

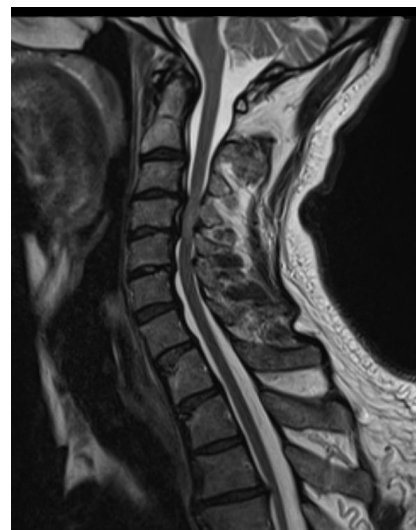
Similar effectiveness of laminectomy with fusion and laminectomy alone in degenerative cervical myelopathy

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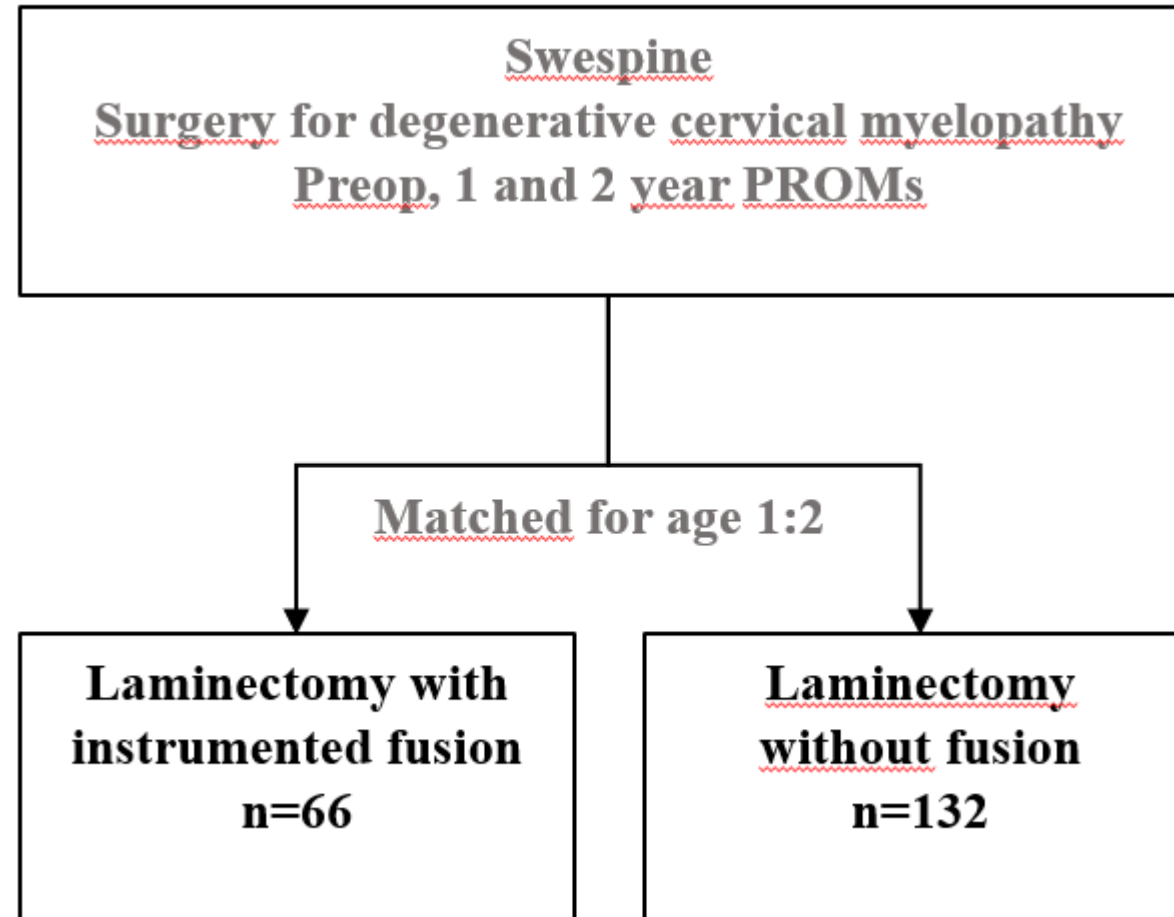
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Background

- Optimal type of posterior surgery for degenerative cervical myelopathy remains to be identified
- Our aim: to study the effectiveness of laminectomy \pm fusion.



