

Cannabis use disorder tied to spine surgery complications

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2.2), respiratory complications (odds ratio, 2.0), neurologic complications such as stroke and anoxic brain injury (odds ratio, 2.9), septicemia/sepsis (odds ratio, 1.5), and nonroutine discharge. Patients with concurrent cannabis use disorder also had significantly increased lengths of stay and higher hospitalization charges when controlling for comorbid tobacco use and other baseline characteristics.

"Physicians should ensure that a thorough preoperative drug use history is taken, and that affected [patients](#) be adequately informed of associated risks," the authors write.

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(HealthDay)—Cannabis abuse appears to be associated with worse spine surgery outcomes, according to a study published online March 23 in *Spine*.

Ryan G. Chiu, from the University of Illinois at Chicago, and colleagues used data from the 2012 to 2015 Nationwide Inpatient Sample to identify patients undergoing common elective spine surgery procedures. Concurrent diagnosis of [cannabis use disorder](#) was investigated, and comparisons were made with respect to various perioperative and [postoperative complications](#), all-cause mortality, discharge disposition, length of stay, and hospitalization costs.

The researchers identified 423,978 [surgical patients](#), of whom 2,393 (0.56 percent) had cannabis use disorder. For surgical patients with concurrent cannabis use disorder, inpatient mortality was similar to that of patients without cannabis use disorder, but higher rates were seen for perioperative thromboembolism (odds ratio,

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