

Surgery found to be marginally better for discogenic pain

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(HealthDay)—Surgical patients demonstrate greater improvement at one year compared to patients utilizing nonsurgical treatment for discogenic pain, although success rates for either group are only fair, according to a study published in the November issue of *The Spine Journal*.

Sohail K. Mirza, M.D., M.P.H., from the Dartmouth Medical Center in Hanover, N.H., and colleagues prospectively compared outcomes of community-based surgical and nonsurgical treatments for 495 patients with [chronic back pain](#) attributed to degeneration at one or two lumbar disc levels who presented to 16 surgical offices. Surgical treatment was defined as [spine surgery](#) within six months of enrollment. Outcomes were assessed every three months.

The researchers found that 17 percent (86 patients) had surgery (instrumented fusion, 79 percent; disc replacement, 12 percent; and laminectomy or discectomy, 9 percent) within six months of enrollment. At baseline, [surgical patients](#) reported more [severe pain](#) and physical disability and were more likely to have had prior surgery. Surgery showed a limited benefit over [nonsurgical treatment](#) one year after enrollment, when using the modified (23-point) Roland disability questionnaire and adjusting for baseline group differences. When incorporating a composite score based on 30 percent improvement in the Roland score, 30 percent improvement in pain, no opioid pain medication use, and working (if relevant), the one-year success rate was 33 percent for surgery and 15 percent for nonsurgical treatment.

"The results should be interpreted cautiously because outcomes are short term and treatment was not randomly assigned," the authors write.

One author disclosed financial ties to the medical device industry; another author disclosed ties to the clinical decision software industry.

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