

The North American Spine Society (NASS) is committed to providing support and guidance to our members in this difficult time of the Novel Coronavirus (COVID-19) crisis. After reviewing the recommendations regarding procedures and treatments developed by the Centers of Medicare and Medicaid Services (CMS)¹ and the American College of Surgeons (ACS)^{2,3}, NASS convened a multidisciplinary task force of orthopedic surgeons, neurosurgeons and PM&R/pain specialists to provide spine- care specific guidance for procedures. This guidance is intended to assist spine care providers and health care administrators in making informed decisions on behalf of patients with spinal disorders during this difficult time. As with everything COVID 19- related, this guidance should be considered a “living” document that we expect will evolve along with our understanding of the effects of the pandemic on individual patients and on society as a whole.

This guidance is intended to apply to injections, to interventional procedures, and to surgeries, with the understanding that decision- making is strongly influenced by multiple factors listed at the end of this document. Although the guidance document is not exhaustive of all spine diagnoses, it covers a majority of conditions in question. It is applicable to both outpatient and inpatient settings.

This document is designed to function as a guide and should not be used as the sole tool to make decisions regarding a patient’s care. The ultimate judgment regarding any specific procedure or treatment is to be made by the physician and patient in light of the following circumstances:

- Local conditions, policies, rules and regulations
- The patient’s condition, including their overall health status and their risk of becoming ill with environment- specific exposure to the Coronavirus
- Availability of staff and PPE (e.g., masks, gloves, gowns, ventilators, filters for ventilators, ICU/hospital beds), with the goal of preserving resources for COVID-19 patient care. (Including the goal of minimizing inpatient stays)
- Current and projected cases of COVID-19 in the region/facility where the procedure/treatment would be performed

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Category	Clinical Considerations	Recommendation
Emergent	<ul style="list-style-type: none"> • Progressive or severe neurologic deficit due to neurologic compression from any cause (eg, infection, tumor, fracture, disc herniation) • Spinal instability at risk of causing neurologic injury from any cause (eg, fracture, tumor, infection) • Epidural abscess requiring surgical decompression • Postoperative wound infection 	Do not postpone the procedure/treatment
Urgent	<ul style="list-style-type: none"> • Cervical or thoracic myelopathy due to spinal stenosis, with recent progression • Spinal infection (eg, discitis, osteomyelitis, epidural abscess) that fails to respond to medical management • Persistent significant neurologic deficit due to neurologic compression with or without deformity (distinguished from “severe neurologic deficit” that is listed under emergent) • Spinal conditions causing intractable pain that result in ED presentation, severe functional limitations and/or excessive opioid use despite non- procedural attempts at management (eg, painful disc herniation, painful fracture, progressive fracture related deformity). 	Proceed with procedure/treatment if the local situation and resources allow (see above)
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 	Consider postponing the procedure/treatment

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References:

1. Centers for Medicare and Medicaid Services. CMS adult elective surgery and procedure recommendations: limit all non-essential planned surgeries and procedures, including dental, until further notice. <https://www.cms.gov/files/document/31820-cms-adult-elective-surgery-and-procedures-recommendations.pdf>. Published March 15, 2020. Accessed April 1, 2020.
2. American College of Surgeons. ACS recommendations for management of elective surgical procedures <https://www.facs.org/covid-19/clinical-guidance/elective-surgery>. Published March 13, 2020. Accessed April 1, 2020.
3. American College of Surgeons. The ACS spine-specific diagnosis/ procedure list, using "Phase II" and "Phase III" terminology. <https://www.facs.org/covid-19/clinical-guidance/elective-case/orthopaedics>. Published March 24, 2020. Accessed April 1, 2020.

Additional resources on COVID-19:

1. North American Spine Society. COVID-10 Resources and Updates. <https://www.spine.org/COVID-19>. Updated March 30, 2020. Accessed April 1, 2020.

Authors and Contributors:

Christopher M. Bono, MD, Edward J. Dohring, MD, John G. Finkenberg, MD, Zoher Ghogawala, MD, Christopher P. Kauffman, MD, Scott Kreiner, MD, David R. O'Brien, Jr., MD, Mitchell F. Reiter, MD, Charles A. Reitman, MD, Philip L. Schneider, MD, William J. Sullivan, MD, Eric Truumees, MD, Jeffrey C. Wang, MD

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