

4th International Conference on

Spine and Spinal Disorders

September 03-04, 2019 | London, UK

Complications, reoperations, readmissions and length of hospital stay in 34,639 surgical cases of Lumbar Disc Herniation

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Measuring rates of complications, reoperations, readmissions, and length of hospital stay contributes important information regarding the quality and costs of surgical and hospital care. This information is valuable, not only in relation cost-effectiveness and the framing of clinical guidelines on a population level, but also in the conversations between patients and clinicians. The objective of this longitudinal observation study was to determine the rate of unfavourable events such as complications, reoperations, and readmissions for patients operated for lumbar disc herniation over a 15-year period from 1999 to 2013. Further, to investigate the impact of age, sex, comorbidity, education, civil status, income, and regional health authority affiliation on the rate of such events. The study showed that surgery

for lumbar disc herniation has very low mortality ($p < 0.001\%$) and fewer than 7% of patients experience an unfavourable event such as a reoperation, surgical complication, or hospital readmission. Whether this rate is acceptable must however be considered in relation to the health gains achieved by lumbar disc surgery.

Speaker Biography

Olaf Fjeld studied medicine at Trinity College Dublin, Ireland. He currently works as a Neurologist at the Oslo University Hospital and is expected to complete his PhD on "poor outcomes in Sciatica" within the present year.

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