

Additional operations following sacroiliac joint fusions: A minimum three-year follow-up cohort study of patients operated for chronic sacroiliac joint pain

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Aims

To examine pattern of surgeries and outcome of sacroiliac joint fusions (SJF) in patients previously operated in the lumbar spine and those scheduled for primary SJF.

Methods

We used Swespine data on patients who underwent SJF between 1998 and 2019 and identified additional operations following a SJF. The EQ VAS and the Oswestry disability index (ODI) were recorded.

Results

279 underwent SJF between 1998 and 2019. 95 of 279 (34%) underwent primary SJF and 184 of 279 (66%) underwent SJF after spine surgery. 41 of 95 (43%) underwent additional spine or SI joint surgery after a primary SJF. The most common additional procedure was contralateral SJF (22 of 41; 54%). The mean EQ VAS change after primary SJF was 19 points (95% Confidence Interval [CI] 12 to 26) whereas the corresponding value for SJF after previous lumbar spine surgery was 9 points (95% CI 2 to 16). The corresponding values for the mean ODI change were -14 points (95% CI -19 to -10) and -9 points (95% CI -14 to -4) respectively. 73% (37 of 51) of the patients were satisfied after primary SJF, whereas 54% (34 of 63) were satisfied after SJF after previous lumbar surgery.

Conclusion

SJF is in 2/3 of the patients secondary to prior lumbar surgery. The most common additional procedure after a primary SJF is a SJF to the contralateral side. Patients operated with SJF without prior lumbar spinal surgery have better outcomes than patients where the SJF is secondary to lumbar spine surgery.