## Which Spine Surgery Techniques Are Most Appealing to the Public? A Survey Examining Public Perception of Spine Surgery Techniques and Factors Associated With Procedure Preference

Alejandro Perez-Albela<sup>1</sup>, Alan Daniels<sup>1</sup>, John Hanna, Bryce A Basques<sup>2</sup>

<sup>1</sup>Brown University, <sup>2</sup>University Orthopedics

INTRODUCTION: Patient-directed marketing is common as healthcare organizations and surgeons aim to grow spine surgery volume. While terms such as "robotic", "endoscopic", "minimally invasive", and "disc replacement" are used in marketing materials, the understanding of these terms by the general public is unclear. Furthermore, the relative preference for these terms by the public is not well understood. This study therefore was designed to assess the public's knowledge of spine surgery techniques, including traditional procedure descriptions (laminectomy and spinal fusion) and those commonly employed in marketing materials.

METHODS: Responses were collected using the online research platform Prolific. Survey was limited to English-speaking respondents in the United States. Demographic information (age, sex, education, region, income, insurance type), awareness of spine surgery techniques, understanding of these techniques, sources of information, perceived effectiveness, personal preferences, concerns about surgeries, and decision-making processes in selecting surgeons were recorded. Data were analyzed using Stata 18.0. After responses were tabulated, multivariate linear regression was used to determine independent association of patient demographic factors and preference for a specific surgical technique.

RESULTS: A total of 520 surveys were sent, with 493 complete responses (94.8%). Demographic data revealed a majority female participation (58.62%), and undergraduate degree was the most frequent level of education (39.96%). Awareness of surgical techniques such as spinal fusion (76.9%) and disc replacement (79.3%) were high and laminectomy (19.7%) and augmented-reality (10.9%) were low. Robotic spine surgery (76%) and Disc replacement (76%) surgery were felt to be the most effective techniques, and when asked which techniques they would choose for themselves, "minimally invasive" (72%) and "laser spine surgery" (61%) were the most popular choices. The most common concerns after spine surgery were complications (87%), surgery not working (78.7%), and recovery time (68.1%). Factors influencing surgical choices were gender, region, income, and education. Social media use was primarily YouTube (70.6%), Instagram (56.6%), and Facebook (51.9%). Recommendations from physicians and hospital reputations significantly impacted surgeon selection, emphasizing the importance of professional endorsements in surgical decisions.

DISCUSSION AND CONCLUSION: This study reveals substantial gaps in public awareness and understanding of advanced spine surgery techniques among members of the U.S. public, despite high rates of awareness of certain procedures like spinal fusion and disc replacement. Despite a lack of clear understanding, robotic spine surgery and disc replacement surgery were felt to be the most effective techniques, and "minimally invasive" and "laser spine surgery" were the most popular techniques. There was predominant concern for complications, efficacy, and recovery time, influencing surgical choices alongside demographic factors such as gender, region, income, and education. The role of social media, especially YouTube, Instagram, and Facebook, emerged as a significant channel for gathering information, while decisions on selecting surgeons were heavily influenced by professional recommendations and hospital reputations. These insights underscore the need for targeted educational initiatives to enhance public knowledge and align patient expectations with the advancements in spine surgery.

