

BECKER'S SPINEREVIEW

Search...

SEARCH

BECKER'S SPINEREVIEW

17th Annual Future of Spine + The Spine, Orthopedic and Pain Management-Driven ASC Conference

June 13-15, 2019

MORE THAN 1,100 ATTENDEES AT THIS WORLD-CLASS ASC EVENT FOCUSED ON ORTHOPEDICS, SPINE AND PAIN

140 PHYSICIAN SPEAKERS, PRIMARILY SPINE & ORTHOPEDIC SURGEONS

CELEBRITY KEYNOTES BY



GEORGE FOREMAN



SARAH KLIFF



BOB WOODWARD

[Print Issues](#)

[Current Issue](#)

[Past issues](#)

[Change of Address](#)

[Conferences](#)

[Becker's Hospital Review 10th Annual Meeting](#)

[Becker's Hospital Review Health IT + Clinical Leadership + Pharmacy 2019](#)

[Becker's 17th Annual Future of Spine + The Spine, Orthopedic and Pain Management-Driven ASC Conference](#)

[Becker's Hospital Review 5th Annual Health IT + Revenue Cycle Conference](#)

[Becker's ASC 26th Annual Meeting - The Business and Operations of ASCs](#)

[Becker's Hospital Review 8th Annual CEO + CFO Roundtable](#)

[Conferences and Events](#)

[Exhibiting & Sponsoring](#)

[Call for Speakers](#)

[E-Weeklies](#)

[Spine Review E-Weekly](#)

[Orthopedic Review E-Weekly](#)

[Webinars](#)

[Upcoming Webinars](#)

[Past Webinars](#)

[Whitepapers](#)

[Spine Lists](#)

[20 spine imaging systems to know](#)

[50 spine surgeon predictions for 2018](#)

[37 Orthopedic and Spine Device Companies to Know](#)

[20 New MIS Spine Devices in 2016](#)

[44 MIS devices to know | 2016](#)

[30 MIS spine products to know | 2017](#)

[Spine Surgeons to Know 2014](#)

[Device Awards](#)

[Resources](#)

[About Us](#)

[Request Media Kit](#)

[Channels](#)

[Spine](#)

[Devices and Implants](#)

Key thoughts on patient selection for outpatient spine surgery

Written by Anuja Vaidya | January 03, 2019 | [Print](#) | [Email](#)



Eight spine surgeons discuss patient selection for spine surgery in outpatient settings.

***Ask Spine Surgeons** is a weekly series of questions posed to spine surgeons around the country about clinical, business and policy issues affecting spine care. We invite all spine surgeon and specialist responses.*

Next week's question: What is the best growth opportunity for spine surgeons in 2019?

*Please send responses to Anuja Vaidya at avaidya@beckershealthcare.com by **Wednesday, Jan. 9, at 5 p.m. CST.***

Question: What are the key elements of patient selection for outpatient spine surgery?

Noam Stadlan, MD. Neurosurgeon at NorthShore University HealthSystem's Neurological Institute (Skokie/Evanston, Ill.): The two factors that contribute to successful outpatient spine surgery are the surgery and the patient. Microdiscectomies and small minimally invasive or mini-open lumbar surgeries are ideal cases, as are uncomplicated one- and two-level anterior cervical discectomies with placement of artificial discs or fusions. There is robust data that supports performing these cases on an outpatient basis, as long as the patient does not have significant medical issues.

Patients with significant medical problems such as cardiac or respiratory problems, poorly controlled or insulin-dependent diabetics, the elderly and others are best served by having surgery at a facility where there is an inpatient option. Patient anatomic issues such as obesity should also be considered.

Mark M. Mikhael, MD. Spine Surgeon at NorthShore University HealthSystem's Orthopaedic Institute and Illinois Bone & Joint Institute (Chicago & Glenview, Ill.): Surgeons should consider three main indications when deciding if a patient is appropriate for outpatient spine surgery. The patient needs to be healthy, motivated and educated. Other than the spine condition, the patient should be without other serious comorbidities like diabetes, pulmonary disease and obesity. The patient must be motivated to go home following surgery and manage pain and other challenges that might arise. Finally, the patient needs pre-, peri- and postsurgical education.

Through streamlined care, the patient must take in comprehensive information on preparing for surgery, potential complications, contacts for follow-up questions and more. Surgeons need all three indications for a successful outpatient surgery. All spinal surgeries — from microdiscectomies to level one and two fusions — can have excellent outcomes in an outpatient setting with healthy, motivated and educated patients. Despite the rapid push toward outpatient surgeries in spine, they are not safe or good for all patients. There always will be a need for inpatient surgical procedures.

Payam Farjoodi, MD. Orthopedic Spine Surgeon at Spine Health Center at MemorialCare Orange Coast Medical Center (Fountain Valley, Calif.): First, making sure you have mastered the surgery itself. Think of common complications and how you would manage these in an outpatient setting.

Second, making sure you choose patients amenable to the outpatient setting. Patients should be counseled and prepared for this, as some have anxiety or pain issues which may make this impossible.

