Guidelines for Spine Surgery in the Time of COVID

By Jason M. Schwalb, MD, FAANS, FACS

Co-Director, MSSIC

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For now, the risk of running out of ventilators and supplies in our hospitals seems to be lower. Governor Whitmer's executive order prohibiting "non-essential" surgical procedures ends on May 28. While spinal surgeries were never prohibited by this order, many ASCs were closed and most hospitals suspended many surgeries due to concern about limited beds and supplies. Therefore, there is a significant backlog of cases for many of us. In addition, the availability of operating time may be limited due to longer turnover times and competing priorities with other services. In spite of extended OR hours, we at the Coordinating Center at Henry Ford Health System, will have less block time than we did before the Pandemic. We assume that this will be the case at other centers as well.

Therefore, we will need to prioritize our cases, as we have always done, pushing patients up who would have worsened outcomes with delays in surgery while being cognizant of utilization of resources. We are all concerned about patients presenting with more advanced disease than usual due to delays in care during the stay-at-home order.

Given the severe limitations, there may need to be centralized triage of cases by service. This cannot be done by CPT or diagnosis code, since the surgical urgency of a patient with an acute foot drop from an L4-5 disk herniation is greater than a patient with no weakness and stable pain for the past 3 months. Therefore, decisions about allocation of OR time should be made by neurosurgeons or orthopedic surgeons with experience in spine surgery.

In addition, we remain concerned that there may be a second wave of COVID cases as restrictions are lifted. While we have had more time for preparation than at the initial outbreak, we still do not have the contact tracing and isolation protocols that have been shown to be effective in other countries. Although our hospitals will surely have their unique policies, we need to be able to advocate for the safety of our patients with awareness of the situation in each region of practice.

For examples of specific protocols, we at the Coordinating Center recommend surgeons look at the Spring 2020 issue of the Michigan Association of Neurologic Surgeons Newsletter at http://www.mansneurosurgery.org/ and the protocol developed at UCSF (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7184344/).

Real data about resources used for surgery for disk disease can be obtained from the Michigan Value Collaborative (MVC), another of the Blue Cross Blue Shield of Michigan Value Partnership Programs on their website at https://michiganvalue.org/resource-utilization-report/. If you need more advanced data on this or other types of surgery from MVC, let us know and we can help coordinate asks of MVC.

Other resource clearinghouses from our national organizations exist at https://www.aans.org/COVID-19-Update/COVID-19-Information-Hub, https://www.cns.org/COVID-19 and https://www.aaos.org/about/covid-19-information-for-our-members/.