4123-6-32
Appendix

What BWC Wants You to Know About Lumbar Fusion Surgery

(Applies to all workers considering lumbar fusion, regardless of diagnosis)

Ohio Bureau of Workers' Compensation wants you to have the highest quality of care. That can only occur if you know how lumbar fusion surgery may affect your health and recovery. BWC is providing the following instructional form to aid in the process. BWC requires your physician to discuss this information before the surgery, so you can make the best informed decision. In preparation, please study this form, and discuss the information with your healthcare team. Afterwards, you, your physician of record, and your operating surgeon should sign the form. **THIS IS NOT A SURGICAL CONSENT FORM.**

Studies have shown the following post-operative outcomes:

- General Lumbar Fusion Outcomes

  a. The chance of an injured worker no longer being disabled 2 years after lumbar fusion is 32%.

  b. More than 50% of workers who received lumbar fusion through the Washington workers' compensation program felt that both pain and functional recovery were no better or were worse after lumbar fusion.

  c. Smoking at the time of fusion greatly increases the risk of failed fusion

  d. Pain relief, even when present, is **NOT** likely to be 100%

  e. The use of spine stabilization hardware (metal devices) in Washington workers nearly doubled the chances of having another surgery

  f. Lumbar fusion for the diagnoses of disc degeneration, disc herniation, and/or radiculopathy in work comp setting is associated with significant increase in disability, opiate use, prolonged work loss, and poor return to work status.

- Ohio Specific Lumbar Fusion Outcomes Study: (2 year follow-up – 1450 total patients)

a. Back pain patients treated with fusion were able to return to work (activity) only 26% of the time, workers treated non-surgically were able to return to work (activity) 67% of the time.

b. Re-operation rate was 27% in fused patients

c. Complications occurred in 36% of fused patients

d. Narcotic use increased 41% in fused patients, and continued for over 2 years in 76% of fused patients

e. 17 of the fused patients died during the course of the study and 11 non-surgical patients

- National/International Lumbar Fusion Statistics

  a. Surgical fusion outcomes are **NOT** better than cognitive therapy and exercise

  b. Surgical fusion for previous herniated disk is **NOT** better than non-operative treatment

  c. Surgical satisfaction was reportedly high even in injured workers with ongoing pain and no improvement in function observed

  d. Some patients described less pain, improvement of 1 or 2 points on a 10 point pain scale, but any functional benefit of having a fusion was not demonstrated

- Opioid use has been associated with significant long term morbidity and mortality in both surgical and non-surgical patients. Back pain patients are at risk for long term opioid use. Fusion patients have greater narcotic/opioid usage than non-operative patients.

What is expected of you if you proceed to have lumbar fusion surgery:

If the BWC/MCO authorizes your surgery, your surgeon will continue to see you at least every two months for six months after surgery. As your surgeon, I expect you to actively participate in your recovery and rehabilitation plan both prior to and following your surgery.

By signing this form, we (the injured worker, physician & surgeon), attest that we have discussed the information presented here, we understand this information, and we wish to proceed with the fusion surgery. **We also understand that this information does NOT take place of, and is separate and distinct from, any surgical form that we will complete prior to surgery.**

_____ _____

Injured Worker Physician of Record

Date:__/____/_____ Date:____/_____/_____

_____

Operating Surgeon

Date:____/_____/_____