

<b>Author Year</b> <b>Country</b> <b>Research Design</b> <b>Score</b> <b>Total Sample Size</b>	<b>Methods</b>	<b>Outcome</b>
<p data-bbox="261 617 431 642"><a href="#">Abel et al. (2008)</a></p> <p data-bbox="302 653 391 678">Germany</p> <p data-bbox="282 684 410 709">Pre-Post Test</p> <p data-bbox="254 716 438 741">N<sub>Initial</sub>=34, N<sub>Final</sub>=31</p>	<p data-bbox="518 365 932 489"><b>Population:</b> Mean age: 60.0 yr; Gender: males=28, females=6; Injury etiology: carcinoma=20, plasmocytoma=5, other=9; Level of injury range: C8-L1.</p> <p data-bbox="518 499 943 825"><b>Intervention:</b> Participants underwent a posterior decompression and stabilization procedure. Decompression occurred via posterior and posterolateral removal of the compressed intraspinal tumor tissue. Stabilization was achieved with a screw-rod construct above and below the lesion. Standard therapy was provided as needed following the procedure. Outcomes were assessed pre-and postoperatively.</p> <p data-bbox="518 835 951 959"><b>Outcome Measures:</b> American spinal injury association (ASIA), Functional independence measure (FIM), Pain medication use, Complications.</p>	<ol data-bbox="1008 365 1421 995" style="list-style-type: none"> <li>1. Three participants died post-admission due to complications from the tumor. Post-surgical complications included: deep vein thrombosis (n=2), lung embolism (n=1), gastrointestinal bleeding (n=1), pneumonia associated with lung atelectasis (n=1), and a deep wound infection (n=1).</li> <li>2. There were no significant differences in ASIA scores from admission to post-surgery on light touch (p=0.07), sensation of pinprick (p&gt;0.05), or motor function (p&gt;0.70).</li> <li>3. FIM scores significantly improved following surgery compared to admission (p&lt;0.01).</li> <li>4. Pain medications and dosing were either reduced (n=20), maintained (n=6) or not necessary (n=2). Three participants required more potent pain medications.</li> </ol>