

ADDENDUM M

COVID-19 Comprehensive Spine Program Guidelines for Surgical Indications

Created: April 6, 2020 (version 1)

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Introduction: At the time of writing, preparedness for the COVID-19 global pandemic has restricted the provision of elective surgical procedures at UNMC/Nebraska Medicine. To ensure the continued provision of emergent or urgent spine surgery, criteria must be established to guide the indications for surgery within the current institutional capacity.

Purpose: These guidelines are for the benefit of UNMC physicians to guide and assist with decision making for the provision of patients who may require spine surgery on an emergent or urgent basis during the current COVID-19 crisis. These guidelines do not replace the authority of the attending physician.

<p>Emergency (Permanent long-term harm expected if procedure delayed)</p>	<ul style="list-style-type: none"> • Spinal Cord Injury including central cord syndrome • Trauma with instability or high-risk. • Metastatic Spinal Cord Compression / Primary Tumor with progressive neurological deficits (surgical candidates only - as directed by clinical team) • Cauda Equina syndrome • Spinal Infection with neurological deficit (i.e. epidural abscess) • Hematoma evacuation – spontaneous or post-operative • Post-operative wound infection 	<p>Should proceed as soon as clinically possible following approved institutional protocol.</p>
<p>Urgency (Risk of long-term harm if delayed)</p>	<ul style="list-style-type: none"> • Myelopathy (Cervical or Thoracic) – with steep neurological decline • Tethered cord – only if steep neurological decline • Instability or Deformity causing progressive neurological deficit • Spinal Infection without deficit – only if non-responsive to antibiotic and conservative treatment 	<p>Proceed only if capacity allows and clinical need justified.</p>

Elective	<ul style="list-style-type: none">• Spinal conditions where pain and dysfunction can be reasonably managed without procedural intervention during the crisis (eg, chronic conditions, degenerative spinal disorders such as degenerative disc disease, some disc herniations, spinal stenosis or spondylolisthesis without significant neurologic deficit)• Scoliosis and/or kyphosis correction• Symptomatic hardware or pseudoarthrosis	Postpone treatment at current time.
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