

Pre-op chronic opioid use ups poor outcomes post spinal fusion

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department visits, readmission, and continued postoperative use. Additionally, one year after surgery, long-term opioid users had an increased risk for epidural/facet joint injections, revision fusion, and new onset constipation.

"Preoperative chronic opioid therapy is a modifiable risk factor for complications, [readmission](#), [adverse events](#), and increased costs after one- and two-level posterior lumbar [fusion](#)," the authors write.

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(HealthDay)—Preoperative chronic opioid use is associated with poor outcomes and continued dependence after posterior lumbar fusion, according to a study published online March 20 in *Spine*.

Nikhil Jain, M.D., from The Ohio State University in Columbus, and colleagues used commercial insurance data (from 2007 to Q3-2015) to evaluate preoperative [opioid](#) use in 24,610 patients undergoing primary one- and two-level posterior lumbar fusion. The authors also assessed associated 90-day complications, emergency department visits, readmissions, one-year adverse events, and costs.

The researchers found that 22.3 percent of patients had documented opioid use for more than six months before surgery, and 87.4 percent of these had continued long-term use postoperatively. Preoperative chronic opioid use was associated with higher risk for 90-day wound complications, pain diagnoses, emergency

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