

# Weekend spine surgery linked to longer stays, higher costs

December 11 2013

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(HealthDay)—Patients admitted to the hospital on weekends for cervical spine fusion resulting from trauma have a greater length of stay and total hospital costs than their weekday counterparts, according to a study published in the Dec. 1 issue of *Spine*.

Sreeharsha V. Nandyala, from Rush University Medical Center in Chicago, and colleagues analyzed data for 34,122 patients undergoing cervical fusion (anterior [ACF], posterior [PCF], or both [APCF]) for the treatment of cervical spine trauma from the Nationwide Inpatient Sample (2002 to 2011). Patients were characterized based on the day of admission (weekday versus [weekend](#)), and outcomes were assessed.

The researchers found that, for all surgical approaches, compared with weekday admits, weekend admits were younger, tended to include more

males, and had fewer comorbidities. Hospital stays for ACF-treated, PCF-treated, and APCF-treated weekend admits were significantly longer (4.4, 2.6, and 4.2 days, respectively) than similarly-treated weekday admits. Total [hospital](#) costs were also significantly higher for weekend versus weekday admits for all [surgical approaches](#) (\$10,045, \$10,227, and \$11,301, respectively). Mortality rates were similar between the two groups, but ACF-treated weekend patients had significantly greater incidence of complications (postoperative infection, cardiac complications, and [urinary tract infection](#)) than their weekday admit counterparts.

"Further research is warranted to further evaluate hospital utilization, costs, and patient outcomes based on the admission day," the authors conclude.

Relevant financial activities outside the submitted work were disclosed.

**More information:** [Abstract](#)  
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Citation: Weekend spine surgery linked to longer stays, higher costs (2013, December 11)  
retrieved 9 April 2024 from  
<https://medicalxpress.com/news/2013-12-weekend-spine-surgery-linked-longer.html>

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