Procedure invasiveness ups spinal surgery readmissions

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Image courtesy of Blausen Medical

(HealthDay)—Thirty-day unplanned readmission rates following lumbar spine surgery increase with procedure invasiveness, with medical and surgical factors contributing to readmission, according to a study published in the April 20 issue of *Spine*.

Andrew J. Pugely, M.D., from the University of Iowa Hospitals and Clinics in Iowa City, and colleagues used data from a multicenter clinical registry to identify patients undergoing lumbar discectomy, laminectomy, anterior and posterior fusions, and multilevel deformity surgery in 2012. They examined the incidence, causes, and risk factors for 30-day readmissions.

The researchers found that 4.4 percent of the 15,668 patients undergoing lumbar spine surgery had unplanned 30-day hospital readmissions. Readmissions were lowest after discectomy procedures and highest after deformity surgery (3.3 versus 9.0 percent; P readmission (38.6, 22.4, 9.4, and 8.0 percent, respectively). Advanced patient age (>80 years), African-American race, recent weight loss, chronic obstructive pulmonary disorder, cancer history, creatinine more than 1.2, elevated American Society of Anesthesiologists class, operative time longer than four hours, and prolonged hospital length of stay at least four days were significant predictors of readmission.

"Both medical and surgical reasons contributed to readmission, many unavoidable," the authors write. "Surgeons should explore optimization measures for those at risk of early, unplanned readmission."

Relevant financial activities outside the submitted work were disclosed.

More information: Abstract
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