

Spinal surgery helps neuro functioning in dialysis patients

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Takashi Chikawa, M.D., from the University of Tokushima in Japan, and colleagues reviewed 33 chronic hemodialysis <u>patients</u> who underwent 21 cervical and 13 lumbar spinal surgeries. Patients were divided into the non-destructive spondyloarthropathy (DSA; which generally only had decompression performed) and the DSA (which generally had decompression and spinal fusion) groups, based on radiologic findings.



The researchers found that all patients improved neurologically and functionally after <u>surgery</u>. For patients with cervical spinal lesions there were significant differences in the operative time between the DSA and the non-DSA groups. For patients with lumbar spinal lesions there were significant differences in sex, operative time, and estimated blood loss. DSA patients were significantly more likely to have amyloid deposition, compared to non-DSA patients, which was associated with a longer duration of hemodialysis. There was no surgery-related morbidity, but nine patients died within 49 months of the surgery because of hemodialysis-related complications. There was a trend noted toward decreased survival rate in non-DSA patients more than 40 months after the index surgery.

"Even in patients treated with long-term hemodialysis, spinal surgeries reliably obtain neurological and functional improvement if surgeons judge the preoperative inclusion criteria correctly," the authors write.

More information: Abstract

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