

THE CHANGING PATTERN OF ACUTE SPINAL REFERRALS DURING PRIMARY AND SECONDARY WAVES OF THE COVID-19 PANDEMIC



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INTRODUCTION

COVID 19 had a devastating effect on healthcare in UK

We tried to find out the effect of pandemic on the Acute spinal referrals in UK



METHODOLOGY

All emergency spinal referrals and related hospital attendances to the ED (emergency department) in a busy district general hospital were analysed

The data were evaluated at three time points each covering a 3-month period

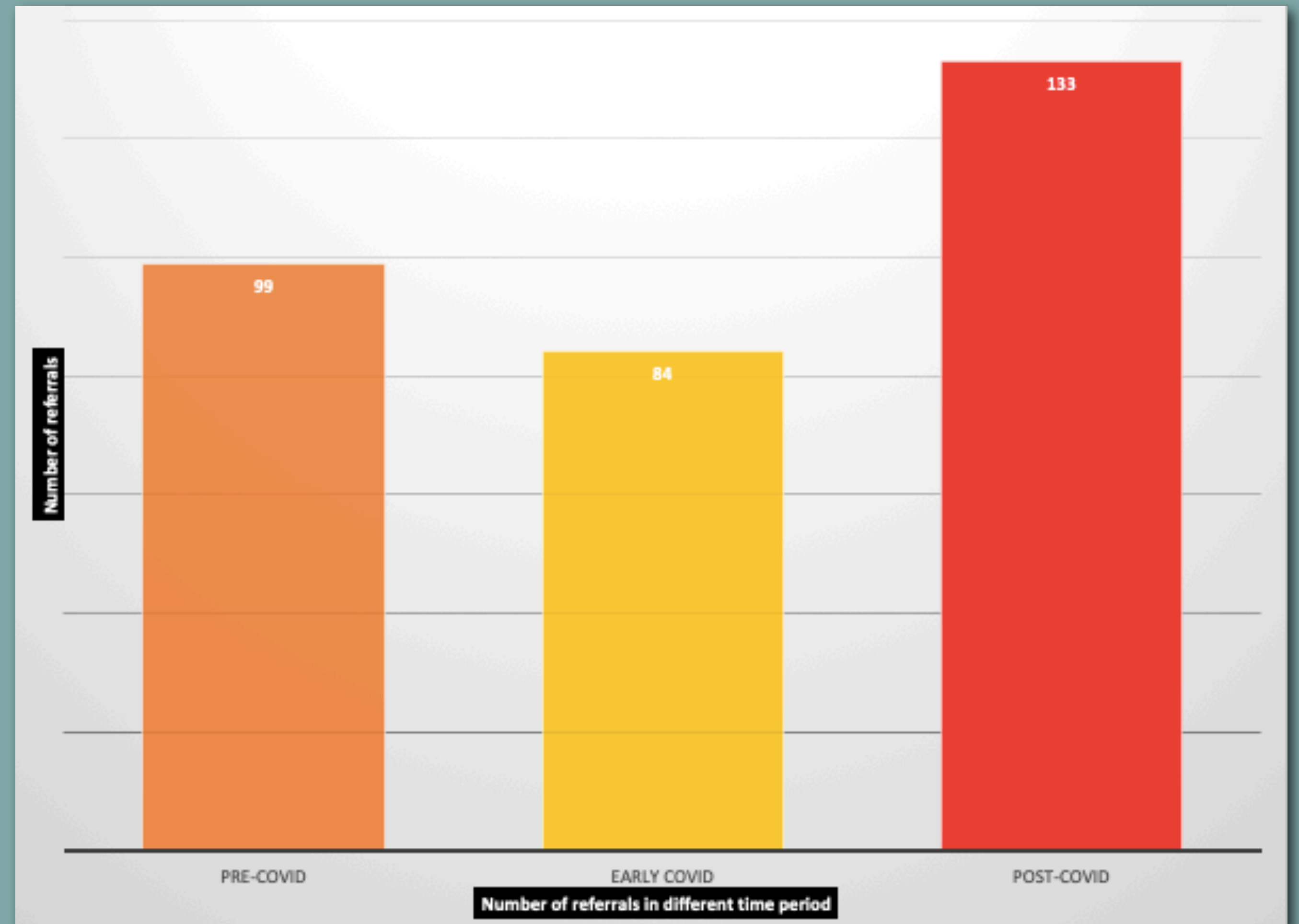


TIME PERIODS

1. Before COVID-19 from December 2019 to February 2020

2. The primary COVID-19 wave from April to June 2020

