

ASA scores, alcohol use, chronic obstructive pulmonary disease, inflammatory disease, and higher SII scores. **Conclusion:** Extended length of stay(eLOS) is an important contributor to cost in elective spine surgery. Preoperative identification of patient risk factors for eLOS is important to identify cost outliers. Significant risk factor variables may be preoperatively modified in preoperative optimization programs, and surgical strategies may be altered. Clinicians may also use the identified risk factors to inform management of patient expectations and enable cost savings for healthcare systems.

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A083: Risk factor for failure to be considered in decompression only procedure for lumbar degenerative spondylolisthesis - A systematic review of literature

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Introduction: The current literature suggests that decompression-only procedure may be an adequate treatment option for low-grade degenerative spondylolisthesis. It is necessary to understand the causes of the failure to adequately select patients to achieve acceptable results. The aim of this study is to identify the key factors associated with failure of decompression-only procedures for degenerative lumbar spondylolisthesis. **Material and Methods:** An independent systematic review of four scientific databases (PubMed, Scopus, clinicaltrials.gov, Web of Science) was performed to identify relevant articles as per the preferred reporting in systematic reviews and meta-analysis (PRISMA) guidelines. Studies analysing the risk factors for failure following decompression-only procedure for degenerative lumbar spondylolisthesis were included for analysis. Pooled analysis was performed using Stata software. **Results:** We included six studies with the baseline characteristics of the successful group and the failed group following a decompression-only procedure for degenerative spondylolisthesis. Individual study analysis has found factors such as motion at index level, and multi-level decompression to be responsible for failure. However, upon pooled analysis patient-related factors such as age, sex, body-mass index; disease-related factors such as Pfirrmann grade, slip distance, disc height, facet angulation, translation, movement at index level, sacral slope, and outcome parameters such as visual analog score, Oswestry disability index and Japanese orthopaedic association score between the two groups did not demonstrate any significant difference. **Conclusion:** High-quality evidence that analyses risk factors for failure of decompression-only procedure for degenerative spondylolisthesis is limited. Although factors such as motion at index level, multi-level decompression were found to a potential risk factors in individual studies, pooled analysis did not find any of them to significantly predict failure of decompression-only procedure for degenerative spondylolisthesis.

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A084: Impact of weekday timing on short-term outcomes after lumbar fusion surgery

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Objectives: Reducing inpatient complications is crucial for improving short- and long-term patient outcomes after spinal fusion surgery. Timing of surgery has recently been