

# Diabetes affects improvements after lumbar spine surgery

2 April 2013

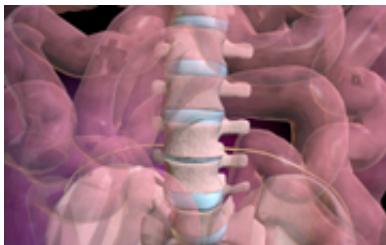


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Patients with diabetes who have longstanding diabetes, poor glycemic control, and use insulin had suboptimal improvements in clinical outcomes after lumbar spine surgery, according to research published March 15 in *Spine*.

(HealthDay) —Patients with diabetes who have longstanding diabetes, poor glycemic control, and use insulin had suboptimal improvements in clinical outcomes after lumbar spine surgery, according to research published March 15 in *Spine*.

Shinji Takahashi, M.D., of the Osaka City University Graduate School of Medicine in Japan, and colleagues compared the characteristics and outcomes of 41 patients with diabetes and 124 patients without diabetes after lumbar spine surgery.

According to the researchers, the final low back [pain score](#) (visual analogue scale) was higher in patients with diabetes than those without (29.3 versus 17.9;  $P=0.013$ ). Patients with diabetes are more likely to have poor improvements in low back pain if they had diabetes for more than 20 years (odds ratio [OR], 4.95), [hemoglobin A1c](#) greater than 6.5 percent (OR, 2.37; 95 percent confidence interval [CI] 0.99 to 5.70), or used insulin (OR, 2.46; 95 percent CI, 0.66 to 9.08).

"A duration of diabetes of more than 20 years or HbA1c of more than 6.5 percent were independent

risk factors for poor improvements in [low back pain](#), whereas a duration of diabetes of more than 20 years or insulin use were independent risk factors for poor improvements in leg numbness," the authors write.

**More information:** [Abstract](#)

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APA citation: Diabetes affects improvements after lumbar spine surgery (2013, April 2) retrieved 2 May 2021 from <https://medicalxpress.com/news/2013-04-diabetes-affects-lumbar-spine-surgery.html>

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