INPLASY PROTOCOL

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Corresponding author:
Wu Ruiqing

1215657821@qq.com

Author Affiliation:
Jiangxi University of Chinese Medicine.

Support: **Horizontal Subject.**

Review Stage at time of this submission: **Preliminary searches.**

Conflicts of interest:
None declared.

Efficacy and Complications of Extreme Lateral Interbody Fusion (XLIF) for lumbar spinal stenosis: A Meta-Analysis and Systematic Review

Wu, R[1].

Review question / Objective: **P? Patients with Lumbar Spinal Stenosis. I? Extreme Lateral Interbody Fusion (XLIF). C? Other lumbar interbody fusions. O?Predefined outcome measures were preoperative and postoperative visual analogue scale back and/or leg pain (VAS-BP) and Oswestry Disability Index (ODI) score; operation time; intraoperative blood loss; length of hospital stay; and the complications, reoperation and fusion rate. S: randomized controlled trials (RCTs) or nonrandomized cohort studies.**
Condition being studied: **Extreme Lateral Interbody Fusion (XLIF) can be widely used for the treatment of lumbar spinal stenosis, and this study aims to summarize the efficacy and complications of this procedure for lumbar spinal stenosis. Extreme Lateral Interbody Fusion (XLIF) for the treatment of Lumbar Spinal Stenosis.for the treatment of lumbar spinal stenosis, and this study aims to summarize the efficacy and complications of this procedure for lumbar spinal stenosis.Extreme Lateral Interbody Fusion (XLIF) for the treatment of Lumbar Spinal Stenosis.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 21 February 2022 and was last updated on 21 February 2022 (registration number INPLASY202220085).

INTRODUCTION

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METHODS

Participant or population: Patients with Lumbar Spinal Stenosis.

Intervention: Extreme Lateral Interbody Fusion (XLIF).

Comparator: Other lumbar interbody fusion.

Study designs to be included: Predefined outcome measures were preoperative and postoperative visual analogue scale back and/orleg pain (VAS-BP) and Oswestry Disability Index (ODI) score; operation time; intraoperative blood loss; lengthof hospital stay; and the complications, reoperation and fusion rate.

Eligibility criteria: Randomized controlled trials (RCTs) or nonrandomized cohort studies.

Information sources: PubMed, Embase, Cochrane, Web of Science.

Main outcome(s): Preoperative and postoperative visual analogue scale back and/or leg pain (VAS-BP) and Oswestry Disability Index (ODI) score.

Additional outcome(s): Operation time; intraoperative blood loss; length of hospital stay; and the complications, reoperation and fusion rate.

Quality assessment / Risk of bias analysis: Randomized controlled trials used the Cochrane Tool scale to evaluate the quality of the literature, and cohort studies used the NOS scale to evaluate the quality of the literature.

Strategy of data synthesis: If heterogeneity exists, choose random effects to combine the data, if not, choose fixed effects to combine the data.

Subgroup analysis: If necessary, subgroup analysis was performed in the surgical group to assess the complications of different procedures in the treatment of degenerative lumbar spine disease.

Sensitivity analysis: After deleting any of them, the combined results of the remaining papers are not significantly different from those when they are deleted, which means that the sensitivity analysis is passed.

Language: English.

Country(ies) involved: China.

Keywords: Spinal stenosis; Extreme Lateral Interbody Fusion (XLIF).

Contributions of each author:
Author 1 - Wu Ruiqing.