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Spine Surgery at an Ambulatory Surgery Center

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Introduction: Can spine surgery be safely performed at an ambulatory surgery center (ASC)? This question has important ramifications for providing quality health care at lower costs. Every spine surgery case performed at an ASC from spring 2005 through 2008 (1,030 cases) was prospectively evaluated.

Methods: All cases were evaluated with Oswestries (ODI), neck disability indexes (NDI) and visual analog scale (VAS) at pre-op, three-month, six-month, one-year and often two-year follow-up. Surgery types included both instrumented (653) and non-instrumented (377) surgeries.

Results: In 193 anterior cervical fusion patients, there were no perioperative complications and no unplanned transfers. There was a statistically significant improvement in NDI and VAS values.

In 83 lumbar ADR patients there was one intra-operative vein laceration. One arterial thrombosis and two patients were returned to the OR. There was a statistically significant improvement in ODI and VAS at two-year follow-up.

One patient out of 377 lumbar microdiscectomy and decompression patients was returned to the OR.

All anterior cervical fusions, ADR, and non-instrumented lumbar spine surgeries were released home within 24 hours of their surgery.

Posterior lumbar fusion with pedicle screws, TLIF and posterolateral fusions were evaluated in 298 patients. Three returned to the OR, five transferred to the hospital, two transferred to a rehab unit, and three had postoperative complications for a complication rate of 4.3%. These patients had an average stay of 48 hours and reported a significant improvement in post-op ODI and VAS.

Outside insurance audits have indicated a 60% cost savings when performing these procedures at an ASC versus a standard hospital setting. Patients reported a 97% satisfaction rate.

Discussion: The results of the prospective analysis of 1,030 spine cases at an ASC indicate both instrumented and non-instrumented spine surgeries can be safely performed with efficacy at an ASC.