Pain Physician 2020; 23:S457-S458 • ISSN 2150-1149

COVID-19 Letter

Recommendations for Pain Physicians Utilizing Neuromodulation During the Coronavirus 19 Pandemic

Ruben Schwartz, DO[1], Ivan Urits, MD[2], Alan D. Kaye, MD, PhD[3], and Omar Viswanath, MD[4-6]

From: [1]Mount Sinai Medical Center of Florida, Department of Anesthesiology, Miami, FL; [2]Beth Israel Deaconess Medical Center, Department of Anesthesia, Critical Care, and Pain Medicine, Harvard Medical School, Boston, MA; [3]Louisiana State University Health Sciences Center, Department of Anesthesiology, Shreveport, LA; [4]Valley Anesthesiology and Pain Consultants-Envision Physician Services, Phoenix, AZ; [5]University of Arizona College of Medicine-Phoenix, Department of Anesthesiology, Phoenix, AZ; [6]Creighton University School of Medicine, Department of Anesthesiology, Omaha, NE

Address Correspondence:
Ruben Schwartz, DO
Mount Sinai Medical Center
Department of Anesthesiology
4300 Alton Road
Miami Beach, FL 33140
E-mail:
rubenschwartz@yahoo.com

Disclaimer: There was no external funding in the preparation of this manuscript.

Conflict of interest: Each author certifies that he or she, or a member of his or her immediate family, has no commercial association (i.e., consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a conflict of interest in connection with the submitted manuscript.

Manuscript received:
05-04-2020
Accepted for publication:
06-02-2020

Free full manuscript:
www.painphysicianjournal.com

To the Editor:

Spinal cord stimulation (SCS) has been proven as an excellent option for patients with chronic pain. At present, SCS is indicated for patients with failed back surgery syndrome, complex regional pain syndrome, refractory angina pectoris, peripheral ischemic limb pain, and postherpetic neuralgia among other pain states (1). Recently, there has been a surge in the use of SCS in clinical practice (2,3). During an ongoing pandemic such as the current Coronavirus Disease 2019 (COVID 19), elective surgeries have been placed on hold to deal with the immediate crisis. Unfortunately, for patients suffering with chronic pain, neuromodulation procedures utilizing SCS have been deemed "elective." These surgeries have been postponed, limiting operating room volume to only emergency procedures.

Reducing the spread of the virus through social distancing and staying at home is of the utmost importance to "flatten the curve." Studies have shown the effectiveness of social distancing to mitigate the spread of the deadly virus (4). The quarantine has started to show promise with the incidence of new COVID 19 cases dropping and elective surgeries starting to be phased back at hospitals throughout the nation.

Patients indicated for a SCS trial or implant now have hope that their surgeries can be performed with improving considerations based on the current health care climate. During the present pandemic, prior to a patient undergoing a trial there may be a few prudent considerations. A purposefully shorter trial period, possibly 4 to 5 days vs 7 days or longer, might be considered to minimize risk of infections. In addition, if a patient undergoes a successful trial, it may be prudent to remove the trial leads and implant the permanent device during the same follow-up visit. The ideal goal should be to limit the number of hospital and office visits. Having a patient return to the office to remove trial leads only to perform the implant at a later date may not be an effective way to minimize exposure. In addition, many interventional pain physicians may want to consider prescribing prophylactic antibiotics during the trial period even if this is something they normally do not do, given the current circumstances of limited capacity and health care workforce strain.

For patients undergoing a trial or implant, certain precautions need to be taken to ensure the safety of the patient and medical staff. Patients will need to be tested for COVID 19 preoperatively and be asymptomatic on the day of surgery. Additionally, physicians should limit the number of cases per day to guarantee proper turnover and reduce overall encounters. Patients should wear either an N95 or simple surgical mask throughout the case since these procedures are typically performed under monitored anesthesia care without a secure airway via intubation. Only required personnel should be on the case, and ancillary staff, e.g., observers, medical students, pharmaceutical representatives, etc., should not be in the operating suite to limit contact. The most

experienced providers should be operating, not trainees. It may also be beneficial to use absorbable skin sutures that do not need to be taken out in the future to limit office visits. Patients can be further evaluated via telemedicine appointments rather than in person. Any signs of complications should be dealt with remotely, and only be addressed in person if absolutely warranted.

The landscape of medicine has changed dramatically with the ongoing COVID 19 pandemic and the interventional pain community has to adapt to these changes. Pain is "the sixth vital sign," and must be timely and appropriately addressed while keeping the patient's best interests in mind. As the pandemic continues to evolve, practices surrounding device implantation must as well.

References

1. Wong SSC, Chan CW, Cheung CW. Spinal cord stimulation for chronic non-cancer pain: A review of current evidence and practice. *Hong Kong Med J* 2017; 23:517-523. https://doi.org/10.12809/hkmj176288.
2. Vannemreddy P, Slavin K. Spinal cord stimulation: Current applications for treatment of chronic pain. *Anesth Essays Res* 2011; 5:20. https://doi.org/10.4103/0259-1162.84174.
3. Viswanath O, Urits I, Bouley E, Peck J, Thompson W, Kaye AD. Evolving spinal cord stimulation technologies and clinical implications in chronic pain management. *Curr Pain Headache Rep* 2019; 23:39.
4. Stein RA. COVID-19 and rationally layered social distancing. I*nt J Clin Pract* 2020; 74:e13501. https://doi.org/10.1111/ijcp.13501.