

Introduction

- Chiari I malformations are common in adults, and a frequent procedure in neurosurgical practice.
- Despite a number of studies, to date there is no consensus about the indications or surgical technique for this common condition.
- Growing emphasis on value-based care has emphasized reduction of readmissions and reoperations, and is particularly relevant in Chiari, which has traditionally been associated with a high complication rate.
- In this study we provide the first large, multi-center study providing a contemporary profile of risk factors and complications for this frequent operation.

Table 1

Operative factors		Number of Reoperations*	Univariate <i>p</i> value	Multivariate analysis	
				95% Confidence Interval	<i>p</i> value
Sex	Male	13 (11%)	<b>0.018</b>	<b>2.582 (1.218 - 5.470)</b>	<b>0.013</b>
	Female	23 (5.1%)			
Race**	Black	7 (7.1%)	0.925		
	White	24 (6.2%)			
	Other	1 (5.3%)			
Obesity	Obese	26 (10%)	<b>0.001</b>	<b>2.968 (1.367-6.445)</b>	<b>0.006</b>
	Not Obese	10 (3.3%)			
Diabetes	Diabetic	1 (3.7%)	0.554		
	Non-diabetic	35 (6.6%)			
Hypertension	Hypertensive	11 (11%)	<b>0.040</b>	1.189 (0.535-2.644)	0.670
	Non-hypertensive	25 (5.4%)			
COPD	History of COPD	1 (14%)	0.3736		
	No history of COPD	35 (6.3%)			
Smoking	Smoker	8 (5.4%)	0.5382		
	Non-smoker	28 (6.8%)			
Functional status***	Independent	35 (6.4%)	0.5589		
	Partially independent/dependent	1 (8.3%)			
ASA classification	1-2	8 (2.6%)	<b>&lt; 0.001</b>	<b>4.276 (1.863-9.814)</b>	<b>0.001</b>
	3-5	28 (11%)			

\*Data available from 2011-2016 (n=560)  
\*\*Of available data (n=504)  
\*\*\*Of available data (n=556)

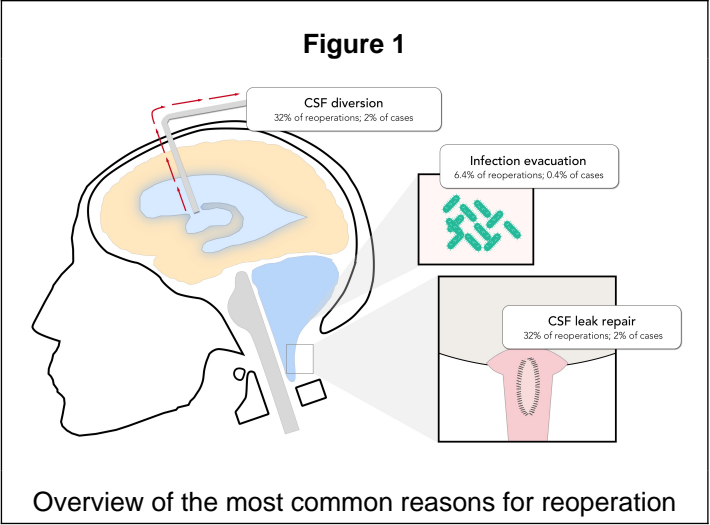
Risk factors for Reoperation

Methods

The American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) database was queried to determine 30-day outcomes following surgery for Chiari I malformations in adults between 2005 and 2016. Demographics, clinical risk factors, and postoperative events were analyzed, along with reoperation and readmission reasons.

Results

- 672 adult patients were identified in the cohort, with a female predominance (80%).
- The overall cohort readmission rate was 9.3%, and 6.8% of patients returned to the operating room.
- Obesity (45.7%) was predictive of both readmission and reoperation risk.
- Male sex and American Society of Anesthesiology (ASA) class were predictive for reoperations.
- The most common reason for reoperation was CSF leak, which was responsible for nearly two-thirds of reoperations and 4% of the cohort.



Conclusions

Surgery for Chiari in adults is common, and carries a definitive risk profile including rates of readmission and reoperation higher than other common neurosurgical procedures. This cohort provides a representative sample of contemporary neurosurgical outcomes in surgery for Chiari I malformations.

Learning Objectives

- 1) Identify risk factors associated with readmission and reoperation after surgery for Chiari I malformations.
- 2) Characterize the readmission and reoperation rate for Chiari malformation surgery.
- 3) Describe the most common reasons for readmission or reoperation after Chiari decompression, their frequency, and council patients in preparation for surgery.

Table 2

Operative factors		Number of Readmissions*	Univariate <i>p</i> value	Multivariate analysis	
				95% Confidence interval	<i>p</i> value
Sex	Male	12 (10%)	0.947		
	Female	45 (10%)			
Race**	Black	14 (14%)	0.327		
	White	38 (10%)			
	Other	1 (5.3%)			
Obesity	Obese	41 (16%)	<b>&lt; 0.001</b>	<b>3.164 (1.724 - 5.808)</b>	<b>&lt; 0.001</b>
	Not Obese	16 (5.3%)			
Diabetes	Diabetic	3 (11%)	0.870		
	Non-diabetic	54 (10%)			
Hypertension	Hypertensive	14 (14%)	0.163		
	Non-hypertensive	43 (9.4%)			
COPD	History of COPD	0	1.000		
	No history of COPD	57 (10%)			
Smoking	Smoker	12 (8.1%)	0.317		
	Non-smoker	45 (11%)			
Functional status***	Independent	54 (9.9%)	0.089		
	Partially independent/dependent	3 (25%)			
ASA classification	1-2	24 (7.7%)	<b>0.031</b>	1.639 (0.932 - 2.881)	0.086
	3-5	33 (13%)			

\*Data available from 2011-2016 (n=560)  
\*\*Of available data (n=504)  
\*\*\*Of available data (n=556)

Risk factors for Readmission