

2017

Fifty patients who were scheduled for lumbar disc surgery were divided into 2 groups, namely patients who accepted the surgery at the first offer and those who wanted to think over. Educational level information was obtained and patients were asked whether they had searched their disorder and offered surgery on the Internet. Then, a questionnaire was administered and the reliability of the websites was evaluated. Correction: The first 30 websites on the first 3 pages of Google® search engine, the most commonly used search engine in Turkey, were evaluated with the **DISCERN®** instrument.

Of 50 patients, 33 (66%) had conducted a search for the surgery on the Internet. All university graduates, 88.2% of high school graduates, and 18.7% of primary-secondary school graduates had conducted an Internet search. The quality and reliability of the information was high (4.5 points) for 2 (7.1%) websites, moderate (2.3 points) for 6 websites (21.4%) and poor (1 point) for 20 websites (71.4%) as scored with the DISCERN® instrument. The mean DISCERN® score of was 1.1 for websites of health-related institutions or healthcare news, 2.75 for personal websites of physicians and 2.5 for personal websites of non-physicians. The mean DISCERN® score of all websites was 1.5.

Most of the patients undergoing lumbar disc surgery at our clinic had searched information about the surgical procedure on the Internet. We found that 92.9% of the websites evaluated with the DISCERN® instrument had inadequate information, suggesting low-level reliability ¹⁾.

2016

The full set of prospectively gathered Medicare insurance data (2005-2012) was retrospectively reviewed. Patients who underwent primary **lumbar discectomy** for lumbar disc herniations from 2009 to quarter 3 of 2012 were selected. This cohort (n=41,655) was then divided into two subgroups: those who were diagnosed with incidental durotomy on the day of surgery (n=2,052) and those who were not (control population). To select a more effective control population, patients of a similar age, gender, smoking status, diabetes mellitus status, chronic pulmonary disease status, and body-mass-index were chosen at random from the control population to create a control cohort. In-hospital costs, length of stay, and rates of 30-day readmission, 90-day wound complications, and 90-day serious adverse effects were compared.

An incidental durotomy rate of 4.9% was observed. Higher rates of **wound infection** (2.4 vs 1.3%; OR 1.88; 95% CI: 1.31 - 2.70; p<0.001), wound dehiscence (0.9 vs 0.4%; OR 2.39; 95% CI: 1.31 - 4.37; p=0.004), and serious adverse events related to incidental durotomy (0.9 vs 0.2%; OR 4.10; 95% CI: 2.05 - 8.19; p<0.0001) were observed in incidental durotomy patients. In-hospital costs were increased by over \$4,000 in patients with incidental durotomy (p<0.0001).

Incidental durotomies occur in almost one in every twenty elderly patients treated with primary lumbar discectomy. Given the increased hospital costs and complication rates, this complication must be viewed as anything but benign ²⁾.

127 patients (of 148 total) with data collected 3 months postoperatively. The patients' average age at the time of surgery was 46 ± 1 years, and 66.9% of patients were working 3 months postoperatively. Statistical analyses demonstrated that the patients more likely to return to work were those of

younger age (44.5 years vs 50.5 years, $p = 0.008$), males (55.3% vs 28.6%, $p = 0.005$), those with higher preoperative SF-36 physical function scores (44.0 vs 30.3, $p = 0.002$), those with lower preoperative ODI scores (43.8 vs 52.6, $p = 0.01$), nonsmokers (83.5% vs 66.7%, $p = 0.03$), and those who were working preoperatively (91.8% vs 26.2%, $p < 0.0001$). When controlling for patients who were working preoperatively (105 patients), only age was a statistically significant predictor of postoperative return to work (44.1 years vs 51.1 years, $p = 0.049$).

In this cohort of lumbar discectomy patients, preoperative working status was the strongest predictor of postoperative working status 3 months after surgery. Younger age was also a predictor. Factors not influencing return to work in the logistic regression analysis included sex, BMI, SF-36 physical function score, ODI score, presence of diabetes, smoking status, and systemic illness. Clinical trial registration no.: 01220921 (clinicaltrials.gov) ³⁾.

2000

In a prospective study of 132 consecutive patients who underwent surgery for lumbar disc herniation, the authors evaluated the prognostic value of different variables in the duration of symptoms for the 1-year period after surgery. The 1-year follow-up investigation was conducted by an independent observer. Assessment of outcome was performed using a clinical overall score (COS), which was recently assessed for its reliability and validity. As for factors predictive of outcome, only duration of leg pain and sick leave reached statistical significance in the multivariate analysis. Results of the univariate analysis demonstrated that in patients experiencing preoperative leg pain fewer than 4 months and between 4 and 8 months, a significantly lower COS at the 1-year follow up was demonstrated compared with those in whom the duration of leg pain was longer (> 8 months). One hundred eight patients returned to work within the 1st year after surgery. Patients who took a sick leave of more than 28 weeks before the operation were at higher risk of not returning to work.

Analysis of these results indicates that leg pain lasting more than 8 months correlates with an unfavorable postoperative outcome in patients with lumbar disc herniation, as well as a high risk of not returning to work ⁴⁾.

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³⁾

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