

Association Between Duration of Sciatica and Outcome of Lumbar Disc Herniation Surgery in Elderly

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Introduction:

Predictive factors for the outcome of lumbar disc herniation (LDH) surgery in elderly is largely unknown.

Patient and methods:

In the national Swedish register for spinal surgery (SweSpine) we identified 1218 patients aged >65 (WHO definition of elderly) whom 2000-2010 had undergone LDH surgery registered with pre- and one year postoperative data (age, gender, preoperative duration and degree of back- and leg pain, quality of life (SF-36) and satisfaction rate (dissatisfied, uncertain, satisfied). We used a logistic regression model to compare pre-operative risk factors in patients who were satisfied with the remainder (uncertain & dissatisfied) respectively dissatisfied with the remainder (satisfied & uncertain).

Results:

73% were one year after the operation satisfied, 18% uncertain and 9% dissatisfied. Younger age, shorter duration of leg pain and more leg than back pain predicted a favorable outcome (all $p < 0.01$). Older age and longer duration of leg pain predicted an unfavorable outcome (both $p < 0.01$). 60% of patients with preoperative leg pain >2 years were satisfied in comparison with 81% with leg pain <3 months ($p < 0.01$)

Discussion:

Even if older age and longer duration of leg pain in elderly are risk factors for inferior outcome of LDH surgery, few are actually dissatisfied with the outcome. This study cannot draw any conclusions as regard causality or within which preoperative period of symptoms surgery ought to be performed.

Conclusion:

Duration of leg pain and age in elderly, as in younger adults, associated with the surgical outcome of LDH surgery.