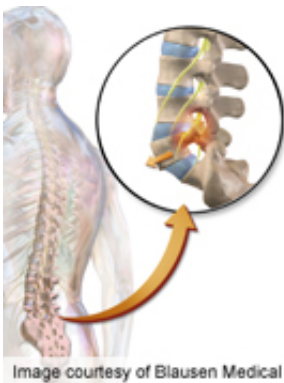


Pre-op pain patterns affect stenosis surgery outcomes

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For patients with spinal stenosis without degenerative spondylolisthesis, predominance of back pain versus leg pain is associated with worse surgical outcomes, according to a study published in the Feb. 1 issue of *Spine*.

(HealthDay)—For patients with spinal stenosis without degenerative spondylolisthesis, predominance of back pain (BP) versus leg pain (LP) is associated with worse surgical outcomes, according to a study published in the Feb. 1 issue of *Spine*.

Freyr Gauti Sigmundsson, M.D., from Lund University in Sweden, and colleagues utilized data from a register of 9,051 patients to examine the outcome of surgery for lumbar [spinal stenosis](#) according to predominance of pain and the role of [spinal fusion](#) in conjunction with [decompression](#). Participants were categorized into four groups: preoperative BP was equal to or worse than LP and treated with

decompression alone or decompression and fusion, or preoperative BP was less than LP and treated with decompression alone or decompression with fusion. Outcomes were assessed at one- and two-year follow-ups.

The researchers found that predominant BP correlated with inferior pain, health-related quality of life, and function outcomes. Patients with BP less than LP treated with decompression and fusion were most often satisfied (69 percent), while those with BP equal to or worse than LP treated with decompression were least satisfied (54 percent).

"Patients with predominant BP had inferior outcome compared with patients with predominant LP," the authors write. "Using spinal fusion improves unadjusted outcome but the benefit is small and not clinically significant and generally disappears in the adjusted analysis."

More information: [Abstract](#)
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