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Patient Satisfaction after Anterior Cervical Discectomy and Fusion for Cervical Radiculopathy is Predicted by a Number of Factors

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Editorial

To see if patient satisfaction after anterior cervical spine surgery can be predicted by preoperative Patient Reported Outcome Measures (PROMs) and rapid postoperative arm pain alleviation. The researchers conducted a retrospective study of prospectively collected data from 193 patients with cervical radiculopathy who had surgery at Aarhus University Hospital. Preoperatively, postoperatively, and at the 1-year follow-up, standardised questionnaires were utilised to assess demographics, clinical results, and complications. The Visual Analogue Scale for Arm Pain (VAS-AP) and Neck Pain (VAS-NP), the Neck Disability Index (NDI), the EQ-5D 3-level version (EQ5D3L), and satisfaction were all included in PROMs. Medical records were used to compile immediate upper extremity pain status. PROMs improved considerably ($p<0.001$), and the majority of patients (66%) were happy with the surgical outcome at follow-up. Complications and complaints occurred in 3.6% of intraoperative cases, 1.5% of in-hospital cases, and 43% of post discharge cases. When compared to patients with a symptom duration of less than 24 months, patients with a symptom duration of more than 24 months had substantially lower probabilities of being satisfied.

Patient satisfaction was not substantially predicted by baseline PROMs or rapid pain relief. Despite the fact that the difference was not substantial, patients who had rapid pain relief had a higher chance of being satisfied than those who did not. Cervical radiculopathy is a common ailment caused by compression or irritation of the spinal nerve roots in the neck. Cervical radiculopathy symptoms are typically mild and respond well to conservative therapy. Surgical therapy is undertaken if the symptoms worsen or do not respond to conservative treatment. Although surgical therapy is typically effective in alleviating symptoms, a small percentage of individuals continue to have problems. Persistent symptoms may be related to the nervous system's maladaptive plasticity or erroneous surgical indications. Long-term high-intensity pain can lead to maladaptive plasticity, which can lead to a chronic pain syndrome that is resistant to treatment. Long-term, high-intensity pain might have a detrimental impact on a patient's health. If surgical therapy is given based on a faulty surgical indication, the treatment will fail because the real diagnosis will be treated incorrectly. Patient treatment should focus on improving preoperative patient selection and predicting long-term outcomes in the early postoperative environment. Prior research has suggested that the length of conservative therapy, the duration of symptoms, and Patient-Reported Outcome Measures (PROMs) can all be used to predict clinical outcome. Despite this, no agreement has been achieved. We anticipated that long term symptom duration and baseline PROMs such as increased Visual Analogue Scale for Arm Pain (VAS-AP), VAS for neck pain (VAS-NP), Neck Disability Index (NDI), and reduced EQ-5D 3-level version (EQ5D3L) would have a negative impact on clinical outcome. It has never been investigated if immediate postoperative relief in upper extremity pain is a predictor of clinical success. We anticipated that patients who receive rapid relief from cervical radicular pain following decompressive surgery are more likely to be happy with the surgical outcome one year later than patients who only experience partial or no relief.

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