



BASS

British Association of Spine Surgeons

INFORMATION FOR PATIENTS UNDERGOING SPINAL INJECTIONS DURING THE CORONAVIRUS PANDEMIC

OUTLINE

This document outlines guidance on the use of spinal injections during the coronavirus pandemic.

Steroid injections for back pain are not clinically urgent and should not be performed at this time.

Injections can be offered as an alternative to surgery for severe radiculopathy.

Steroid injections are a routine part of spinal intervention for radiculopathy. Although there is no clear evidence in the literature that steroid injections can increase the likelihood of acquiring coronavirus or increasing the severity, we do know that steroids can reduce your immunity for a short period.

Every clinician should take each patient as an individual and make a fully informed decision on care and treatment plans in their best interests.

The guidance below is only an outline and each clinician and patient will need to make his or her own decision.

GUIDANCE

Any patient who is at higher risk from coronavirus (COVID-19) and have been asked to implement additional social distancing measures (i.e. shielding) **SHOULD NOT** be offered a steroid injection. In such cases, local anaesthetic only injection could be considered as an alternative.

People at higher risk (clinically extremely vulnerable) include people who:

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids)
- were born with a serious heart condition and are pregnant

When considering treatment options, it is also important to consider the additional risk of coronavirus (COVID-19) related complications in those deemed to have moderate risk, including people who:

- are 70 or older
- are pregnant
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)

All patients undergoing this procedure should have swabs for coronavirus taken and screening for symptoms of coronavirus should be performed and documented.

Information about risk of individual exposure to coronavirus (COVID-19), including travel, occupation and contact should also be noted.

If the patient has a negative swab and has no risk factors, they should be informed that steroids do temporarily reduce the immune system and as a result, there may be an increased risk.

A joint decision can then be made and fully documented as to whether to proceed with the procedure or not.

All patients should be advised to shield or self-isolate according to local guidance.

Any patient undergoes a steroid injection and develops symptoms should self-isolate and follow NHS guidance.

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