to be at increased risk for postoperative complications following spinal deformity surgery. Therefore, we aim to determine prevalence of postoperative complications in patients undergoing spinal deformity fusion surgery based on age.

## METHODS:

This was a retrospective cohort study that study included 425 patients who underwent multilevel posterior spinal fusion by an experienced single board-certified spine surgeon at one institution between January 1, 2012 and December 31, 2017. The primary outcome evaluated was prevalence of postoperative complications. Short-term complications included 90 days of follow up and long-term complications included follow up minimum of 1 year and up to 6 years. Patients were divided into three groups based on age: less than 60, 60-74, and 75 or older. Chi-squared tests were used for univariate analysis of surgical and patient variables. Postoperative complications were analyzed using multivariable logistic regressions. Complications were analyzed both individually as well as grouped (surgical, medical, and overall complications).

## RESULTS:

Patients in the 75 and above age group and 60-74 age group were shown to have increased comorbidities including arrhythmia and coronary artery disease, hypertension, and osteoarthritis compared to the youngest group (under 60). The overall complication rate for all patients was 34.4%. After adjusting for select patient comorbidities and surgical variables there was no difference in surgical and medical postoperative complication rates between the older two groups (60-74 and over 75) when compared to the youngest group (under 60).

## DISCUSSION AND CONCLUSION:

Patients over the age of 75 were not shown to have increased rates of surgical or medical complications when compared to younger patient populations. This demonstrates the need to weigh in variables other than chronological age when indicating spinal deformity patients for multilevel spinal fusion surgery. Elderly spinal deformity patients can be safely treated with surgery when appropriately selected.

Table 1. Univariate analysis of patient demographic and comorbidity

Variables	Total	Age <60	Age 60-74	Age ≥75	P-value
Age	425	125 (29.4%)	230 (54.1%)	70 (16.5%)	<.001
Sex					
Male	255 (60.0%)	75 (60.0%)	135 (58.3%)	45 (64.3%)	.927
Female	170 (40.0%)	50 (40.0%)	95 (41.7%)	25 (35.7%)	
Race					
White	280 (66.1%)	80 (64.0%)	155 (67.4%)	45 (64.3%)	.482
African American	95 (22.4%)	25 (20.0%)	50 (21.7%)	20 (28.6%)	
Hispanic	35 (8.2%)	10 (8.0%)	15 (6.5%)	10 (14.3%)	
Asian	10 (2.4%)	5 (4.0%)	5 (2.2%)	0 (0.0%)	
Other	5 (1.2%)	0 (0.0%)	0 (0.0%)	5 (7.1%)	
Insurance					
Private	195 (45.9%)	60 (48.0%)	100 (43.5%)	35 (50.0%)	.321
Medicaid	125 (29.4%)	30 (24.0%)	70 (30.4%)	25 (35.7%)	
Medicare	105 (24.7%)	30 (24.0%)	50 (21.7%)	25 (35.7%)	
None	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
Other	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	

Table 2. Univariate analysis of surgical variables

Variables	Total	Age <60	Age 60-74	Age ≥75	P-value
Level of fusion					
Lumbar	210 (49.4%)	60 (48.0%)	105 (45.7%)	45 (64.3%)	.004
Thoracic	120 (28.2%)	40 (32.0%)	50 (21.7%)	30 (42.9%)	
Cervical	95 (22.4%)	30 (24.0%)	45 (19.6%)	20 (28.6%)	
Cervical + thoracic	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
Cervical + lumbar	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
Thoracic + lumbar	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
Cervical + thoracic + lumbar	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
Cervical + thoracic + lumbar + sacral	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
Cervical + thoracic + lumbar + sacral + sacral	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
Cervical + thoracic + lumbar + sacral + sacral + sacral	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	
Cervical + thoracic + lumbar + sacral + sacral + sacral + sacral	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	

Table 3. Multivariable logistic regression of grouped complications adjusted for length of stay, American Society of Anesthesiologists grade, smoking status, and Charlson comorbidity index

Variables	Total	Age <60	Age 60-74	Age ≥75	P-value
Grouped (Medical/Surgical)	148 (34.8%)	42 (33.6%)	65 (28.3%)	41 (58.6%)	<.001
Medical complication	99 (23.3%)	31 (24.8%)	43 (18.7%)	25 (35.7%)	
Surgical complication	49 (11.5%)	11 (8.8%)	22 (9.6%)	16 (22.9%)	

Table 4. Multivariable logistic regression of medical complications adjusted for length of stay, American Society of Anesthesiologists grade, smoking status, and Charlson comorbidity index

Variables	Total	Age <60	Age 60-74	Age ≥75	P-value
Medical complication	99 (23.3%)	31 (24.8%)	43 (18.7%)	25 (35.7%)	.002
Pulmonary embolism	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Pneumonia	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Urinary tract infection	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Unlabeled evaluation	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Catheter infection	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Acute kidney injury	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Myocardial infarction	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	

Table 5. Multivariable logistic regression of surgical complications adjusted for length of stay, American Society of Anesthesiologists grade, smoking status, and Charlson comorbidity index

Variables	Total	Age <60	Age 60-74	Age ≥75	P-value
Surgical complication	49 (11.5%)	11 (8.8%)	22 (9.6%)	16 (22.9%)	.008
Disruption hardware	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Wound dehiscence	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Hematoma	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Dural tear	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Spinal cord injury	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Acute kidney injury	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	
Myocardial infarction	4 (0.9%)	1 (0.8%)	2 (0.9%)	1 (1.4%)	