

Age no barrier for back surgery benefits

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Seniors can benefit from herniated disc surgery, according to the results of a study conducted by Mattis A. Madsbu, a medical student at the Norwegian University of Science and Technology (NTNU) and colleagues at the Department of Neurosurgery at St. Olavs Hospital in Trondheim, Norway. Madsbu's supervisor was NTNU consultant

neurosurgeon Sasha Gulati.

"This study shows that it is fully possible to do good surgical research on elderly patients," says Madsbu.

Lumbar (lower back) spine surgery is a common intervention, with almost 2,000 such procedures being carried out in Norway annually. Study data on [surgical outcomes](#) among [elderly patients](#) have been limited. Until now.

The study has been published in *JAMA Surgery*.

Over 5500 patients

If you have a slipped disc, it means that one of the discs that serves as a cushion between each vertebra has been damaged. Slipped discs in the lower back are a common cause of sciatica. This condition can cause severe pain in the back and down the leg and foot. At worst, [disc herniation](#) can lead to paralysis.

Usually non-surgical treatment, such as exercise, heat treatment and painkillers, are recommended for patients without serious loss of motion, but this is not always enough.

Surgical treatment is usually offered to patients who have endured considerable pain for a long time despite a period with other treatment therapies.

Researchers at NTNU and St. Olavs Hospital compared patient-reported treatment outcomes following [lumbar spine surgery](#) for 381 patients over 65 years and 5195 younger patients. The figures were taken from the Norwegian quality register for spinal surgery, a national registry for quality control and research.

Minor complications

The study also shows that the over-65 group of patients experienced greater improvement in their low back pain than younger patients.

However, compared with younger patients, older [patients](#) experienced more non-serious surgical complications (4.2 percent versus 2.3 percent) and they had somewhat longer hospital stays (1.8 versus 2.7 days).

Even so, this did not affect the treatment outcomes since the complications were less serious, according to Madsbu.

The authors conclude that age alone should not be used to decide against surgery.

More information: Mattis A. Madsbu et al, Surgery for Herniated Lumbar Disk in Individuals 65 Years of Age or Older, *JAMA Surgery* (2017). [DOI: 10.1001/jamasurg.2016.5557](https://doi.org/10.1001/jamasurg.2016.5557)

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