

Surgeons can up outcomes for work-related lumbar surgery

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Image courtesy of Blausen Medical

(HealthDay)—In patients with chronic disabling occupational lumbar disorder (CDOLD) and workers' compensation claims, lumbar fusion outcomes can be improved if opioid dependence and excessive length of disability after surgery are controlled through care, according to a study published in the Feb. 1 issue of *The Spine Journal*.

Tom G. Mayer, M.D., from the University of Texas Southwestern Medical Center in Dallas, and colleagues prospectively compared socioeconomic and patient-reported outcomes in 564 patients with CDOLD and workers' compensation claims who underwent lumbar fusion or nonfusion [lumbar spine surgery](#). A comparison group of 349 patients who did not undergo surgery were matched for length of disability.

After undergoing a postoperative medically supervised functional restoration program, the researchers found that the lumbar fusion group had a significantly longer length of disability. Patient-reported outcomes such as depressive symptoms and pain intensity were significantly different between groups before rehabilitation, but not after rehabilitation. Opioid dependence disorder, perceived disability, or depressive symptoms before rehabilitation predicted lower rates of work return and work retention.

"This study suggests that surgeons have the opportunity to improve lumbar surgery outcomes in the workers' compensation system, even for complex fusion CDOLD patients with multiple prior operations, if they control postoperative [opioid dependence](#) and prevent an excessive length of disability," Mayer and colleagues conclude.

More information: [Abstract](#)
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