Most importantly, patients should be healthy enough that they pose as minimal a medical risk to anesthesia and surgery as possible.

Rob D. Dickerman, DO, PhD. Director of Neurosurgery at Presbyterian Hospital of Plano (Texas) and Director of Spine Surgery at Medical Center Frisco (Texas): Health and age. Making sure it is a secure fit for all and not just out of convenience.

Brian R. Gantwerker, MD. Founder of the Craniospinal Center of Los Angeles: By far, a big consideration is the overall health of the patient. You need to have consensus from the staff, anesthesia, the administration and nursing department that operating on a particular patient in an ASC is a good idea. Patient age alone can be a factor, but operating on a diabetic, hypertensive, obese 62-year-old smoker, even for a one-level microdiscectomy may and probably is not worth the risk.

Also, in terms of keeping things safe, I will actually slow down a little during certain phases of the surgery in the ASC cases in order to avoid issues. Taking an extra 10 to 15 minutes to do your dissection carefully or checking another spot-fluoro shot is 100 percent worth it.

Issada Thongtrangan, MD. Orthopedic Spine and Neurosurgeon at Minimally Invasive Spine (Phoenix): Outpatient spine surgery has been a hot topic in the past several years. I always use the shared decision-making between me, the patient and their family members. Patients and their family must understand the nature of surgery and the outpatient postoperative course — they are totally different between outpatient versus inpatient spine surgery. Patients and their family member must understand the concept of early ambulation, minimizing opiates medications, utilizing multi-modal pain management. They also must understand and be able to notice signs and symptoms of early postoperative complications related to their surgery.

In my practice, our team will call and follow up with the patient and their family that night and the next two to three days to make sure they do not have any complications and to coach them through their postoperative courses.

Another important factor is their health. I usually review their medical problems, medications, BMI, sleep apnea, etcetera. For example, there are several studies demonstrating the high complications in high BMI patients, patients who are above ASA 2, patients with poorly controlled diabetes, etcetera. Age is not an absolute contraindication for outpatient surgery for me, but rather their physiologic age and their health. I found a modified frailty index is a helpful tool to evaluate those elderly patients. Additionally, in my practice, we have a multidisciplinary team involving the surgeon, anesthesiologist and operating room nurses, who review the challenging cases and make the final decision so the surgeon has accountability, and we make sure that patients are safe.

Raj Arakal, MD. Orthopedic Spine Surgeon at the Texas Back Institute (Plano): Medical history is critical to assess perioperative risk. The outpatient setting is not the best arena to tackle patients who have significant cardiac, pulmonary risk or ones who are battling obesity. Additionally, mitigating risk and potential complications from anesthetic risk is significant.

The nature of the surgery should be carefully reviewed for possible blood loss and need for replacement.

Perioperative pain control and immediate risks for over sedation and or late sedation and respiratory risk are all critical factors in the decision making.

Peter Derman, MD. Spine Surgeon at Texas Back Institute (Plano): With advances in minimally invasive techniques, anesthesia and multimodal analgesia, patients can increasingly reap the benefits of spine surgery on an outpatient basis. Careful patient selection is essential to ensuring that this can be achieved safely and reproducibly. Patients with medical comorbidities such as obstructive sleep apnea, cardiac disease, significant obesity or previous stroke are not optimal candidates for outpatient surgery and are likely better monitored at least overnight.

Patients must have sufficient social support and psychological coping mechanisms to successfully recover at home. Prolonged operative time has also been associated with poorer outcomes, so surgeons considering outpatient procedures must conduct an honest self-assessment as to whether they consistently perform such operations in a predictable and time-efficient manner. The aforementioned considerations are even more critical if operating in an ASC, where conversion to inpatient status is more difficult. By adhering to these guidelines, however, patients can be discharged safely on the day of surgery to enjoy the comfort of their own homes.

More articles on spine:

[24 spine surgeon promotions, appointments in 2018](#)

[New Jersey neurosurgeon shares simple 3-step morning routine](#)

[Risk factors in opioid use pre & post spine surgery](#)

Recommend

Tweet

Share

Sort by Oldest



Start the discussion...

LOG IN WITH

OR SIGN UP WITH DISQUS



Name

Be the first to comment.

ALSO ON BECKER'S ORTHOPEDIC AND SPINE

How Apple, Amazon & ...

2 comments • 2 months ago

Maria K Todd, MHA PhD — Dr ...

Where spine and ...

3 comments • 3 months ago

Juliette Morell — Thank ...

Dr. Kingsley Chin: ...

3 comments • 23 days ago

Ara Deukmedjian MD —

Are stem cells the future ...

2 comments • 2 months ago

SpineDoctor — Dr. Mathur ...

