



# Long-term Outcome of Unilateral Laminotomy with Bilateral Decompression on Lumbar Stenosis. Outcome in SF-36, Rate of Progress of Spondylolisthesis and Re-operation on Patients with or without Preoperative Spondylolisthesis.

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## Introduction

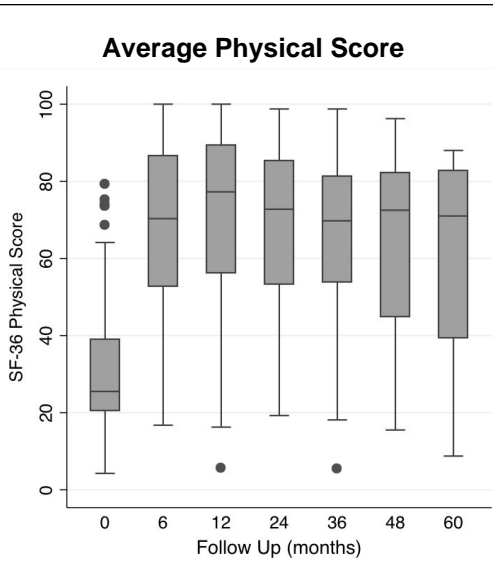
In the treatment of lumbar spondylolisthesis, the best surgical strategy is still a controversial subject.

We present here a prospective long-term follow-up of unilateral laminotomy with bilateral decompression (ULBD) for patients with or without preoperative spondylolisthesis.

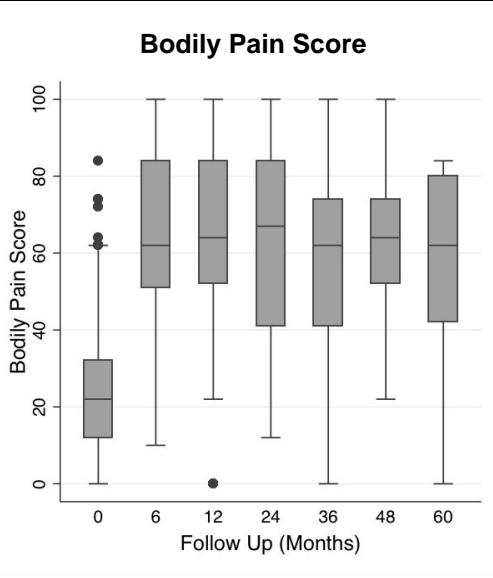
Our question was as follows. Is there any difference between patients with preoperative spondylolisthesis and those without it, in terms of overall outcome, progress of slip, and rate of reoperation?

## Methods

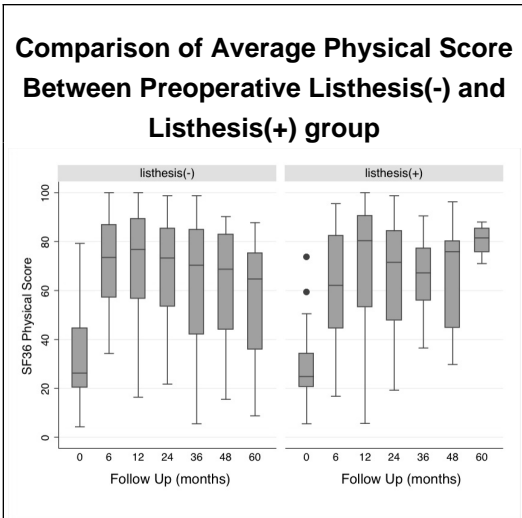
From 2004 to 2011, 182 patients underwent ULBD for lumbar stenosis, in which 80 had spondylolisthesis. We performed a prospective data acquisition with SF-36 questionnaire preoperatively and at regular clinical visits up to 5 years after surgery. Lumbar-spine X-rays were obtained at each visit to evaluate the progress of spondylolisthesis. The average physical score and the bodily pain score of SF-36 were statistically analyzed using multivariate analysis. The rate of re-operation and that of slip progress were evaluated and compared between the two groups with Kaplan-Meier method.



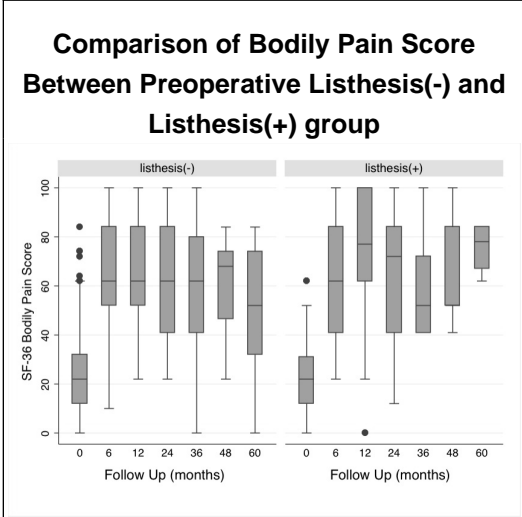
After ULBD, average physical score of SF-36 improved promptly. This improvement lasted up to five years after surgery



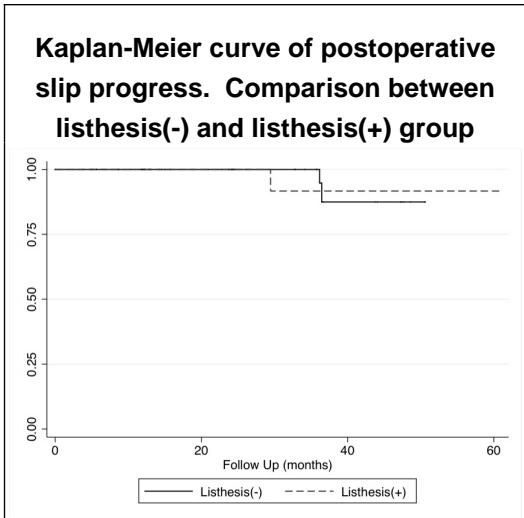
Bodily Pain Score of SF-36 also improved promptly, and the effect lasted for five years.



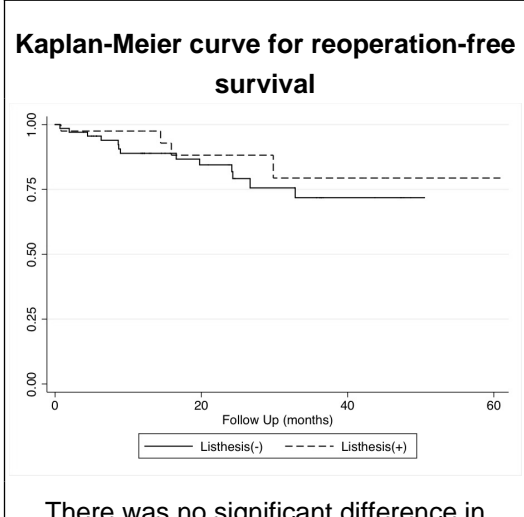
The presence of preoperative spondylolisthesis made no difference in the average physical score of SF-36.



The presence of preoperative spondylolisthesis made no difference in the bodily pain score of SF-36.



There was no significant difference in the postoperative slip progress between the listhesis(-) and listhesis(+) group.



There was no significant difference in reoperation rate between the listhesis(-) and listhesis(+) group

## Conclusions

ULBD provided equally excellent long-term outcomes in the two groups. There was no difference in the rate of slip progress or reoperation.