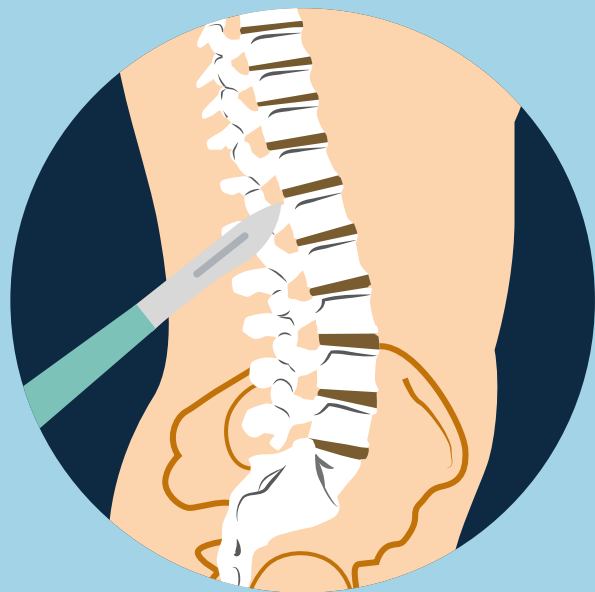


Comparing the Impact of Surgery vs. Nonsurgical Care for Single-Level Lumbar Stenosis on Total Cost and All Cause Mortality

Spine surgery alleviates pain, restores function, and is cost-effective

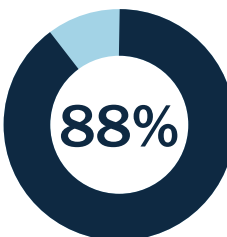


However, data on its impact on cost, utilization, and mortality are relatively sparse

Retrospective review of the Medicare National Database Fee for Service Files from 2011 to 2017



Prediction of 2-year mortality risk (risk stratification index, RSI)



88% Patients matched by RSI and demographics



Comparison of all cause mortality, spine-related healthcare utilization, and 2-year total Medicare payments between matched patients undergoing surgical or nonsurgical treatment

Study identified



61,534



Patients with stenosis



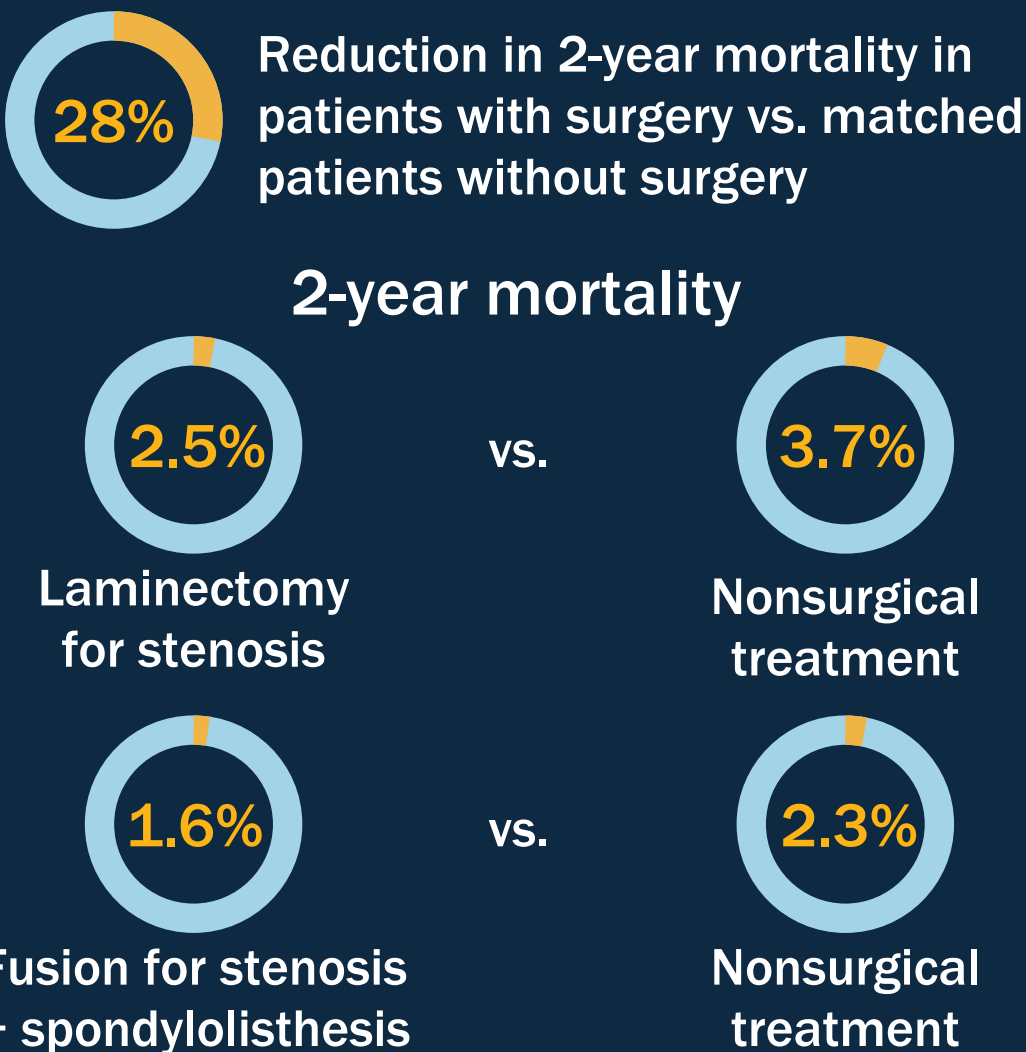
83,813

Patients with stenosis and spondylolisthesis

Total 2-year Medicare payments

Stenosis	Stenosis + Spondylolisthesis		
 Laminectomy \$34,998	Laminectomy \$47,667	Laminectomy + Fusion \$58,786	Fusion \$65,194
 Nonsurgical \$59,071 ($p < 0.0001$)	Nonsurgical \$68,890 ($p < 0.0001$)	Nonsurgical \$67,622 ($p < 0.0001$)	Nonsurgical \$69,117 ($p < 0.0001$)

All cause mortality



Surgical treatment of single-level lumbar stenosis is associated with lower mortality and lower total 2-year cost compared to nonsurgical care

Surgical Treatment of Single-Level Lumbar Stenosis Is Associated with Lower 2-Year Mortality and Total Cost Compared with Nonsurgical Treatment: A Risk-Adjusted, Paired Analysis

Hwang et al. (2023) | DOI: 10.2106/JBJS.22.00181

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