[IMAGE]

Chiropractic = Less Surgery

By Editorial Staff

More than 300,000 patients undergo lumbar discectomy each year, approximately 20% of whom experience ongoing lumbosacral radiculopathy (LSR).[1] For most patients, their first-line treatment consists of pain medications, spinal injections, cognitive behavioral therapy, and physical therapy exercises. Some seek chiropractic spinal manipulative therapy (SMT) as a better choice to manage their symptoms. Sadly, lumbar discectomy reoperation is reported at a rate of 6-12% and has a lower success rate than the original sugery.[2-3]

A recent study examined the impact of SMT on lumbar discectomy reoperation.[4] Approximately 11% of patients who receive chiropractic SMT have a history of spine surgery.[5]

The study included adults over 18 years experiencing LSR and who had a lumbar discectomy within the last year without lumbar fusion or instrumentation. Health records from 2003- 2023 were gathered, with patients divided into two cohorts: chiropractic SMT and usual care without chiropractic.

Usual care included opioid analgesics, skeletal muscle relaxants, gabapentinoids, and transforaminal injections. Those receiving chiropractic care had at least one follow-up chiropractic SMT visit, with a mean of 11.9 visits and a median of six visits. Reoperation rates were ascertained over a two-year follow-up period.

Chiropractic = Less Surgery - Copyright â Stock Photo / Register Mark Each cohort contained 378 patients with a mean age of 61 years. Of those receiving chiropractic SMT, only 7% required lumbar spine reoperation, compared to 13% of patients in the usual care cohort.

While this study was not designed to measure comparative costs, it was noted that according to the U.S. Bureau of Labor Statistics, lumbar spine reoperations cost approximately $13,750 apiece in 2023. This is obviously much more expensive than chiropractic care, and doesn’t include the additional costs of drugs and injections included in usual care. Assuming a 6% reduction in the more than 300,000 lumbar discectomies each year, that could result in 18,000 fewer surgeries annually, with a savings of almost a quarter of a billion dollars ($247.5 million) per year.

Robert J. Trager, DC, with University Hospitals Cleveland Medical Center and Case Western Reserve University in Cleveland, Ohio, was lead author on the paper. In the paper, Dr. Trager noted:

"This study found that adults receiving SMT for LSR at least one year after lumbar discectomy were less likely to undergo lumbar spine reoperation compared to those receiving usual care without SMT, a difference which persisted over two years' follow-up. These findings highlight the potential role of SMT in reducing the likelihood of additional surgery in this patient population. However, prospective studies are needed to validate our findings and concurrently examine changes in pain, disability, and safety among those receiving SMT after discectomy."

"In addition, it remains unclear whether mechanisms of SMT on pain or disability alone would account for our findings. It is possible that nonspecific therapeutic factors related to education and advice, the clinician-patient relationship, continuity of care, patient expectations, or avoidance of surgeon visits in the SMT cohort accounted for the observed reduction in lumbar spine reoperation."

Dr. Trager's comments suggest that it may not only be the chiropractic adjustment, but the entirety of chiropractic patient care that reduces the need for unnecessary drugs and surgery – something that other researchers have opined in recent years and will hopefully be addressed in future research.

References

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