



Editorial

Why Would Two Patients with No Disease Be Offered Unnecessary Transforaminal Lumbar Interbody Fusions (TLIF)?

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Received : 06 May 19

Accepted : 06 May 19

Published : 25 June 19

DOI

10.25259/SNI-290-2019

Quick Response Code:



We are seeing more and more patients undergoing unnecessary trigger point injections, or more critically, epidural injections (ESI) performed by various specialists (neurosurgery, neurology, orthopedics, pain management, anesthesia, radiologists/neuroradiologists).

We are also witnessing a huge increase in unnecessary transforaminal lumbar interbody fusions (TLIF) being offered to patients with no disease (i.e. pain alone with no neurological deficit, or abnormal radiographic (MR/CT) findings). In fact, we just saw two such cases within one week.

Both patients were middle aged, and had undergone several ESI/yr for many years and were now being offered single or multilevel TLIF by both neurosurgeons and orthopedists.

Case Description

Two middle-aged patients complained of low back pain for over a decade. Both patients had received multiple ESI per year for many years. Both had normal neurological examinations, and both had MR and/or CT studies showing no “surgical” spinal disease (e.g. minimal non focal degenerative changes). Nevertheless, both patients were offered single or multilevel TLIF by several neurosurgeons and/or orthopedists.

Ultimately, both patients were convinced to go to neurology for conservative non-surgical management. Nevertheless, they had a myriad of questions that included: how could surgery be recommended if I did not need it? Why did their physicians say that a fusion was necessary? Why did they say surgery was needed if the examination and X-ray studies were normal?

How can we stop this TLIF epidemic?

What would you have done? We look forward to the participation of our readers.

Financial support and sponsorship

Nil.

Conflicts of interest

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There are no conflicts of interest.

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How to cite this article: Epstein NE. Why Would Two Patients with No Disease Be Offered Unnecessary Transforaminal Lumbar Interbody Fusions (TLIF)? *Surg Neurol Int* 2019;10:114.