

The [Global Spine Tumour Study Group](#) (GSTSG): an international group of spinal surgeons who are dedicated to studying the outcomes of surgery for spinal tumours ¹⁾.

In a [ACS National Surgical Quality Improvement Program](#) analysis, 10.2% of patients undergoing surgery for [spinal tumors](#) were readmitted within 30 days, 5.3% underwent a reoperation, and 14.4% experienced a major complication. The most common complications were SSIs, systemic infections, and VTE, which often occurred late (after discharge from the surgical hospitalization). Patients were primarily readmitted for new complications that developed following discharge rather than exacerbation of complications from the surgical hospital stay. The strongest predictors of adverse events were comorbidities, preoperative [steroid](#) use, and higher [ASA score](#). These models can be used by surgeons to risk-stratify patients preoperatively and identify those who may benefit from increased surveillance following hospital discharge ²⁾.

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Mazel C, Balabaud L, Bennis S, Hansen S. Cervical and thoracic spine tumor management: surgical indications, techniques, and outcomes. *Orthop Clin North Am*. 2009 Jan;40(1):75-92, vi-vii. doi: 10.1016/j.ocl.2008.09.008. Review. PubMed PMID: 19064057.

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Karhade AV, Vasudeva VS, Dasenbrock HH, Lu Y, Gormley WB, Groff MW, Chi JH, Smith TR. Thirty-day readmission and reoperation after surgery for spinal tumors: a National Surgical Quality Improvement Program analysis. *Neurosurg Focus*. 2016 Aug;41(2):E5. doi: 10.3171/2016.5.FOCUS16168. PubMed PMID: 27476847.

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