3. The second COVID-19 wave from December 2020 to February 2021.



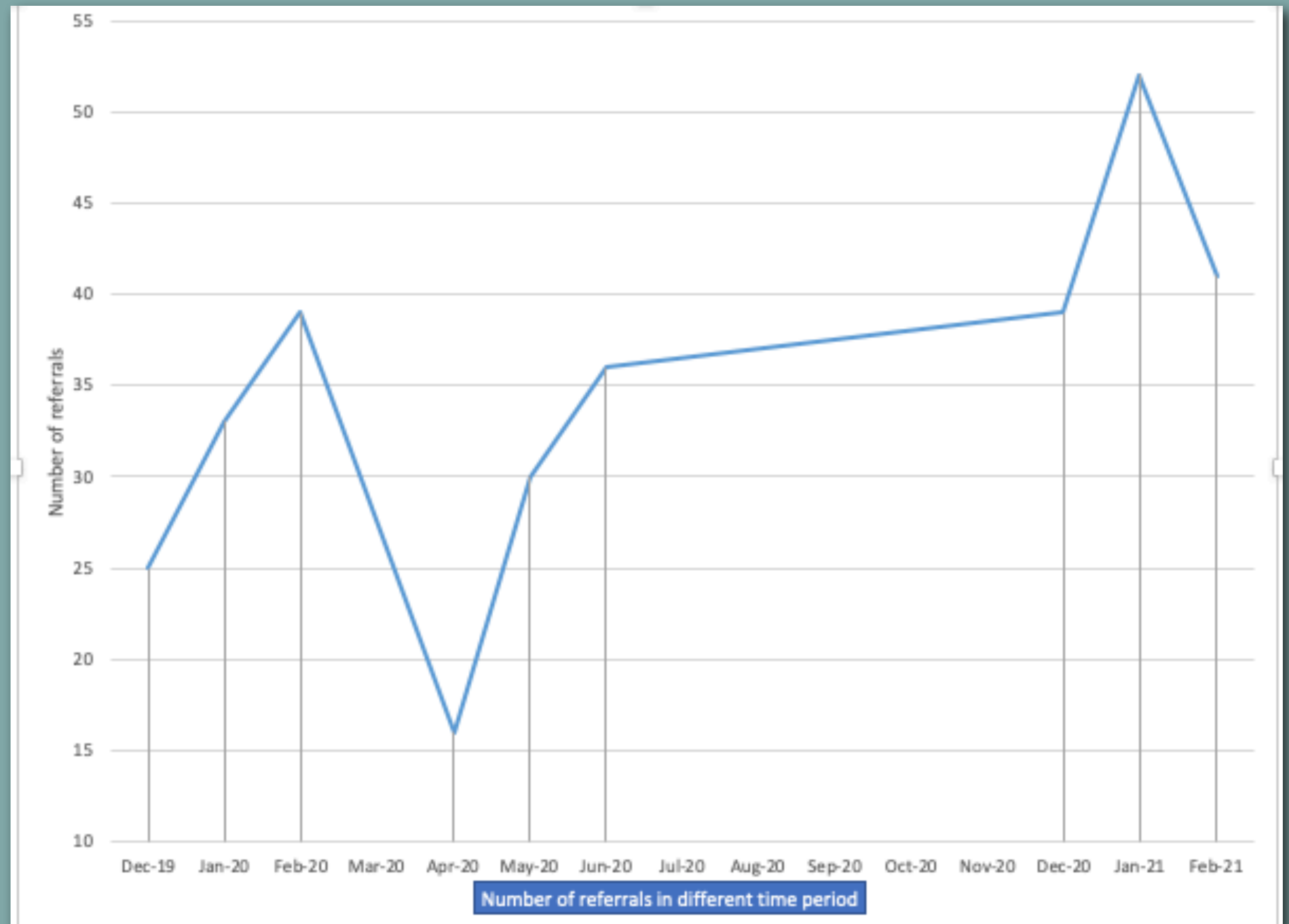
RESULTS

316 emergency referrals in total across the three time periods

Average age: 50.3 years

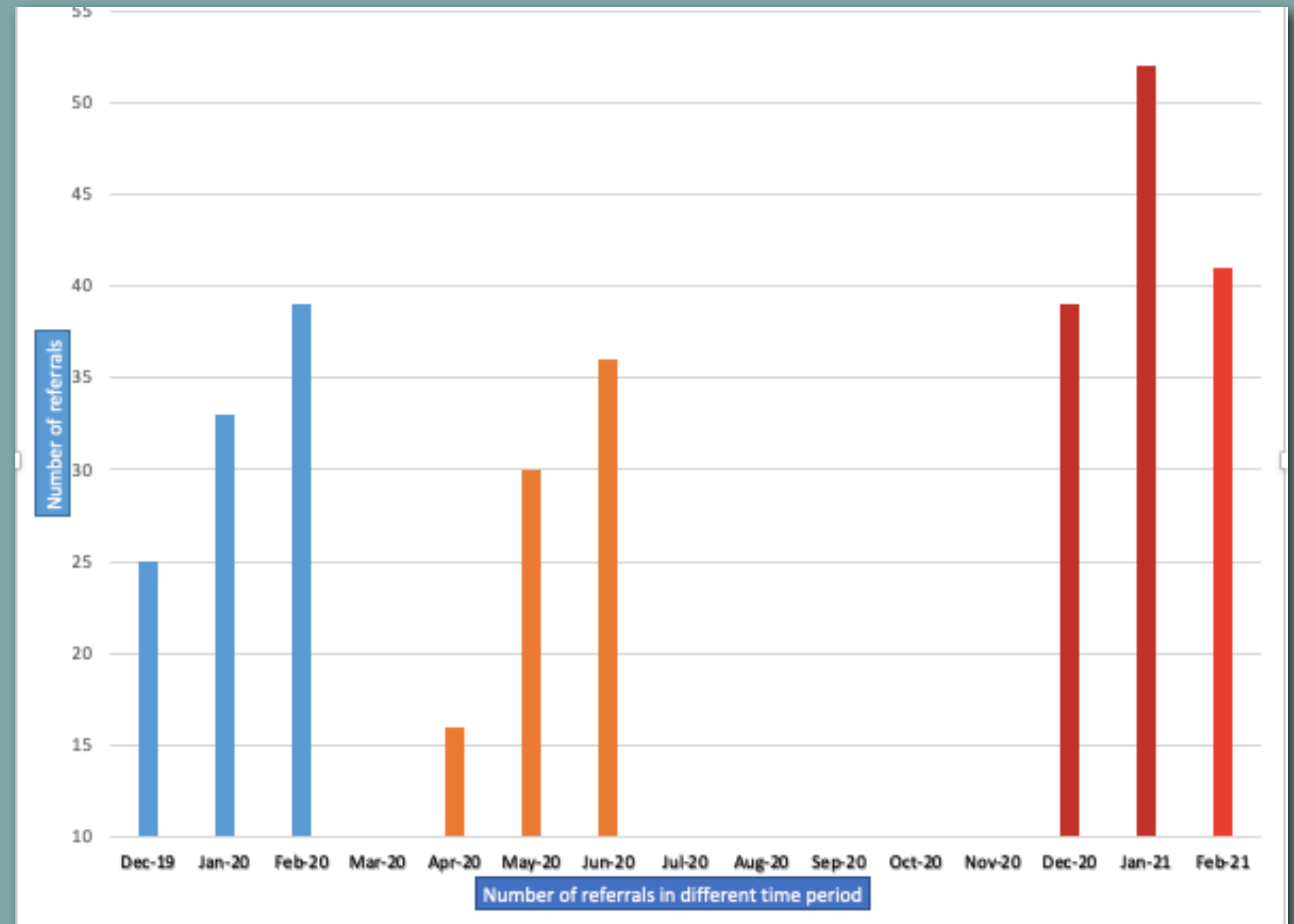
15% reduction in referrals during 1st wave of COVID

58% increase in referrals during 2nd wave



RESULTS

Comparing the second wave to the pre-COVID-19 period, referrals were **34%** greater in the second wave ($p < 0.005$)



RESULTS

	Pre-COVID	Early-COVID	Late COVID
Number of patients	99	83	133
Male:Female	47:52	31:53	58:75
Average age	52	48	51
Average time to scan (range)	3.9	2.5	4.9
Average waiting time in ED	3.2	2.1	4.5
Transfer to higher centre (%)	1 (1)	1 (1.2)	5 (3.7)
Emergency surgery at centre (%)	2 (2)	4 (4.8)	2 (1.5)
Total emergency surgery (%)	3 (3)	5 (6)	7 (5.2)
Semi-elective surgery (%)	4 (4)	3 (3.5)	5 (3.7)
Injections (%)	10 (10)	11 (13.3)	10 (7.5)
Weeks to clinic follow-up for above patients	2.2	2	3.1
Discharged	82	64	111

Abbreviation: ED, emergency department.

RESULTS

46.6% had surgery in the centre

2.2% patients transferred to
higher tertiary centre

7.5% re-presented with similar
problem in 3 months



RESULTS

When elective clinics restarted, 19% (61 patients) were seen in a clinic with an average waiting time of 2.4 weeks (2–6 weeks)



CONCLUSION

This shows importance of flexibility and accessibility of community based spinal services for early identification of spinal pathology.



CONFLICT OF INTEREST: NONE

THANK YOU