

***Musculoskeletal***

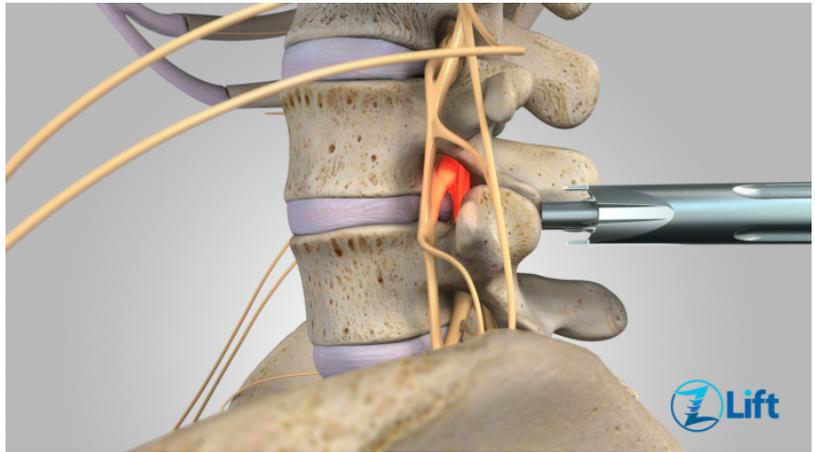
## **Lumbar spinal stenosis - surgery vs. conservative treatment**

...which one is superior?

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It has been shown that complex fusion procedures are increasingly applied to treat patients with lumbar spinal stenosis (LSS). However, no studies so far have proven that surgical treatments are indeed more effective than conservative treatments in LSS. This study systematically reviewed literature to compare the effects of surgical and non-surgical treatment in LSS. It could not be concluded that either surgical treatment or a conservative approach is better for lumbar spinal stenosis. However, the surgical approach showed higher side effects, whereas no side effects could be reported in conservative treatment.

Lumbar spinal stenosis (LSS) describes a clinical syndrome with diminished space for the neural and vascular elements in the lumbar spinal canal. Although the overall rate of surgeries in LSS decreased slightly, the rate of complex fusion procedures increased 15-fold. Given the high economic effects associated with surgical treatments, the question is whether surgical procedures show better outcomes than conservative treatments. This study evaluated the effects of different types of surgery compared with different types of non-surgical interventions in LSS on quality of life, disability, function and pain. They included RCTs and quasi-randomised controlled studies.



A total of 5 RCTs were included in this review, however all studies included in this review were of low quality. 3 studies compared a conservative treatment with a decompression surgery and showed similar results for disability at 3, 6 and 12 months. At 24 months, one study reported better results after the surgical decompression. One study compared steroid injections versus mild decompression and showed no differences in disability (ODI) at six weeks, but better results for physical function and worse results for pain after injections. One single study found better results after a surgical decompression compared to conservative treatment at six weeks, six months and one year of follow-up.

One study reported complications in 10% and 24% of participants, including spinous process fracture, coronary ischaemia, respiratory distress, haematoma, stroke, risk of reoperation and death due to pulmonary oedema.

Thus, there is no clear evidence whether surgical or a conservative approach is better for LSS. However, the rate of side effects was higher in surgical cases. These findings suggest that clinicians should be very careful in informing patients about possible treatment options, especially given that conservative treatment options have resulted in no reported side effects.

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