Team Approach to Adult Spinal Deformity Surgery: It Takes a Village

Friday, Jan. 16, 2015

Swedish Education and Conference Center
Swedish Cherry Hill
500 17th Ave.
Seattle, WA 98122
Needs Statement
Surgery for adult spinal deformities is a major undertaking with ill-defined indications and a high complication rate. Failed spine surgery can result in a lifetime of suffering for the patient and increased costs to society. There is a lack of consistent data on treating spine deformity without surgery.

Complications of treating spinal deformities with surgery include risk of neurological deficits, breakdown above the fusion, ongoing chronic pain, excessive bleeding, infection, CSF leakage and blindness. Given the severity of these risks, there has been an expressed need for education on how best to treat adults with spinal deformities. Four strategies for optimizing the treatment of adult spinal deformities should be implemented before the decision is made to proceed with surgery.

The first strategy is deciding who needs surgery. Indications for spine surgery must be carefully defined. Spine surgery should never be used just to treat back pain. The surgeon must address all aspects of the process and potential complications: pain, stress, sleep, medication management, physical condition, smoking and the patient's overall goals. The patient must be the central focus in deciding whether or not surgery is the best solution. He or she must clearly understand the benefits and complications.

The second strategy is optimizing the patient's condition prior to surgery. Factors include nutrition, defining and treating comorbidities, eliminating smoking for at least six weeks, stabilizing pain medications and evaluating mental health. Major spine surgery is contraindicated if the patient exhibits unrelenting anxiety and depression: These must be addressed prior to surgery.

The third strategy is related to maximizing the surgery itself, if it is deemed the best option for the patient. Some suggest that two experienced spine surgeons perform the surgery as a team in order to lesson the risk of complications.

The fourth consideration is from the administration's perspective: How to address before surgery any potential problems that could arise. Questions to consider include 1) whether or not to perform major elective spine surgery if the patient will not comply with a comprehensive approach, 2) whether surgeons should be allowed to perform procedures if they are not implementing or cooperating with this comprehensive approach, and 3) whether a “deformity board” should be formed to weigh input from all parties if the operative decision is too big for one surgeon to make. All of these factors must be considered for each patient who faces potential spinal deformity surgery.

Course Description
The goal of this course is to explore strategies for creating a list of actions that can help develop a team approach, establishing an environment that will optimize the care of adults with spinal deformities. The resulting impact would be less suffering for patients and lowered costs for health care.

Intended Audience
This conference is intended for orthopedic or neurosurgical spine surgeons, rehabilitation and pain specialists, physical therapists, psychologists, primary care physicians, hospital administrators, and allied health professionals involved with deformity care.

Accreditation with Commendation
Swedish Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA PRA Category 1 Credits™
Swedish Medical Center designates this live activity for a maximum of 8.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing CE Contact Hours
8.0 nursing contact hours will be provided by Swedish Medical Center Clinical Education and Practice, an approved provider of continuing nursing education by the Washington State Nurses Association Continuing Education Approval & Recognition Program (CEARP), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Planning Committee
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Acknowledgments
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Agenda

