

More complications for inpatient lumbar discectomy

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(HealthDay)—Patients undergoing inpatient lumbar discectomy have significantly higher overall complication rates than those treated as outpatients, according to a study published in the Feb. 1 issue of *Spine*.

Andrew J. Pugely, M.D., from the University of Iowa in Iowa City, and colleagues compared the incidence of complications within 30 days in patients undergoing lumbar discectomy (2005 to 2010) in the inpatient and outpatient setting. Data were reviewed for 4,310 patients identified from the American College of Surgeons National Surgical [Quality Improvement Program](#) database.

The researchers found that 61.7 percent of patients underwent an

inpatient hospital stay after surgery and 38.3 percent had outpatient surgery. Those undergoing inpatient surgeries had significantly higher unadjusted overall complication rates (6.5 versus 3.5 percent). The complication rate remained significantly higher even after propensity score matching (5.4 versus 3.5 percent; $P = 0.0068$) and in multivariate logistic regression (odds ratio, 1.52). Independent risk factors for short-term complication after lumbar discectomy included age, diabetes, presence of preoperative wound infection, [blood transfusion](#), operative time, and an inpatient hospital stay.

"After adjusting for confounders using propensity score matching and multivariate [logistic regression analysis](#), patients undergoing outpatient lumbar discectomy had lower overall complication rates than those treated as inpatients," the authors write. "Surgeons should consider outpatient surgery for lumbar discectomy in appropriate candidates."

More information: [Abstract](#)
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