

Hypertension linked to post-cervical fusion readmission

January 22 2014



(HealthDay)—The readmission rate following anterior cervical discectomy and fusion (ACDF) is 2.5 percent, and hypertension may increase the likelihood of readmission, according to a study published in the Jan. 15 issue of *Spine*.

Francis Lovecchio, from the Northwestern University Feinberg School of Medicine in Chicago, and colleagues analyzed data from the American College of Surgeon's National Quality Improvement Database for all patients who underwent ACDF or anterior corpectomy and fusion procedures in 2011. The incidence of and factors affecting 30-day [readmission](#) were assessed.

The researchers found that the readmission rate after ACDF surgery was 2.5 percent nationwide. Readmitted patients were significantly older (58

versus 53 years; $P = 0.003$) and had higher rates of diabetes (28.8 versus 13.9 percent; $P = 0.001$) and [hypertension](#) (64.4 versus 42.6 percent; $P = 0.001$). The odds of operative complications were increased with preoperative factors, including age 65 years or older and preoperative stay more than 24 hours (odds ratios, 3.5 and 6.2, respectively). Outside of any effect on [complications](#), the researchers found that hypertension may independently increase the likelihood of readmission (odds ratio, 1.8; 95 percent confidence interval, 1.0 to 3.4).

"The data in this study suggests that surgeons are already controlling readmission rates by limiting peri- and [postoperative complications](#), but [patients](#) with a history of hypertension could have an increased likelihood of being readmitted despite avoiding a complication," the authors write.

Relevant financial activities outside the submitted work were disclosed:
board membership
and consultancy.

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Citation: Hypertension linked to post-cervical fusion readmission (2014, January 22) retrieved 10 April 2024 from
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