7 a.m.  Registration and continental breakfast
7:30 a.m.  Welcome and Announcements
           David A. Hanscom, M.D.
7:45 a.m.  What is a Clinically Significant Spinal Deformity?
           Alexis Falicov, M.D., Ph.D.
8:10 a.m.  Overview of the Procedures
           J. Scott Price, M.D.
8:35 a.m.  Magnitude of the Operation
           Jens R. Chapman, M.D.
9:05 a.m.  Panel Discussion
           Jens R. Chapman, M.D.; Alexis Falicov, M.D., Ph.D.;
           and J. Scott Price, M.D.
9:20 a.m.  Break
9:35 a.m.  Avoiding Surgery and Shared Decision Making
           David A. Hanscom, M.D., and Joel Konikow, M.D.
10:05 a.m. The Northwestern High-Risk Spine Protocol
           Ryan J. Halpin, M.D.
10:30 a.m. Nutrition
           Robin Floyd, RDN, CD
10:50 a.m. Stabilizing Opioids and Medication Optimization
           Gordon A. Irving, M.D.
11:15 a.m. How Can Boneheads Help Spine Surgeons?
           Christopher R. Shuhart, M.D., MHA, CCD
11:35 a.m. Hospitalists and Primary Care: What Matters in
           the Handoff/Transfer to Inpatient Care?
           Janice M. Connolly, M.D., FHM, FACP
11:45 a.m. Panel Discussion
           Janice M. Connolly, M.D., FHM, FACP;
           Robin Floyd, RDN, CD; Ryan J. Halpin, M.D.;
           Gordon A. Irving, M.D.; Joel Konikow, M.D.;
           and Christopher R. Shuhart, M.D. MHA, CCD
12:15 p.m. Lunch
12:45 p.m. Live Case Presentation
           David A. Hanscom, M.D.
1:10 p.m.  Two Spine Surgeons for Complex Cases
           Rajiv K. Sethi, M.D.
1:30 p.m.  Multimodal Management of Pain
           Chris C. Nunn, M.D.
1:50 p.m.  Why Are We Not Giving More Blood?
           Lori B. Heller, M.D.
2:10 p.m.  Panel Discussion
           Lori B. Heller, M.D.; Chris C. Nunn, M.D.; and
           Rajiv K. Sethi, M.D.
2:30 p.m.  Break
2:45 p.m.  Breakout Sessions (Attendees will choose two
           25-minute sessions to attend)
           Anticipating and Avoiding Complications
           Jens R. Chapman, M.D.; Alexis Falicov, M.D., Ph.D.;
           Robin Floyd, RDN, CD; and Christopher R. Shuhart,
           M.D., MHA, CCD
           Patient Selection/Shared Decision Making
           David A. Hanscom, M.D.; Gordon A. Irving, M.D.;
           Joel Konikow, M.D.; and Todd Strumwasser, M.D.
           High Risk Protocol
           Ryan J. Halpin, M.D., and Chris C. Nunn, M.D.
           Deformity Board: A Multidisciplinary
           Clearance Conference
           J. Scott Price, M.D., and Rajiv K. Sethi, M.D.
           Role of the Midlevels and RNs
           Polly A. Brune, RN; Jeni Page, ARNP; and
           Katie Rupe, RN
           Pre-op Medical Workup
           Janice M. Connolly, M.D., FHM, FACP;
           Lori B. Heller, M.D.; and Jon S. Huseby, M.D.
3:45 p.m.  Break
4:00 p.m.  Who is in Charge of the Team?
           Todd Strumwasser, M.D.
4:30 p.m.  An Action Plan? Let’s Implement
           What We Already Know!
           Moderator – David A. Hanscom, M.D.
           Panel: Janice M. Connolly, M.D., FHM, FACP;
           Alexis Falicov, M.D., Ph.D.; Robin Floyd, RDN, CD;
           Gordon A. Irving, M.D.; Katie Rupe, RN; and
           Todd Strumwasser, M.D.
5 p.m.  Adjourn

Location
Swedish Medical Center Cherry Hill is located at 500 17th Avenue
in Seattle, Wash. The conference will be held in the Swedish
Education and Conference Center on the first floor of the James
Tower. Parking is available in the garage on 16th Avenue between
Cherry and Jefferson at a maximum fee of $16.50. From I-5
(northbound and southbound), take the James Street exit. Travel
east on James Street. James will become Cherry Street. Turn right
(south) on 16th Avenue. Turn right into the main garage entrance.
Course Objectives

At the conclusion of this symposium, the participant will provide better patient care through an increased ability to:

