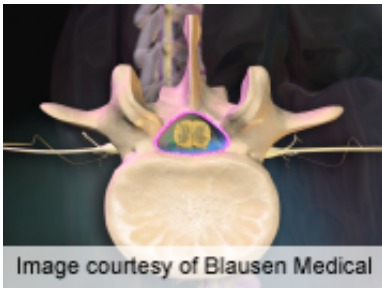


Cell saver not cost-effective in single-level lumbar surgery

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Use of intraoperative blood salvage (cell saver) is not cost-effective for adult patients undergoing single-level posterior lumbar decompression and fusion surgery, according to research published online Oct. 5 in *Spine*.

(HealthDay)—Use of intraoperative blood salvage (cell saver) is not cost-effective for adult patients undergoing single-level posterior lumbar decompression and fusion (PLDF) surgery, according to research published online Oct. 5 in *Spine*.

Chelsea E. Canan, M.P.H., from the Norton Leatherman Spine Center in Louisville, Ky., and colleagues retrospectively reviewed [medical records](#) from 180 randomly selected [adult patients](#) who underwent a single-level PLDF. Costs were calculated for allogeneic [blood transfusion](#), setting up the cell saver recovery system, and infusing autologous blood from cell saver. Effectiveness was measured by allogeneic blood transfusions averted and quality-adjusted life-years (QALYs).

The researchers found that the transfusion rate decreased from 40.0 to 38.7 percent with the cell saver approach, with an incremental cost-effectiveness ratio (ICER) of \$55,538 per allogeneic transfusion averted. The cell saver approach was considered not cost-effective, with an ICER of \$5,555,380 per QALY gained—well above the cost-effectiveness threshold of \$100,000 per QALY gained.

"The use of cell saver during a single-level PLDF does not significantly reduce the need for allogeneic blood transfusion and is not cost-effective," Canan and colleagues conclude. "Further studies are needed to evaluate the necessity for cell saver among other types of [spinal surgery](#)."

More information: [Abstract](#)
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