

Reintubation after cervical fusion up with 3+ levels

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(HealthDay)—For patients undergoing anterior cervical fusion (ACF), three-or-more-level fusions significantly predict the risk of unplanned reintubation, according to a study published in the Jan. 15 issue of *Spine*.

Alejandro Marquez-Lara, M.D., from Rush University Medical Center in Chicago, and colleagues utilized data from the Nationwide Inpatient Sample database from 2002 to 2011 for 262,425 [patients](#) undergoing elective ACF procedures for degenerative diagnoses. Perioperative patient characteristics, hospital resource utilization, and early postoperative outcomes were compared for patients requiring or not requiring unplanned reintubation after ACF.

The researchers found that 1,464 patients (5.6 per 1,000 cases) required reintubation during their admission. For those with three-or-more-level

fusions, the rate of reintubation was statistically greater than for those with the one- to two-level fusions. Patients requiring reintubation were older on average, and had more comorbidities. Reintubation was also associated with significantly greater hospital stay and total hospital costs. Three-or-more-level fusions, [congestive heart failure](#), anemia, postoperative aspiration pneumonia, hematoma, thromboembolic events, and dysphagia were identified as significant predictors of reintubation.

"Given the greater length of stay, costs, and mortality associated with reintubation, it is imperative to identify patients at increased risk to help improve patient outcomes and decrease [hospital](#) resource utilization," the authors conclude.

Relevant financial activities outside the submitted work were reported: board membership, consultancy, and royalties.

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