On What is over agreement			QM. Based on your knowledge or experience, please rate your perceived effectiveness of each spine			
		Velocities .	anda Appropri	ique tisted below (7 = MicCaTaE effective, 8 = Extremely affective)		
	:	Ti-W		Caract Spine Surgery		
		31-40				
		41-00 51-00		See Replacement Surgery Sprint Fusion		
		01-00		Sprid Falson Minimally Invasive Sprin Surgery		
			- :	Entirecipio Spine Europsy		
98.VB	of bigo	or seed		Laminosiumy		
		Mar.		Output med Spine Surgery Augmented Bussiny Assisted Spine Surgery		
	:	Name .		Augmented National Assessed Sports Strapelle		
		The broader	Q11. Fyrom	ne to consider spine surgery he prumed or alread one, which of the believing/extraine		
		Prefer and to arrows	would probe	med interstactin learning more about? Please and then don't pleast interesting to the		
93. Wh	dhan	u histori invital education?	Josephine	HE.		
				Lean Spine Surgery		
		Hg-School		Seberic Assisted Spine Surgery		
		Associate degree Comes Degree		Disc Replacement Surgery Sorred Fusion		
	:	Materialisa	- 1	Printing traces Sore Supry		
		District Twine		\$100x00xX30rx Supry		
		n of the 3.1 are produced		Outputient Spine Surgery		
- Qui ann		***************************************		Augmented Reality Assisted Spine Surgery		
		West	QQ. Pyror	sameone procleme is considering upon margery, what concerns, if any, do you have? (not		
	•	More	M. THE MAY			
	•	Notice of the Control		Nur if congramos		
	•		- :	Necessary Street		
95.VB	e bye	ur ummud household income?				
				Four of Pain		
	:	Less Bar 500,000 \$34,000 - \$40,000		Sugary not working. Seeina for advantation treatments		
	:	\$15.00 - Nn mn	- :	Set having enough information formatte a decision		
		\$10C001 - \$150,000				
		Onubir thin \$190,000		Other		
06.99	****	of health insurance de proheso?	OTT Where d	r you find information when welcoking a warpoor? (Indeed all that apply)		
			,			
	:	Printed State and part		name are more suprimenousces		
	:	Medical	- :	Octor show!		
	:	No health Innumera 12nd of souther	- :	Southern Court		
		Other		Abetiemetr/Try Bibooks		
00.00		ment of the benhature (bland Vignacha)		Other		
			216 Novvo	of you side the better factors when shooting a surpoint		
		Lanar Spine Burginy	F - Natioper	lant, E + Host Important		
	•	Reports Assistant Surgery One Replacement Surgery				
	:	Date Report Surgery	- :	Online makes homewise Time sport with prison		
		Microsh Street Street Supply	- :	Books Security.		
		Endowage Spine Europey		Recommendation of other physicians		
		Laminariumy		Recommendation of furnier patients.		
		Outputent Spine Surgery Augmented Residy-Assistant Spine Surgery		Regulation of surgeon's barring multi-distri		
				cistimedia platiform de you excessionally work (> 50 minutes a day)		
QL for	***	the bilineing spine surgery techniques, places indicate prorieval of understanding of the	bractation	ANY.		
p>1+0	PA. 100	understoding consumbratishing dear understoding		Section		
		Unerfore Supry	- :	Triagur		
		Nation Associations Empry		Avoid		
		Disc Replacement Europey		Wa		
	:	Spind Fasion Historialy investor Spine Surgery	- :	Stapoliul Yachde		
	:	Continuing tracease spine Surgery Continuing tracease Surgery	- :	Vachales (dear) are social media often		
	:	Uniteday				
		Outputient Spine Surgery				
	•	Augmented Beatly Associat Spine Eurgery				
Q9, Wo	• 00 y	is first burn about the above spine surgery techniques? (bleed; all that apply)				
		Statement				
		Oxfordiess				
		Sanial Media Medical Professionals				
	:	Molecultylesionals (Neets y Family				
	:					
		Other Spinish specify:				

Table I Demographics		No	%
Total		493	100
Age group		493	100
Age group	Under 30	4.40	20
	31 — 40	148	30
		145	29.41
	41 — 50	86	17.44
	51 — 60	73	14.81
	Over 60	41	8.32
Sex			
	Male	194	39.35
	Female	289	58.62
	Non-binary/other	10	2
Education			
	High School	146	29.61
	Associate Degree	64	12.98
	College Degree	197	39.96
	Master's Degree	72	14.6
	Doctorate Degree	14	2.84
Region			
	West	163	33.06
	Midwest	92	18.66
	South	155	31.44
	Northeast	16.84	16.84
Income			
	Less than \$30,000	107	21.7
	\$30.000 - \$49.999	88	17.85
	\$50,000 - \$99,999	162	32.86
	\$100,000 - \$150,000	16.63	16.63
	Greater than \$150,000	54	10.95
Insurance	Grouter triain & respect	34	10.5.
mourance	Private insurance plan	264	53.55
	Medicare	71	14.4
	Medicaid	88	17.85
	No health Insurance/	54	10.95
	Self-pay	54	10.95
	Other	16	3.25

	Demographic Factor	r- value	P-value
Laser Spine Surgery	None		
Robotic Spine Surgery	Female sex	-0.9	<0.001
Disc Replacement	None		
Spinal Fusion	Female sex	-0.7	0.009
	Medicaid	0.8	0.049
Minimally Invasive	Female sex	0.7	0.005
	High school education	0.8	0.011
Endoscopic	Midwest	-0.8	0.037
	Northeast	-0.9	0.019
Laminectomy	Female sex	-0.7	0.005
Outpatient Spine Surgery	None		
Augmented-Reality	Female sex	-1.1	<0.001
	Income >100k	1.04	0.015
	High school education	-1.1	0.003