

# Spine surgeons need to learn adapt to outpatient spine surgeries

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According to the CDC National Center for Health Statistics, the number of outpatient surgery visits in the United States increased from 20.8 million in 1996 to 34.7 million in 2006. The types of surgery involved are primarily endoscopic general surgery, ophthalmology, gynecology and orthopedic surgery, among others. Despite an increase in overall spine surgeries during the same period, outpatient spine surgery represents a minority for most spine practices in the United States.

As the health care delivery continues to evolve, it is apparent that patient outcome and value will be major drivers of reimbursement for spine care in the future. The continued increase of costs will factor into when and where spine surgeries are performed. CMS, third-party payers and hospitals are interested in the cost of delivering particular treatments.

## **Challenges, risks**

With aging and active baby boomers, there will be a continued growth in spine care delivery in the next 5 years to 10 years. The shift in minimally invasive spine techniques, which are especially beneficial for an aging population, will lead to a significant increase in the number of outpatient spine surgeries performed at ASCs, despite relatively flat or declining hospital inpatient spine volume. Surgeries performed in ASCs on an outpatient basis will be less expensive than the same surgery performed in a traditional hospital setting with inpatient hospital stays. As patients are responsible for an increasing portion of direct costs of care, more patients will seek less expensive venues to receive surgical spine care.



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Spine surgeries have been traditionally perceived as challenging with potential risks. With an increase in the aging spine patient population, health care providers often see spine patients as “sick” patients who require intervention. Patients view spine surgery as complicated and often unsuccessful. These misperception by both health care providers and patients can lead to a reluctance to perform outpatient spine surgery at ASCs. However, most patients spine surgeons take care of are not “sick,” but rather healthy

individuals who require surgery to relieve their maladies. Perhaps when physicians start to think this way, patients' concerns about outpatient surgery can be reduced.

### **Right patient, right procedure**

As spine surgeons state in this issue's *Cover Story*, the number of spine surgeries performed in an outpatient setting is increasing. Lumbar discectomies, decompressions and uncomplicated anterior cervical discectomies and fusions now are being performed in ASCs. It is without a doubt that as the number of minimally invasive surgeries increase, additional surgeries, including lumbar fusions, also will be performed in more outpatient settings as some ASCs in the United States are already doing.

Outpatient spine surgeries are here to stay. However, having the right patients with the correct procedures at the well-equipped and well-staffed ASCs will be the ultimate decision maker. Healthy patients with straightforward surgical plans usually will be good candidates when the surgeries are performed by experienced spine surgeons at a well-equipped and well-staffed ASCs. Simple procedures performed in an ASC that is not necessarily equipped to handle complications or emergencies can lead to disaster, as recently seen in the news after celebrities die after seemingly simple procedures performed in an ASC. It is incumbent that we judiciously select the right patients to undergo the right procedures at well-equipped and well-staffed ASCs.

As I reflect on my own practice, the number of surgeries that can currently be performed in an appropriately staffed and equipped ASC is mostly limited by postoperative pain control. The majority of patients who need to stay 1 day or 2 days after surgery is largely because of pain control. Having a well-designed pain control protocol that allows safe control of postoperative pain is beneficial to increase the number and types of surgeries performed in ASCs. Intraoperative and postoperative strategies to control pain are crucial to allow patients to return home the same day where previously patients would be in the hospital for 2 days to 3 days. Even with minimally invasive lumbar transformational fusions, it is difficult to control incisional pain in the first 24 hours to 48 hours in a non-hospital setting. Increasing evidence suggests patient-controlled anesthesia and opioid pain medications may lead to higher postoperative complications and longer hospital length of stay. Innovative strategies need to be developed to allow patients to recover quicker and faster.

The utilization of home health care nurses are also important to monitor patients' comfort and safety after outpatient spine surgery. Spine surgeons may be uncomfortable performing an anterior cervical discectomy and fusion in an outpatient setting, not because of postoperative pain issues, but because of the potential risk for life-threatening hematomas. The surgeon may be more comfortable if they knew the patient will be initially monitored postoperatively at the ASC, then by a home health nurse that night to pick up any potential issues. Patients also could be sent home with drains to be taken out that night or the next day, thereby mitigating potential post-surgical hematoma risks.

## Medical economic forces

Outpatient spine surgery will continue to grow in the future as medical economic forces dictate options to reduce surgical spine cost and offer high-value alternatives to traditional inpatient spine care. It is certain that spine surgery can take advantage of the options if we develop ways to mitigate postoperative pain and complication risks for the surgeries we currently perform on an inpatient basis.

The selection of the right patients with the right procedures in properly operated ASCs will continue to drive outpatient spine surgery. However, it is incumbent that spine surgeons do not offer a less than ideal outpatient operations to patients so they can maximize the use of particular ASCs or push otherwise unhealthy patients toward the outpatient surgery setting.

- **Reference:**
- <http://www.cdc.gov/media/pressrel/2009/r090128.htm>
- **For more information:**
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**Disclosures:** Liu reports no relevant financial disclosures.