Dysphagia should be Reported as a Separate Legacy Outcome Measure after Anterior Cervical Discectomy and Fusion

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Dysphagia should be Reported as a Separate Legacy Outcome Measure after Anterior Cervical Discectomy and Fusion
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INTRODUCTION: Dysphagia is a common complication after anterior cervical discectomy and fusion (ACDF) but is not a routinely asked question in legacy patient-reported outcome measures. This study looks to see whether there are associations between dysphagia and legacy outcome measures.

METHODS: We retrospectively reviewed 168 patients who underwent ACDF surgery from 2017 to 2019 at a single institution. Demographics, anthropometric data, Neck disability index (NDI), visual analog scale (VAS) pain scores, PROMIS-Health and -Mental scores, Charlson Comorbidities Index (CCI), and Eating Assessment Tool (EAT-10) were obtained for each patient preop and 1, 3, 6, and 12 months postop. Repeated measure correlations and mixed regression analyses on repeated measures were performed.

RESULTS: Significant but weak correlations existed between NDI and EAT-10 at 1, 3, and 6 months postoperatively (p < 0.001, r < 0.4). Both PROMIS-Physical and -Mental scores showed weak but significant correlations with EAT-10 at 3 (p < 0.003, r = -0.26; p < 0.02, r = -0.21; respectively) and 6 months (p < 0.01, r < -.24) postoperatively. There were significant but weak correlations between VAS-pain and EAT-10 scores at 1, 3, and 6 months postoperatively (P < 0.003, R < 0.3). In all comparisons of EAT-10 with legacy outcome measures, the correlations became weaker with increased postop time. There was a positive association between EAT-10 and both CCI and BMI (p < 0.05).

DISCUSSION AND CONCLUSION:
Significant but weak correlations exist between dysphagia scores and legacy patient-reported outcome measures in patients undergoing ACDF. The association decreases with time; therefore, dysphagia scores should be reported separately when looking at outcomes after ACDF. Patients with higher BMI and more comorbidities are also at increased risk for dysphagia.