



Editorial

Even with COVID-19 neurosurgeons should still perform necessary urgent/emergent neurosurgery to avoid major permanent neurological deficits

Sven Bamps, Gert Roosen, Steven Vanvolsem, Maarten Wissels, Eric Put, Wim Duyvendak, Peter Donkersloot, Mark Pazier

Department of Neurosurgery, Jessa Hospital Hasselt, Stadsomvaart 11, Hasselt, Limburg, Belgium.

E-mail: *Sven Bamps - sven.bamps@jessazh.be; Gert Roosen - gert.roosen@jessazh.be; Steven Vanvolsem - steven.vanvolsem@jessazh.be; Maarten Wissels - maarten.wissels@jessazh.be; Eric Put - eric.put@jessazh.be; Wim Duyvendak - wim.duyvendak@jessazh.be; Peter Donkersloot - peter.donkersloot@jessazh.be; Mark Pazier - mark.plazier@jessazh.be



*Corresponding author:

Sven Bamps,
Department of Neurosurgery,
Jessa Hospital Hasselt,
Stadsomvaart 11, Hasselt,
Limburg, Belgium.

sven.bamps@jessazh.be

Received : 02 April 2020

Accepted : 08 April 2020

Published : 25 April 2020

DOI

10.25259/SNI_153_2020

Quick Response Code:



To the editor,

While facing COVID-19 across the world numerous elective neurosurgical cases in general, and spinal surgery cases in particular have been deemed “non-urgent,” and postponed until further notice.

This is so resources can be utilized to treat life-threatening COVID-19 respiratory complications (i.e., necessitating long intensive care treatment and/or complex respiratory support). Although urgent neurosurgical cases can still be performed in the majority of larger hospitals, there has been a substantial decrease in “urgent” neurosurgical pathology in the emergency departments.

As recently published by Epstein, this gives an opportunity to start the debate on reassessing our neurosurgical practice. It is indeed wise to rethink about “how frequent and how extensive spine surgery” should be.^[1]

GLOBAL TREND TOWARD LOCKDOWN OF NEUROSURGERY

The present global trend is to “lockdown” all but emergent surgery, including a reduction in major general or spinal neurosurgical cases and/or trauma cases. However, this has also resulted in a major decrease in real general neurosurgical emergencies such as for spontaneous intracerebral hemorrhage and spinal emergencies involving complicated sciatica with foot drop and cauda equina syndromes or severe progressive myelopathy. Such cases should still be deemed urgent or semi-urgent (progressive myelopathy, milder paresis, ...), and must not be forgotten in these COVID-19 time.

OVERLOOKING BEST NEUROSURGICAL OUTCOMES WITH TIMELY SURGERY

There is sufficient evidence that “the sooner the better” operative strategy in cases of acute/subacute/progressive and moderate/severe neurological deficits in cranial and spinal neurosurgery correlates with the best outcomes.^[2] While stressing preventive conservative measures, the danger of focusing on the COVID-19 pandemic patients worldwide rather than on those with neurosurgical urgent/emergent disease is that we will be facing higher neurosurgical mortality

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©2020 Published by Scientific Scholar on behalf of Surgical Neurology International

and morbidity rates. Further, there will be significant socioeconomic repercussions for failing to neurosurgically manage other “treatable” conditions resulting in major permanent functional sequelae. This can be attributed to patients’ fear of going to the hospital nowadays, especially in Europe, as in their heads hospitalization equals COVID-19 and, in some cases, death.

Although we all should fear COVID-19, we as neurosurgical health-care providers have to make sure that patients do not fear us and that they keep trust in our skills and facilities. They have to maintain faith in the fact that non-COVID-19 semi-urgent neurosurgical problems also need prompt attention and that appropriate neurosurgical treatment can still be attained in a safe, “non-COVID-19” environment.

In these strange times, we have to go to our patients using social media, websites, and teleconsulting, to keep serving

those in neurosurgical need. Similarly, we can help keep those who have elective/non-urgent problems out of harm’s way.

REFERENCES

1. Epstein NE. COVID-19 provides an opportunity to reassess how frequent and how extensive elective spine surgery should be. *Surg Neurol Int* 2020;11:58.
2. Petr O, Glodny B, Brawanski K, Kerschbaumer J, Freyschlag C, Pinggera D, *et al.* Immediate versus delayed surgical treatment of lumbar disc herniation for acute motor deficits: The impact of surgical timing on functional outcome. *Spine (Phila Pa 1976)* 2019;44:454-63.

How to cite this article: Bamps S, Roosen G, Vanvolsem S, Wissels M, Put E, Duyvendak W, *et al.* Even with COVID-19 neurosurgeons should still perform necessary urgent/emergent neurosurgery to avoid major permanent neurological deficits. *Surg Neurol Int* 2020;11:75.