

NORDSTEN study

- Letter to the Editor regarding "Do patients with lumbar spinal stenosis benefit from decompression of levels with adjacent moderate stenosis? A prospective cohort study from the NORDSTEN study" by Tronstad et al
- Response to letter to the Editor regarding "Do patients with lumbar spinal stenosis benefit from decompression of levels with adjacent moderate stenosis? A prospective cohort study from the NORDSTEN study"
- Correction to: ISSLS Prize in Clinical Science 2025: A randomized trial on three different minimally invasive decompression techniques for lumbar spinal stenosis. Five years follow-up from the NORDSTEN-SST
- Change in Lumbar Lordosis After Decompressive Surgery in Lumbar Spinal Stenosis Patients and Associations With Patient-Related Outcomes Two Years After Surgery:: Radiological and Clinical Results from the NORDSTEN Spinal Stenosis Trial
- Adjacent Level Canal Area Changes up to Two Years After Lumbar Spinal Stenosis Decompressive Surgery
- Transurethral resection of the prostate (TUR-P) and associated risk of infective endocarditis
- ISSLS Prize in Clinical Science 2025: A randomized trial on three different minimally invasive decompression techniques for lumbar spinal stenosis. Five years follow-up from the NORDSTEN-SST
- Clinical Importance of Redundant Nerve Roots in Patients With Symptomatic Lumbar Spinal Stenosis: A Secondary Analysis of NORDSTEN Spinal Stenosis Trial Data

A multicentre randomized controlled trial [the Spinal Stenosis Trial (SST) (part of the NORDSTEN study)] including 465 patients aged 18-80 years with [neurogenic claudication](#) or radiating [pain](#) and MRI findings indicating [lumbar spinal stenosis](#) without [spondylolisthesis](#) is performed to compare three posterior decompression techniques: unilateral laminotomy with crossover, bilateral laminotomy, and spinous process osteotomy. The primary outcome is a change in Oswestry Disability Index (ODI 2 years postoperatively). Secondary outcomes are change in EQ-5D, Zurich Claudication Questionnaire, and Numeric Rating Scale for leg pain and back-pain. Also recorded were the Global Perceived Effect score, complications, length of hospital stay, reoperation rate 2 years postoperatively, difference in recurrence of symptoms or postoperative instability, and MRI change in the dural sac area. Further, a 5 and 10 years follow-up is planned with the same outcome measures.

Discussion: Newer and less invasive techniques are increasingly favored in surgery for LSS. This trial will compare the clinical and radiological results of three different techniques and may contribute to better clinical decision-making in the surgical treatment of LSS.

Trial registration: ClinicalTrials.gov reference: NCT02007083 (November 22, 2013) ¹⁾.

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Aaen J, Banitalebi H, Austevoll IM, Hellum C, Storheim K, Myklebust TÅ, Anvar M, Weber C, Solberg T, Grundnes O, Brisby H, Indrekvam K, Hermansen E. Is the presence of foraminal stenosis associated with outcome in lumbar spinal stenosis patients treated with posterior microsurgical decompression Acta Neurochir (Wien). 2023 Jul 5. doi: 10.1007/s00701-023-05693-5. Epub ahead of print. PMID: 37407851.

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