Subscribe

Add Disqus to your site

Disqus' Privacy Policy



Becker's Supply Chain Channel



BECKER'S ASC REVIEW

The Latest Supply Chain News for Your ASC

Most Read - Spine

1. Neurosurgeon-generated revenue for hospitals jumps 40.5% in 3 years to \$3.4M
2. How well is Walmart's spine center of excellence program working? 5 takeaways
3. Humana launches bundled payment for spinal fusions at 4 practices, expands joint replacement program — 6 insights
4. Dr. Todd Albert to complete surgeon-in-chief term in June, maintain spine practice at Hospital for Special Surgery
5. Penn Medicine opens \$10M spine center with Dr. William Welch as medical director – 4 things to know

Top 40 Articles from the Past 6 Months

1. Former NFL player sues orthopedic surgeon for \$180M in lost wages after career-ending injury
2. Missouri neurosurgeon, fiancée fined \$5.49M in kickback case involving spinal implant distributor: 5 things to know
3. Walmart to implement mandatory travel policy for employees' spine surgeries
4. Stryker recalls spine device: 5 things to know
5. Colorado hospital lays-off orthopedic surgeon amid 'financial recovery': 5 things to know
6. Neurosurgeon quits before 1st day at Arkansas hospital, ordered to pay \$12.8K in payroll taxes, recruitment fees
7. California neurosurgeon indicted on fraud & drug charges, may face 45 years in prison
8. Jury awards Indiana spine surgeon \$112M in royalty battle with Medtronic: 5 details
9. Convicted of maiming, killing 30+ patients, Dr. Christopher Duntsch loses appeal — 5 insights
10. Orthopedic surgeon base salary hits \$553K in 2018, total compensation up 3.2%: 5 things to know
11. Stryker makes another acquisition for \$220M: 5 things to know
12. Dr. Richard Rothman, respected orthopedic surgeon and business leader, passes away
13. Top 10 orthopedic companies by market share — And where they'll be in 2024
14. With 1 tweet, this neurosurgeon became internet famous
15. Stryker has made 5 acquisitions for \$2.4B+ in 2018 so far — Here is the timeline
16. Former orthopedic surgeon allegedly fraudulently reviewed 2.5K records in medical, workers compensation claims
17. Orthopedic surgeons more likely than neurosurgeons to encounter complication during spinal fusion procedure, study finds
18. Laser Spine Institute in Oklahoma City to shut its doors

19. The next gold standard in spine or the biggest fad of 2018? 4 spine surgeons discuss new key technologies
20. Neurosurgeon-generated revenue for hospitals jumps 40.5% in 3 years to \$3.4M
21. 5 things to know about orthopedic surgeon pay heading into 2019
22. K2M shareholders file to block \$1.4B Stryker merger: 5 things to know
23. Apple hired dozens of physicians, including orthopedic surgeon Dr. Sharat Kusuma
24. SEC alleges former CEO of Florida-based company operating orthopedic, spine medical centers part of \$3M fraud scheme: 5 things to know
25. Judge rules in favor of orthopedic surgeon in \$209K Aetna reimbursement case: 5 things to know
26. Orthopedic surgeon pays \$84,666 to settle kickback allegations over pain cream medical directorship arrangement: 4 things to know
27. Florida-based orthopedic surgeon, rehabilitation center pay \$1.5M to settle False Claims Act violations: 4 key notes
28. The most exciting technology in orthopedics from 10 surgeons
29. Court orders Cincinnati Children's Hospital to pay \$2M in Dr. Atiq Durrani medical malpractice lawsuit
30. DePuy Synthes to outsource production, closes manufacturing plant: 5 things to know
31. Zimmer Biomet & Stryker battle over \$248M patent infringement lawsuit: 5 things to know
32. Zimmer Biomet recalls spinal fusion products: 5 things to know
33. Rothman Orthopaedic Institute adds 14 physicians in new partnership: 5 things to know
34. Where spine reimbursement is headed – Key thoughts from 4 spine surgeons
35. Medtronic executive to become NuVasive CEO: 5 things to know
36. For-profit health system, CEO to pay \$12.5M to settle alleged False Claims Act violations for unbundling orthopedic surgeries — 5 things to know
37. How well is Walmart's spine center of excellence program working? 5 takeaways
38. Humana launches bundled payment for spinal fusions at 4 practices, expands joint replacement program — 6 insights
39. Apple moves further into healthcare; here's what it means for orthopedics
40. Court rules New York hospital properly denied neurosurgeon privileges for poor interpersonal skills: 5 things to know

[Other Becker's Websites](#)

[Hospital Review](#)

[ASC Review](#)

Clinical
Health IT & CIO
CFO
Dental Review

Conferences

Becker's Hospital Review 10th Annual Meeting

Becker's Hospital Review 2nd Health IT + Clinical Leadership + Pharmacy 2019

Becker's 17th Annual Future of Spine + The Spine, Orthopedic & Pain Management-Driven ASC Conference

Becker's Hospital Review 5th Annual Health IT + Revenue Cycle Conference

Becker's ASC 26th Annual Meeting: The Business and Operations of ASCs

Becker's Hospital Review 8th Annual CEO + CFO Roundtable

Contact Us

1.800.417.2035

becker@beckershealthcare.com



Copyright © 2019 Becker's Healthcare. All Rights Reserved. Interested in linking to or reprinting our content? View our policies by clicking here.