

Low rates of gastrointestinal bleeding post-lumbar fusion

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(HealthDay)—The rates of gastrointestinal (GI) hemorrhage complications are very low following lumbar fusion surgery, but are associated with greater costs and mortality, according to a study published in the Aug. 15 issue of *Spine*.

Steven J. Fineberg, M.D., from Rush University Medical Center in Chicago, and colleagues analyzed data from the Nationwide Inpatient Sample (2002 to 2009) to examine the rates of GI hemorrhage in patients undergoing anterior (ALF), posterior (PLF), and simultaneous anterior/posterior (APLF) lumbar fusions for degenerative pathologies.

The researchers found that of the 220,522 lumbar fusions identified in

the United States from 2002 to 2009, 19,762 were ALFs, 182,801 were PLFs, and 17,959 were APLFs. The incidence of GI bleeding was 1.1 event per 1,000 cases for ALFs, 1.4 events for PLFs, and 1.7 events for APLFs. There were significantly greater Charlson Comorbidity Index scores, length of stay, costs, and mortality seen in patients with GI bleeding. Advanced age (>65 years), male sex, [blood loss](#) anemia, fluid/[electrolyte](#) disorders, metastatic neoplasm, and weight loss were significant independent predictors of GI hemorrhage.

"The results of our study demonstrate very low complication rates of GI hemorrhage across ALFs, PLFs, and APLF cohorts," the authors write. "We strongly advise physicians to perform stringent perioperative assessments of [risk factors](#) and to provide prompt [medical attention](#) to minimize the impact of GI bleeding complications."

Relevant financial activities outside the submitted work were disclosed.

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