CLINICAL INDICATORS OF SURGERY IN ELDERLY LUMBAR SPINAL STENOSIS PATIENTS REFERRED FROM THE MEDICAL DEPARTMENT AT A SPINE CENTRE FOR SURGICAL ASSESSMENT

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Introduction
In elderly people lumbar spinal stenosis (LSS) is a common cause of low back and leg pain. Most often patients seen in the medical department are recommended nonsurgical treatment. The optimal time for surgery is not explicit. To improve the right time for referral, knowledge of clinical indicators for surgery are needed.

Purpose
To compare base-line variables on pain, function and clinical findings for patients operated and not operated for LSS after having been referred from a medical to a surgical department.

Materials and Methods
All patients more than 60 years referred from the medical to the surgical department, at the Spine Centre of Southern Denmark, during 2011 and 2014, were identified. Self-reported data on duration, localization and intensity of pain, functional capacity and findings at the clinical consultation were identified in the local database SpineData1. Data were captured when patients consulted the medical spine department. Comparisons were made on these variables between those who were eventually operated for LSS and those not operated. Differences between groups were tested with chi2-test and un-paired t-tests. P was set at <0.05.

Results
During the period, 1,374 patients with low back pain were referred from the medical to the surgical department for surgical assessment. Of these, 701 were diagnosed with LSS, out of which 62% were finally operated for LSS. For some of the variables there were many missing data. None of the variables investigated were statistically or clinically significantly different between groups.

Conclusions
The selection of patients for surgery for LSS was not based on individual self-reported clinical information or clinical findings from consultation at the medical spine department. However, it is possible that surgeons relate rather to combinations of these findings and/or other aspects, not investigated in this study. Care should be taken to collect complete data to make it possible in future studies to take into account the combination of these and other variables.

Keywords
Prediction, Lumbar Spinal Stenosis, Surgical referral, Clinical indicators, SpineData,

Reference