



Comparison of the Operative Outcomes in the Elderly and Younger Population Undergoing Instrumented Lumbar Fusion

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Introduction

Spinal stenosis is primarily a disease of the older population. Return to functional status is generally achieved with decompressive surgery, but there is an increasing number of patients who have co-existent overt or occult spinal instability. In such patients, decompression alone not only does not relieve the symptoms, but often makes them worse. Instrumented reconstruction is frequently not performed even if indicated for a fear that this patient population could not tolerate such extensive surgery. In our institution, we have adopted an aggressive approach and performed stabilization if indicated regardless of age.

Methods

We have analyzed the surgical results of patients ranging in age from 19 to 87 years old. We have retrospectively compared the results of decompression with instrumented fusion including pedicle screws fixation and the transforaminal lumbar interbody fusion (TLIF) in 201 patients divided into two age groups, <64 and = 65. The study had two arms. The first arm which was reported last year demonstrated the safety of instrumented fusion in the elderly population. In the current communication we compare the operative outcomes. We compare

Learning Objectives

1. Understand the current controversies regarding instrumented fusion in the Elderly population.
2. Compare the common morbidities associated with instrumented fusion in the elderly and younger populations.
3. Evaluate the expected outcomes of instrumented fusion in the elderly population

[DEFAULT POSTER]

Results

There was statistically no significant difference in the functional status (Table 1), symptom improvement (Table 2) or pain medication requirement (Table 3) between the two groups. Moreover, there was no difference in fusion rates between the two groups (Table 4).

Conclusions

We conclude that advanced age alone, even with the common comorbidities of that population is not a contraindication to extensive spine reconstruction where indicated and that satisfactory outcomes can be achieved.

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