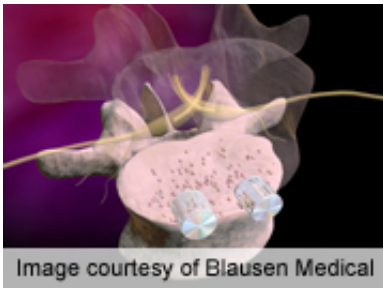


# Insulin dependence ups post-op complication risk

October 8 2014

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(HealthDay)—Patients with insulin-dependent diabetes mellitus (IDDM) have an increased risk of a number of postoperative complications after lumbar fusion compared with those who have noninsulin-dependent diabetes mellitus (NIDDM) or no diabetes, according to a study published in the Oct. 1 issue of *Spine*.

Nicholas S. Golinvaux, from Yale University in New Haven, Connecticut, and colleagues retrospectively analyzed data from the American College of Surgeons National Surgical Quality Improvement Program database and identified 15,480 patients who underwent lumbar fusion between 2005 and 2012. Patients were characterized as having NIDDM (1,650), IDDM (787), or neither (13,043).

The researchers found that NIDDM was independently associated with

an [increased risk](#) of wound dehiscence (relative risk [RR], 2.3) and extended length of stay (RR, 1.2). There were independent associations between IDDM and increased risk of death (RR, 2.7), sepsis (RR, 2.2), septic shock (RR, 3.3), unplanned intubation (RR, 2.8), ventilator-assisted respiration for more than 48 hours postoperatively (RR, 2.8), wound-related infection (RR, 1.9), [urinary tract infection](#) (RR, 1.6), pneumonia (RR, 3.1), extended length of stay (RR, 1.5), and readmission within 30 days (RR, 1.5).

"This important designation may improve preoperative risk stratification and counseling of patients with [diabetes](#) prior to lumbar fusion surgery," conclude the authors.

Relevant financial activities outside the submitted work were disclosed: consultancy, expert testimony, grants.

**More information:** [Full Text \(subscription or payment may be required\)](#)

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