

Patient satisfaction is good indicator of success after spinal surgery

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Patient satisfaction ratings after surgery for spinal degenerative disease—especially in terms of reduced pain and disability—are a good indicator of the procedure's effectiveness, reports a study in the August issue of *Neurosurgery*, official journal of the Congress of Neurological Surgeons.

"Patient satisfaction with outcome may accurately represent the effectiveness of surgical spine care in terms of one-year improvement in pain and disability," according to the new research by Dr. Clinton J. Devin of Vanderbilt University Medical Center, Nashville, and colleagues. But more research is needed to clarify the impact of insurance status and initial severity scores on the outcomes of surgery for degenerative spine disease.

Reduced Pain and Disability Predict Satisfaction after Spine Surgery

The researchers analyzed one-year follow-up data on 1,645 patients undergoing surgery for [degenerative disease](#) of the upper (cervical) and lower (lumbar) spine. Before and one year after surgery, the patients were evaluated using standard rating scales for disability and neck, back, arm and leg pain.

Based on a [spinal surgery](#) satisfaction scale, 83 percent of patient said they were satisfied with the outcomes of surgery one year later. The

researchers wanted to see whether any of the factors evaluated before surgery could predict whether patients would be satisfied or dissatisfied with their outcomes.

After adjustment for a wide array of patient-specific factors, several specific predictors were identified. Patients who didn't have at least a 15 percent improvement on a standard disability rating scale—considered to be the "minimal clinically important difference"—were four times more likely to be dissatisfied with their surgical outcomes.

Patients who didn't achieve minimal clinically important differences in pain scores were about three times more likely to be dissatisfied with the results of surgery. Patients who were on Medicaid or uninsured also had lower satisfaction rates, as did those with higher initial pain and disability scores.

Patients with depression or anxiety before surgery were less likely to achieve clinically meaningful improvement, and had lower satisfaction rates. However, after adjustment for initial pain and disability scores, these mental health factors were not significant predictors.

Patient satisfaction scores are increasingly used as measures of the quality of medical care—and as a determinant of reimbursement for care provided. "Identifying modifiable factors that improve satisfaction is of utmost importance," according to Dr. Devin and coauthors.

The new study shows that patient satisfaction ratings after surgery for spinal degenerative disease line up well with the level of improvement in pain and disability achieved. The researchers write, "Surgical ineffectiveness was a strong independent predictor of dissatisfaction."

But the results also show a significant impact of initial [pain](#) and disability, suggesting that patients with more severe spinal degenerative

disease are less likely to be satisfied with the results of surgery. Insurance status also seems to have an impact—Medicaid recipients or uninsured patients may have lower satisfaction rates even if they do improve clinically.

The study may provide tools to help identify individuals at risk of dissatisfaction and to improve the delivery of spine care, Dr. Devin and coauthors believe. They conclude, "Individualizing the patient preoperative counseling on the basis of these patient-specific factors can improve [patient satisfaction](#) with outcomes."

More information: "Patient-Specific Factors Associated With Dissatisfaction After Elective Surgery for Degenerative Spine Diseases" [DOI: 10.1227/NEU.0000000000000768](https://doi.org/10.1227/NEU.0000000000000768)

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