SPINE SOCIETY OF AUSTRALIA

28th March, 2020

The Spine Society of Australia supports the Australian Government's decision to temporarily suspend elective surgery, except for urgent Category 2 procedures. Category 1 surgery will continue.

Appropriately, the Prime Minister has left the categorisation of the proposed surgery (Category 1 or urgent Category 2) to the treating surgeon. We cannot stress too greatly the weight of this discretion on our craft group in the current health and economic crisis that Australians are experiencing.

While we exercise restraint, we need to communicate our decisions to our patients with empathy and understanding, combined with a steadfast collective adherence to what our CMO and PM are asking of us. What we do now matters.

Category 1 – Needing treatment within 30 days. Has the potential to deteriorate quickly to the point where the patient's situation may become an emergency:

- Unstable cervical, thoracic, lumbar fractures.
- Tumors involving neurological impairment or instability.
- Infections, unresolved by medical means with neurological or potential instability.
- Acute neurological deficit eg cauda equina syndrome.

Urgent Category 2 – Needing treatment within 90 days. Their condition causes pain, dysfunction or disability. Unlikely to deteriorate quickly and unlikely to become an emergency:

- Surgical treatment of postoperative complications, other than planned revision surgeries.
- Chronic and severe incapacitating pain:
    1. Must include neurological deficiency with unambiguous findings on clinical examination; AND
    2. Patient ability to function severely impacts ADLs to the extent that the patient could not manage their symptoms for a further 3-6 months.

The above criteria are to be read in conjunction with the 2020 SSA Category 1 & 2 Table that follows.

The distinction between Urgent and non-urgent Category 2 will not always be straightfoward. In situations of uncertainty surgeons must review the patient details with a colleague or the hospital administration. If there continues to be uncertainty after discussion, the surgery should not proceed.

At risk patients, in all but the most urgent cases, are to be deferred (including but not limited to - age, complexity of surgery, need for an ICU bed, obesity, diabetes, cardiovascular disease, immunocompromised, respiratory illnesses, smokers, addiction).

Any patient who is otherwise unwell must be postponed.

The risk of proceeding in both categories in relation to the patient contracting COVID-19 during the admission must be discussed and documented as part of the risk benefit analysis in the consent process.

The formation of **temporary hospital based surgical determination committees** is anticipated to ensure transparency and to manage local resources. Surgeons need to work with their hospitals to ensure Category 1 cases are not delayed and only Urgent Category 2 cases, capable of withstanding peer scrutiny, are presented for approval. In areas where no committee has been established, consultation with a colleague and the anesthetist should be routine and documented.

Working in close consultation with your hospital, anesthetist, and operating staff is also essential to ensure safety of the medical team and the efficient use of resources, especially stocks of PPE.

The restrictions to elective surgery are to take effect as from midnight, Wednesday, 1 April 2020.

Spine Society of Australia Executive Committee

Michael Johnson, President

Matthew Scott-Young, Vice President

Bill Sears, Past President

Brian Freeman, Editorial Secretary

Kevin Seex, Treasurer

John Costi

Rob Kuru

Ralph Stanford, Educational Secretary

2020 SSA Category 1 & 2 Table

Pathology	Presentation	Qualifier	Category
Degenerative	Radiculopathy	1. >8 weeks duration; AND 2. failed epidural steroid injection; AND 3. severe unremitting leg or arm pain resistant to medical management.	2
	Radiculopathy	Functionally relevant weakness	1
	Radiculopathy	Necessitating admission to hospital, unlikely prospect for discharge due to pain	1
	Cauda equina syndrome		1
	Myelopathy		1
	Spinal stenosis	Functionally relevant neurological deficit	1
	Spinal stenosis	Severe unremitting symptoms resistant to medical management and significantly interfering significantly with activities of daily living (ADLs) and self care	2
	Spinal stenosis	Claudicant leg pain , but able to continue with ADLs and self care	3
Deformity	Paediatric/adolescent scoliosis	Skeletally immature, Curve >/= 90°	2
	Paediatric/adolescent scoliosis	Skeletally immature, Curve < 90°	3
	Adolescent	Skeletally mature	3
	Adult spinal deformity		3
Infection	Spinal epidural abscess	Failed medical management, systemic sepsis, progressive neurological deficit	1
	Vertebral osteomyelitis	Without pathological fracture	3
	Vertebral osteomyelitis	With pathological fracture and instability or systemic sepsis	1

Trauma	Unstable cervical, thoracic, lumbar spine	SLIC/TLICS >/=5	1
	Other spinal fracture	Assessed under normal criteria, following discussion with colleague	
	Spinal cord injury		1
Tumour	Metastatic cord compression		1
	Pathological fracture	With instability	1
	Contained vertebral body metastasis	Single metastasis	1
	Contained vertebral body metastasis	Multiple metastases	3
Postoperative complications	Wound infection		1
	CSF leak		1
	Instrumentation failure		2
	Adjacent segment degeneration		3