- Review what defines a clinically significant spinal deformity
- Describe different surgical approaches for treating adult spinal deformity and review the historical background of adult deformity surgery
- Discuss invasiveness of major spine surgery; review expected outcomes and complications of major spine surgery
- Review the potential benefits versus risks of major adult spine surgery
- Explain why making the decision is a process that should occur over weeks to months; discuss how critical it is that the patient comprehend the magnitude of the surgery versus his or her symptoms; describe how surgery can be avoided; describe the clinical presentation of chronic pain; discuss sleep management; and outline preoperative management of sleep and opioids
- Identify areas where multidisciplinary collaboration in the pre-, peri- and postoperative periods can lead to better outcomes in patients undergoing high-risk spinal procedures; discuss barriers to setting up a high-risk protocol and solutions to overcoming the barriers
- Review the importance of nutrition in avoiding complications
- Describe the evidence-based role of long-term opioids; recognize and treat the long-term side effects of opioids; know how and when to prescribe opioids safely and effectively
- Highlight literature on osteoporosis and corrective spinal surgery; understand the limitations of the studies; describe impacts of FDA-approved osteoporosis therapies on spinal surgery success and failure; postulate how new technologies might impact future care of spine patients who have insufficient bone strength
- Identify health care priorities for patients and families; optimize communication strategies between primary care providers, the family and the hospitalist at a tertiary care center; describe the value of advance directives and how the documentation should be executed
- Explain when opioids are appropriate; describe the role of pharmacological, complementary and alternative medicine (CAM) therapies
- Recall one example of how surgery can be avoided in the face of a severe deformity; explain that scoliosis is not a cause of back pain
- Describe the Seattle spine team approach for complex spine surgery; review multidisciplinary approaches and safety strategies
- Describe a state-of-the-art approach to controlling post-op pain with different categories of medications
- Identify the suspected reasons for the increased morbidity and mortality associated with blood transfusions; describe clinical interventions available to avoid transfusions; review the significance and impact of preoperative anemia
- Review how to optimize the operative experience
- Discuss unavoidable risks, intraoperative decision making and postoperative pitfalls; provide a framework to approaching bone strength in spinal deformity patients; recognize the importance of vertebral fractures in spine patients
- Describe in depth the concepts presented on avoiding surgery
- Discuss minimizing the risk of surgical complications
- Review the pros and cons of a multidisciplinary team; review the process that brings together disciplines tasked with caring for complex spine patients
- Define the role of registered nurses, physician assistants and mid-level staff in perioperative deformity care; discuss the role of registered nurses in postsurgical recovery; troubleshoot solutions to patient problems after discharge; discuss mobilization of patients; discuss nursing education and follow up; outline the Epic preoperative checklist for nurses
- Discuss medication management before extensive spine surgery; understand preoperative management of cardiopulmonary issues; identify preoperative anemia in patients; review the initial work-up for preoperative anemia; describe the therapies available for treating preoperative anemia; discuss pre-op cardiac optimization and risk using a screening tool; discuss the value of medication recirculation
- List and describe multiple interventions that can optimize outcomes; discuss who is responsible if the interventions are not implemented and a complication occurs; discuss the physician’s role in an environment that is pushing hard to increase the volume of surgery, including major deformity surgeries; describe how long and how intense presurgical rehabilitation should be; discuss optimization and risk using a preoperative cardiac risk screening tool; discuss the complexity and value of preoperative medication reconciliation
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Faculty

Polly A. Brune, RN, BSN  
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Registration Information:
Pre-registration is required as space is limited. Participants who register by the advanced registration deadline will receive a confirmation postcard after Monday, Jan. 5, 2015. Registrations will only be processed when accompanied by full payment.

Cancellation: To receive a refund, notice of cancellation must be received no later than Friday, Jan. 9, 2015.

If using the registration form, please mail or fax it to:
Continuing Medical Education
Swedish Medical Center
747 Broadway, Seattle, WA 98122
Fax: 206-320-7462

Please note: No registrations are accepted by phone or email. If you have special needs, please contact the CME office at 206-386-2755.

Registration Fees: The fee for this course includes catering, all instruction materials, online syllabus access and a certificate of AMA PRA Category 1 Credits™.

Save time – register online!
www.swedish.org/cme