

Multiple Operated Lumbar Spine

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Short Communication

Rothman and Bernini presented what is now their classic algorithm for evaluation of the multiply operated lumbar spine (MOLS). The principles of this approach and decision-making center primarily on the patient's history with physical examination and neurodiagnostic testing with or without dynamic radiograph supplementation, which guides and/or confirms the clinical impression. The pain-free interval defined as the timeframe in which the patient's preoperative symptoms are eliminated or substantially reduced is the key historical concept. Over the last two to three decades since this has been written, there have been multiple advances and changes in spinal surgery worth noting.

Spine surgery continues to offer the primary treatment principles of decompression fusion; the correction of deformity; and now motion preservation. There are about 450,000 spine surgeries done per year (2003) in the United States and failure rates are estimated to be approximately 10%. Failure rates are higher in patients who have had fusions. Thus, the problem of the MOLS is still present and is unlikely to disappear for multiple reasons, including internal minimal complication rates common to any procedure several unique aspects of the lumbar spine, such as the progressive nature

of lumbar degenerative disc disease, which can produce symptoms at a future date even with long pain-free intervals; new technology introducing procedures with specific complications procedures like laminectomy, while done correctly but based on judgment, may not relieve neural element pressure satisfactorily but fusion when applied has a small unavoidable nonunion risk and fusion rates, especially with instrumentation, do not necessarily improve the outcome or results. Said another way, nonunion or poor posterior lateral bone growth may be well tolerated due to the rigidity of pedicle screw and/or interbody fixation. Furthermore, the symptoms of back pain and leg pain are ubiquitous, common, and anatomically difficult to isolate in as many as 80% of cases.

There is no wonder there are many critics of lumbar spinal surgery. These critics often find or make a case to support limited surgery with an emphasis on decompression only and a criticism of the addition of lumbar fusion. Our best methods to help to eliminate and/or reduce MOLS are threefold, use optimal patient While double-blind randomized clinical trials are the gold standard for evidence-based decision-making, these studies are costly, take upwards of 8 years to complete, are hard to enroll groups with similar parameters, and are associated with many confounding variables seen in the lumbar spine patients, such as depression, smoking, litigation compensation, pain syndromes, obesity, deconditioning, fibrositis/fibromyalgia, and psychosocial abnormalities, just to name a few.

How to cite this article: Peter Kan. "Multiple Operated Lumbar Spine." J Spine 10 (2021): 485

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Received 10 June 2021; **Accepted** 17 May 2021; **Published** 24 May 2021