

Postoperative rehabilitation

The [aim](#) of a [study](#) was to examine whether routine [referral](#) to municipal postoperative [rehabilitation](#) is [cost-effective](#) in comparison to no referral after [lumbar disc herniation surgery](#).

One hundred forty-six [patients](#) scheduled for primary [discectomy](#) due to [LDH](#) were included. This secondary [analysis](#), based on [data](#) from a previous [randomized controlled trial](#), compared [costs](#) and [quality-adjusted life years](#) (QALYs) between two groups of patients recovering from LDH surgery: one group of patients received a referral for municipal physical [rehabilitation](#) (REHAB) and the other group was sent home without a referral to any postoperative [rehabilitation](#) (HOME). Primary outcomes were [QALYs](#) calculated from the EQ-5D utility score, societal costs, and incremental cost-effectiveness ratios (ICERs). The main cost-effectiveness analysis used intention-to-treat data, whereas sensitivity analyses included as-treated data. Questionnaires were collected after 1, 3, 6, 12, and 24 months postoperatively.

The main [cost-effectiveness](#) analysis showed a small, insignificant incremental QALY of 0.021 and an incremental cost of €211.8 for the REHAB group compared to the HOME group, resulting in an ICER of €10,085. In the as-treated sensitivity analysis, the REHAB group had poorer outcomes and higher costs compared to the HOME group.

Routine referral to municipal physical rehabilitation in patients recovering from LDH surgery was not cost-effective compared to no referral. Clinical trial registration no.: NCT03505918 (clinicaltrials.gov) ¹⁾.

¹⁾

Paulsen RT, Sørensen J, Carreon LY, Andersen MØ. Cost-effectiveness of postoperative rehabilitation after surgery for lumbar disc herniation: an analysis based on a randomized controlled trial. J Neurosurg Spine. 2020 Jan 17:1-8. doi: 10.3171/2019.11.SPINE191003. [Epub ahead of print] PubMed PMID: 31952034.

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