



PHILIPPINE SPINE SOCIETY

A Subsociety of the Philippine Orthopedic Association
992 PCS Bldg., North Edsa SM Annex
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PHILIPPINE SPINE SOCIETY GUIDELINES DURING THE COVID-19 PANDEMIC

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With the COVID-19 pandemic, prevention and control of viral spread is of utmost importance. As we try to allay our patients' anxiety over their spine illness, there is also that concurrent fear of possible infection during hospital visits. Our patients' conditions continue to be our priority, and current health conditions have modified our care for our spine patients.

The Philippine Spine Society has been closely monitoring the health crisis and have been keeping abreast on the latest guidelines in managing patients with spine conditions. We recognize that there is a sense of urgency in treating spine conditions, and in some unavoidable instances, the spine surgeon may need to perform an emergency spine procedure. Therefore, the PSS, being an affiliate of both the PCS and the POA, strongly advocate the guidelines set by the PCS (dated 22 March 2020) in conducting emergency surgeries. In line with this, we strongly support the additional guidelines set by the POA regarding orthopaedic conditions that are requiring emergent surgical intervention (dated 04 April 2020).

In critical spine cases, our main objective remains to preserve spinal cord function, and if needed, emergency surgical intervention may be embarked upon in order to do so. These cases are, but not limited to, spine cases needing immediate decompression, presenting as progressive neurologic deterioration or sudden onset of



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neurologic deficits, spinal instability which may lead to a neurologic injury, and spinal fracture with an obvious displacement and compression. Additionally, surgical intervention for spine infections, such as epidural abscess or post-operative wound infections, need to be addressed immediately. Guidelines on hospital admission should follow the hospital's policies regarding admission of patients. In non-critical cases, elective surgeries should be delayed after the crisis, to limit exposure and risk of infection.

If emergency surgical intervention is necessary, then we must consider the surgical patient to be COVID positive unless proven otherwise. For this reason, all operating theatre personnel should be wearing proper protective equipment and hospital protocols for disinfection should be practiced. In addition, the following strategies should be kept in mind:

(1) Consider using minimally invasive spine surgery and minimize the scope of surgery, thus shortening the operative time. (2) Prone position is preferred to avoid transmission by respiratory droplets. (3) Reduce the use of electrotomes, and use suction devices with caution to reduce aerosol diffusion. (4) Surgery should be performed with care, avoiding body fluid spatter and sharp instrument injury. (5) Limit the traffic in and out of the operating theatre. (6) Operation personnel should be screened for the virus before and after an operation, and anyone with suspicious symptoms should be handled according to hospital policies. (Asian Spine Journal 2020;14(2):258-263)

We acknowledge that patients present differently and may not fall within the criteria mentioned above. Hence, the surgeon is duty bound to keep the patient's best interest and may have to undertake measures to ensure the best outcome for the patient, according to the situation and resources available.

We expect conditions to change and we will keep monitoring the situation, and in consequence the guidelines set may change as events unfold and medical advances are made, affecting our processes.



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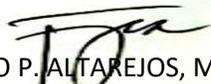
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2. NASS Guidance Document on Elective, Emergent and Urgent Procedures. 03 April 2020.
<https://www.spine.org/Portals/0/assets/downloads/Publications/NASSInsider/NASSGuidanceDocument040320.pdf>
3. Precautionary Measures for Emergency Surgery During COVID Pandemic. PCS guidelines dated 22 March 2020
4. Philippine Orthopaedic Association COVID 19 Guidelines for Fellows dated 04 April 2020.

Noted By:,


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