

Return to work

Informing patients about the postoperative return to [work](#) (RTW) [expectations](#) is of utmost importance because of the influence of realistic expectations on RTW outcomes.

RTW should be a therapeutic goal, directly affecting indirect costs related to [failed back surgery syndrome](#) (FBSS).

Huysmans et al. from the [Universitair Ziekenhuis Brussel](#) aimed to give an overview of the duration of sick leave and RTW rates after surgery for [lumbar radiculopathy](#) and to list predictors of and factors related to RTW.

A systematic literature search was conducted in [PubMed](#), [Web of Science](#), [EMBASE](#), and [SCOPUS](#). Full-text articles on RTW following surgery for lumbar radiculopathy were included through double-blind screening. Risk of bias was assessed using a modified version of the Downs and Black checklist.

Sixty-three full-text articles (total sample size: 7,100 patients) were included. Risk of bias was scored low to high. Mean duration of sick leave ranged from 0.8 to 20 weeks. Within 0.1-240 months post surgery, 3%-100% of patients resumed work. Most important predictors for work resumption were preoperative work status, presence of comorbidities, age, sex and duration of preoperative symptoms. Duration of sick leave can be predicted by the preoperative level of pain or disability and presence of symptoms of depression, occupational mental stress, and lateral disc prolapse. Furthermore, less invasive surgical techniques were found to result in better RTW outcomes compared with more invasive techniques.

Diverse results were found for RTW rates and duration of sick leave. Preoperative work status, presence of comorbidities, and several demographic factors were retrieved as predictors of RTW and duration of sick leave ¹⁾.

[Awake surgery](#) for [glioma](#) aims to maximize resection to optimize prognosis while minimizing the risk of postoperative deficits.

The oncological and functional results of awake glioma surgery during the learning curve are comparable to results from established centers. The use and utility of resection probability maps are well demonstrated. The [return to work](#) level is high ²⁾.

Return to Work After Lumbar Spine Surgery

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¹⁾

Huysmans E, Goudman L, Van Belleghem G, De Jaeger M, Moens M, Nijs J, Ickmans K, Buyl R,

Vanroelen C, Putman K. Return to work following surgery for lumbar radiculopathy: a systematic review. *Spine J.* 2018 Sep;18(9):1694-1714. doi: 10.1016/j.spinee.2018.05.030. Epub 2018 May 22. Review. PubMed PMID: 29800705.

2)

Mandonnet E, De Witt Hamer P, Poisson I, Whittle I, Bernat AL, Bresson D, Madadaki C, Bouazza S, Ursu R, Carpentier AF, George B, Froelich S. Initial experience using awake surgery for glioma: oncological, functional, and employment outcomes in a consecutive series of 25 cases. *Neurosurgery.* 2015 Apr;76(4):382-9. doi: 10.1227/NEU.0000000000000644. PubMed PMID: 25621981.

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