Authors
Gagan Sethi, A Aljawadi, M Choudhry, B Fisher, H Divecha, J Leach, F Arnall, R Verma,N Yasin, S Mohammed, I Siddique

Back ground:
Previous studies have stated that presence of concomitant back pain has a negative effect on the outcome of lumbar decompression/microdiscectomy but none have actually defined what level of back pain should be considered as significant. This is a study of consecutive patients who underwent a primary single level lumbar micro decompression /microdiscectomy performed by thirty nine surgeons at a single tertiary spinal centre between August 2011 and December 2014. The aim was to determine the differential effect of the intensity of back pain and leg pain as a predictor of outcome.

Method and Result:
Data was prospectively collected using SpineTango COMI questionnaires pre-operatively and at 3 months postoperatively. 995 patients who had a complete dataset were included in the analysis. Multivariate regression analysis and ROC curves were used to evaluate factors associated with poor outcome. At 3 months follow up 72.16% of patients were satisfied with the outcome of surgery. The VAS for low back pain was a significant predictor of poor outcome. Of patients with a VAS of 6 or more 34% had a poor outcome following surgery while of patients with a VAS of less than 6, 17% had a poor outcome at three months.

Conclusion:
Our study has shown that patients with pre-operative concomitant back pain with VAS of 6 or more have a significantly greater chance of a poor outcome following primary lumbar microdecompressive/microdiscectomy surgery as compared to those with a back pain VAS of less than 6.

Institutions. The University of Salford, and Salford Royal NHS Foundation Trust (SRFT), Manchester, UK

Conflicts of interest: ‘No conflicts of interest’
Sources of funding: ‘No funding obtained’