

Discectomy post-op pain worse in patients with retrolisthesis

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(HealthDay)—The presence of retrolisthesis in patients undergoing decompressive surgery for a lumbar disc herniation may result in significantly worse lower back pain and physical function over four years, according to a study published in the April issue of *The Spine Journal*.

Kevin K. Kang, M.D., of the Maimonides Medical Center in Brooklyn, N.Y., and colleagues used data from the Spine Patient Outcomes Research Trial for a cross-sectional study of 125 patients, 29 with retrolisthesis, who underwent L5-S1 discectomy and had a complete

[magnetic resonance imaging](#) scan to review. The authors analyzed average patient scores over four years on the Short Form (SF)-36 bodily pain scale, SF-36 scale on physical function, Oswestry Disability Index (ODI), and Sciatica Bothersomeness Index (SBI).

Using longitudinal regression models, the researchers found that postoperative bodily pain and physical function became worse in patients with retrolisthesis (posterior subluxation of 8 percent or more). However, the study showed no differences in ODI or SBI scores in the patient groups, and retrolisthesis had little effect on operative time, blood loss, lengths of stay, complications, rate of additional spine surgeries, or recurrent disc herniations.

"Although retrolisthesis in patients with L5-S1 disc herniation did not affect the baseline pain or function, postoperative outcomes appeared to be somewhat worse," the authors write. "It is possible that the contribution of pain or dysfunction related to retrolisthesis became more evident after removal of the disc herniation."

Several authors disclosed [financial ties](#) to the biotechnology and medical device industries.

More information: [Abstract](#)
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