

# Spine surgeons vary considerably in imaging practices

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"Findings highlight extreme variability in practice associated with a notable lack of standard of care and provide a baseline for utility studies that may lead to more evidence-driven care," Bohl and colleagues conclude.

**More information:** [Abstract](#)  
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Spinal surgeons show considerable variability in imaging practices for elective lumbar spine surgery, according to a study published in the June 15 issue of *Spine*.

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Daniel D. Bohl, M.P.H., from the Yale School of Medicine in New Haven, Conn., surveyed 41 [spine surgeons](#) via a one-page questionnaire regarding their current imaging practices for posterior lumbar decompression, posterior lumbar fusion, and anterior lumbar fusion.

The researchers found that, intraoperatively, 75 to 95 percent used fluoroscopy, while 5 to 25 percent used plain film. In addition, 54 to 80 percent of surgeons took images before skin incision, while 59 to 100 percent always took final images at the end of the procedure. Postoperatively, 13 to 54 percent of surgeons took images after patients had left the [operating room](#) but before discharge. Patients were followed up with imaging for a mean of 0.4 to 1.5 years, with anterior-posterior views for 54 to 100 percent of surgeons, lateral views for 56 to 95 percent of surgeons, and flexion-extension [films](#) for 15 to 39 percent of surgeons. For both anterior and posterior fusion, 26 percent of surgeons routinely assessed fusion by computed tomographic scan.

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