

Radiography unnecessary after spinal fusion surgery

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Image courtesy of Blausen Medical

In patients who have undergone spinal fusion surgery with intraoperative fluoroscopic guidance and have no postoperative problems, postoperative radiographs do not provide additional clinical information and are not cost-effective, according to a study published in the July issue of *The Spine Journal*.

(HealthDay)—In patients who have undergone spinal fusion surgery with intraoperative fluoroscopic guidance and have no postoperative problems, postoperative radiographs do not provide additional clinical information and are not cost-effective, according to a study published in the July issue of *The Spine Journal*.

In an effort to determine the additional clinical yield and cost-effectiveness of in-hospital postoperative standing radiographs, Robert W. Molinari, M.D., from the University of Rochester Medical Center in New York, and colleagues reviewed 100 consecutive degenerative [spinal surgery](#) patients who had undergone instrumented single-level spinal fusions with intraoperative fluoroscopic guidance. All patients had an

uneventful postoperative hospitalization.

The researchers found no cases of early instrumentation failure or screw position change. Based on anteroposterior and lateral radiographs, 74 patients had a grid match for all screw tip positions. However, 26 patients had radiographs that were clinically malrotated and could not be compared with intraoperative true fluoroscopic images. Segmental sagittal alignments from intraoperative fluoroscopic and postoperative radiographs were similar (average difference, 1.2 degrees), as were intraoperative and immediate postoperative interbody graft position and [spondylolisthesis](#) grade. Patient hospital billing charges averaged \$600 for postoperative radiographs and interpretation.

"In patients who have a single-level instrumented fusion and a documented uneventful postoperative course, in-hospital postoperative standing anteroposterior and lateral radiographs do not appear to provide additional clinically relevant information when intraoperative fluoroscopy is properly used," Molinari and colleagues conclude.

More information: [Abstract](#)
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