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# The clinical course of symptoms during wait time for lumbar spinal stenosis surgery and its effect on postoperative outcome

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## Introduction

- In Canada, wait times for surgeries of the spine are often lengthy. A previous survey determined that a wait time of six months for lumbar spinal stenosis is considered acceptable<sup>1</sup>. However, the majority of Canadian spine surgeons report wait times for consultation as well as the wait for surgery to be greater than 6 months<sup>2</sup>.
- The objective of this study was to evaluate the effect of wait times on postoperative outcome and on the clinical course while awaiting surgery for lumbar spinal stenosis.

## Methods

- A convenience sample (n=134) was drawn from prospective longitudinal studies that provided preoperative Oswestry Disability Index (ODI) data at two different time points and follow-up of ≥12 months.
- Wait time was the period between the date of the initial consultation and immediately preoperatively.
- The primary outcome was the ODI minimal clinically important difference (MCID) (<30% versus ≥30% improvement) at one year.
- Multivariate analysis adjusted for age and surgery type.

## Results

- The median age was 69.0 (interquartile range (IQR) 14.0) years, 66 (49.3 percent (%)) were female, 89 (66.4%) underwent decompression, while 45 (33.6%) underwent additional instrumented fusion.
- The median wait time was 5.9 (IQR 8.2) months and the postoperative follow-up was 19.2 (IQR 8.1) months.
- Increased wait times were not associated with significant changes of ODI scores at each time point (coefficient 2.8 (95 percent confidence interval -0.16-5.91), p=0.063) after adjusting for age and surgery type (FIGURE 1)
- Wait time was not associated with absolute postoperative change in ODI scores, but patients with wait times ≥12 months were significantly less likely to reach the ODI MCID at last follow-up (13 (46.4%) for ≥12 months versus 66 (73.3%) for <12 months, p=0.008; odds ratio=0.29 (95% confidence interval 0.12-0.75), p=0.011) (FIGURE 2).
- During wait time, there was no difference in patients deteriorating above the MCID for each time point (10 (9.7%) versus 5 (16.1%), p=0.320).

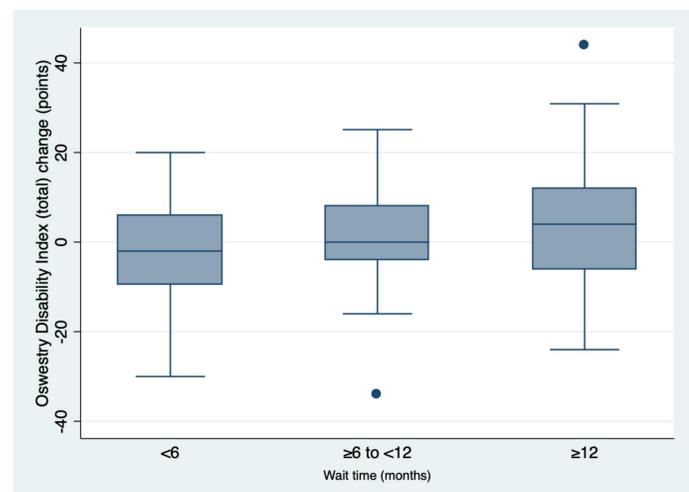


FIGURE 1. Patient-reported outcome measure change from intake to preoperatively categorized by wait time (n=134)

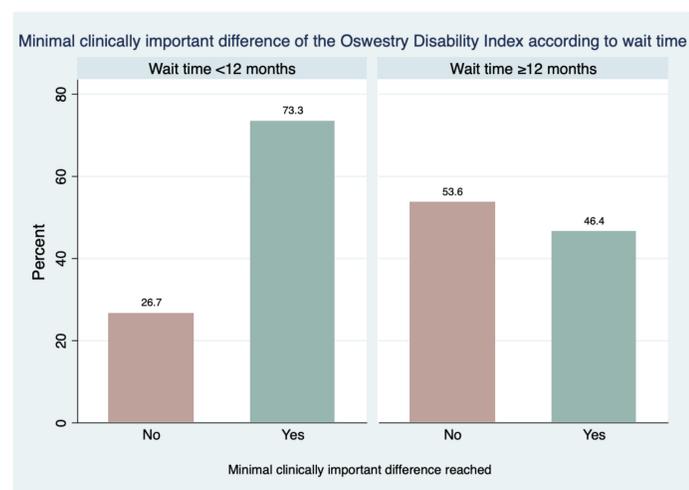


FIGURE 2. Minimal clinically important difference (MCID) of the Oswestry Disability Index (ODI) according to wait time (n=134).

## Conclusions

- Although longer wait times do not appear to negatively influence postoperative outcome in patients with lumbar spinal stenosis using absolute values, longer waits may potentially impact individual patients ability to achieve MCID.
- Patient reported pain related disability from the initial surgical consultation to surgery are relatively stable in most patients for at least six to twelve months.

## References

1. Canadian Spine Society (CSS). A clinical perspective on appropriate wait-times for elective spinal surgery. [Spinal Columns. 6(2).], 2006. Available at: <http://spinecanada.ca/newsletter-2006-volume-6-number-2>. Accessed January 30, 2021.
2. Busse JW, Riva JJ, Nash JV, et al. Surgeon attitudes toward nonphysician screening of low back or low back-related leg pain patients referred for surgical assessment: a survey of Canadian spine surgeons. Spine (Phila Pa 1976) 2013;38:E402-8.