Methods



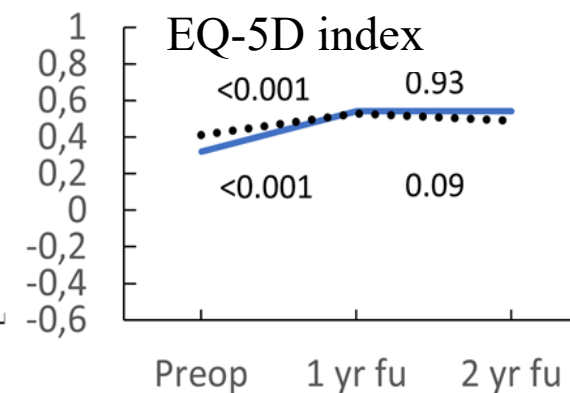
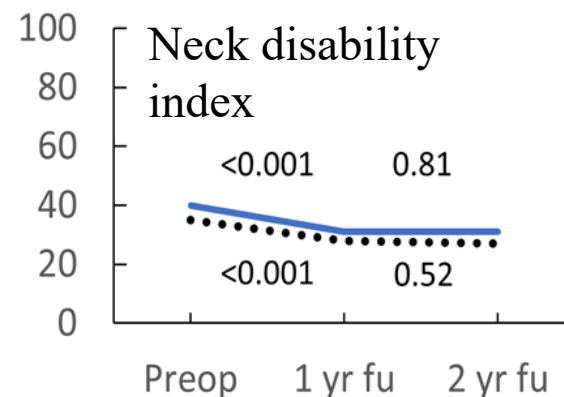
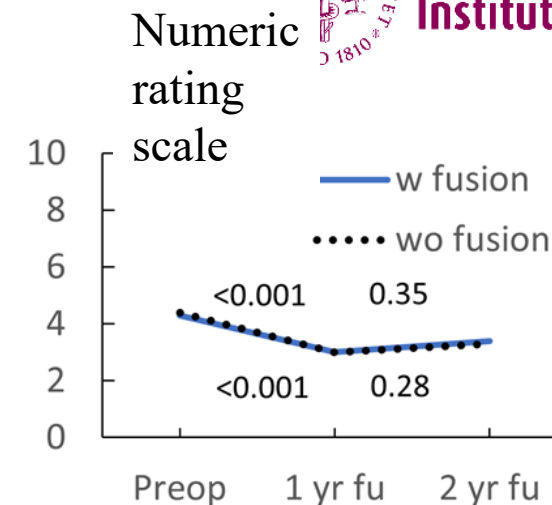
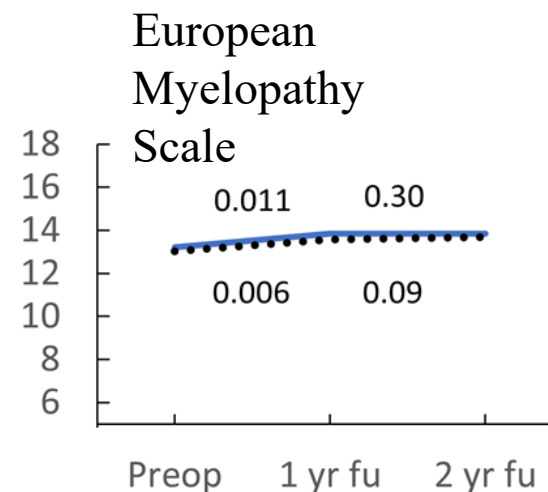
Methods

- PROMs at baseline, 1 and 2 years
 - **European Myelopathy Scale**
 - **Neck Disability Index**
 - **Numeric Rating Scale**
 - **EQ-5D index**

- **Statistical analyses**
 - T-tests, ANCOVA, Chi2, Fisher tests.
 - Effect sizes were determined with Cohen's D.
 - Sensitivity analyses: treating unit, treatment change over time and adjustment for covariates

Results

- Similar baseline PROMs
- PROMs improved to 1 year
- Similar effect sizes for PROMs, both within and between groups
- Sensitivity analyses suggest robust data



- Limitations
 - Observational
 - Reason for choice of type surgery unknown
- Advantages
 - Prospective data collection
 - External validity- real life data
 - Large cohort
 - Several PROMs

Conclusion

- Similar effectiveness of laminectomy \pm fusion in degenerative cervical myelopathy
- No additional effectiveness of surgery beyond the first year

Disclosures

- Gerdhem P: No disclosures
- Fröjd Revesz D: No disclosures
- Charalampidis A: No disclosures