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“Patient-Reported Outcomes Following Lumbar Endoscopic Spine Surgery for Chronic Back and Leg Pain in Veterans”

Objectives: Chronic back pain associated with lumbar spondylosis with/without radiculopathy is a common cause of disability among military veterans. Endoscopic spine surgery provides patients with a minimally invasive alternative that avoids open surgery. This procedure allows for more accurate and specific nerve ablation compared to needle-drive radiofrequency nerve ablation (RFA). It also allows, if necessary, foraminotomy and discectomy. Our study seeks to determine how endoscopic spine surgery improves pain and function in veterans experiencing chronic low back and leg pain. We intend to assess patient satisfaction with the procedure and measure functional improvement post-operatively.

Methods: A sample of 12 veterans of the Veteran Affairs Medical Center (VA) in New Orleans, Louisiana who had undergone endoscopic spine surgery were selected to be contacted 2-8 months postoperatively and administered a four-question survey via telephone. This survey included three Yes/No/Unchanged questions: 1) Would you choose to undergo the procedure again? 2) Are you able to walk further after the procedure? 3) Are you able to sleep better after the procedure? The fourth question was open-ended and asked about what patients would like other fellow veterans or patients to know while considering the procedure.

Results: Of the 12 patients selected, 10 completed the survey (83% response rate). One patient canceled the procedure, and the other was unreachable via telephone and follow up. Among respondents, 5 reported that they would repeat the surgery, 6 reported improved walking distance, and 4 reported sleep improvement. Unchanged sleep quality was reported in 2 respondents.

Qualitative responses noted the importance of setting realistic expectations and understanding the timeline for recovery, as well as the need for follow-up appointments to manage pain in other areas.

Conclusion: Lumbar endoscopic spine surgery may provide functional and lifestyle improvements, especially in walking, for select patients with chronic back and leg pain. Sleep and overall satisfaction outcomes varied, which highlights the importance of pre-operative counseling and careful patient selection. Future studies with larger cohorts and data stratified based on factors such as age or other confounding variables may provide more insight into indications for choosing this minimally invasive surgery and defining predictors for successful patient outcomes.