



## **Treatment outcomes after minimally invasive sacroiliac joint surgery. A cohort study based on the Swedish Spine registry**

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### **Background**

There is conflicting evidence regarding treatment outcomes after minimally invasive sacroiliac joint fusion as a treatment for long-lasting severe sacroiliac joint pain. The aim of the current study was to investigate treatment outcomes after minimally invasive sacroiliac joint surgery in daily practice measured by patient reported outcome measures (PROMs) in the Swedish Spine registry.

### **Methods**

Data from the Swedish spine registry was collected for patients with first-time sacroiliac joint fusion, age 21 to 70 years, with PROMs available at 1 or 2 years after last surgery. PROMs included Oswestry Disability Index (ODI), Numeric Rating scale (NRS) for low back pain (LBP) and leg pain, and EQ-VAS, in addition to demographic variables. We calculated mean change from pre- to postoperative

and the proportion of patients achieving minimal clinical important difference (MCID) and patient acceptable symptom state (PASS).

## **Results**

68 patients had available pre- and postoperative data, with a mean age of 45 years (range 25 to 70) and 59 (87%) were female. At follow-up the mean reduction was 2.3 NRS points (95%CI 1.6 to 2.9;  $p < 0.001$ ) for NRS LBP (baseline: 6.7 NRS points (95%CI: 6.2 to 7.2)), and 14.8 points (95% CI 10.6 to 18.9;  $p < 0.001$ ) for ODI (baseline: 49.3 points (95%CI: 45.3 to 52.4)). Approximately half of the patients achieved MCID and PASS for pain (MCID NRS LBP: 38 of 65 (59%) patients. PASS NRS LBP: 32 of 66 (49%) patients) and physical function (MCID ODI: 27 of 67 (40%) patients. PASS ODI: 24 of 67 (36%) patients).

## **Conclusion**

The current registry-based cohort study showed moderate treatment outcomes after minimally invasive sacroiliac joint fusion when applied in daily practice with moderate pain relief and small improvements in physical function.

## **Disclosures**

The authors have no disclosures.