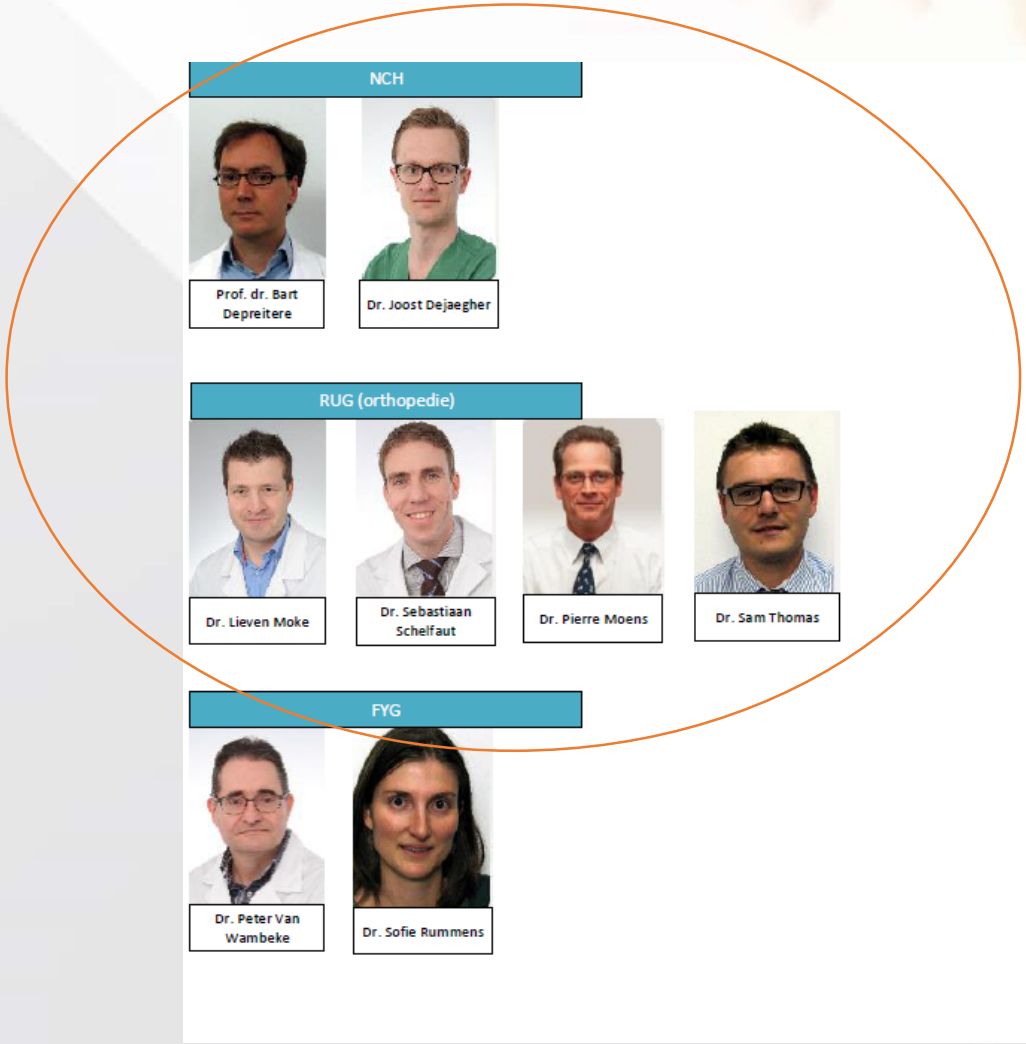
EERSTELIJNSSYMPOSIUM

Aanpak van **wervelkolomproblemen** in de Leuvense ziekenhuizen

ZATERDAG 6 MAART 2021

UZ LEUVEN

ARTSEN UZ LEUVEN IN HET ZORGPROGRAMMA



ANAMNESE EN KLINISCH ONDERZOEK

Hou altijd rekening met mogelijke differentiële diagnoses en sluit signalen uit die kunnen wijzen op een onderliggende, ernstige pathologie

Bij aanwezigheid van rode vlaggen → **EXIT** Buiten de scope van deze richtlijn

EVALUATIE VAN HET RISICO OP CHRONICITEIT

LAAG RISICO
Eenvoudige aanpak met lage intensiteit

HOOG RISICO
Meer complexe aanpak met hogere intensiteit

BEELDVORMING NIET systematisch

Leg aan de patiënt uit dat medische beeldvorming niet noodzakelijk is

SELF-MANAGEMENT

Voor alle patiënten, geef informatie en gepersonaliseerd advies, aangepast aan hun behoeften en capaciteiten, bij elke stap in hun zorgpad:

→ Informeer hen over de goedaardige aard van de lage rugpijn/radiculaire pijn
→ Moedig hen aan om de normale activiteiten voort te zetten (voor zo ver mogelijk)

NIET-INVASIEVE INTERVENTIES

Oefenprogramma (volgens de behoeften, capaciteiten en voorkeuren van de patiënt)

± **Manipulatie, mobilisatie of zachteweefseltechnieken**

± **Psychologische interventie (cognitieve gedragstherapie)**

Multidisciplinair revalidatieprogramma met fysieke en psychologische component
- bij significante psychosociale belemmeringen **of**
- na falen van eerdere *evidence-based* behandelingen

ONDERSTEUN EN MOEDIG DE HERVATTING VAN HET WERK OF VAN DE NORMALE DAGELIJKSE ACTIVITEITEN ZO VROEG MOGELIJK AAN

INVASIEVE INTERVENTIES

CHRONISCHE LAGE RUGPIJN

Radiofrequente denervatie (enkel na een diagnostische mediale zenuwblokkade) als:
- vermoeden van facetgewrichtspijn
- na falen van een niet-chirurgische aanpak
- matige tot ernstige lage rugpijn

Lumbale artrodese: NIET aanbieden tenzij:
- na falen van niet-chirurgische aanpak
- na evaluatie via multidisciplinaire consultatie
- bij voorkeur met data-registratie in een register

RADICULAIRE PIJN

Epidurale infiltraties (lokale anesthetica en steroïden):
- bij (sub)acute en ernstige pijn

Spinale decompressie na minstens 6 tot 12 weken als:
- na falen van niet-chirurgische aanpak
- bevindingen beeldvorming overeenkomen met huidig klinisch beeld

FARMACOLOGISCHE INTERVENTIES enkel indien nodig

NSAID's
- Met continue herevaluatie van de risicofactoren en eventueel gebruik van maagbeschermers
- Aan de laagst werkzame dosis gedurende een zo kort mogelijke periode

Opioïden:
- Zwak werkende (met of zonder paracetamol) bij acute lage rugpijn, tijdens een zo kort mogelijke periode, enkel als NSAID's gecontra-indiceerd zijn, niet verdragen worden of ondoeltreffend bleken
- NIET systematisch bij chronische lage rugpijn

Paracetamol : NIET systematisch als enige medicatie

Antidepressiva:
- Tricyclische of SNRI : NIET systematisch bij chronische lage rugpijn
- SSRI : Nooit

Anti-epileptica : NIET bij afwezigheid van neuropatische component

Spierrelaxantia: Nooit

NIET DOEN

→ Elektrotherapie
→ Manuele tractie
→ Gordels, korsetten, steunzolen
→ Niet-epidurale spinale injecties
→ Discusprothese

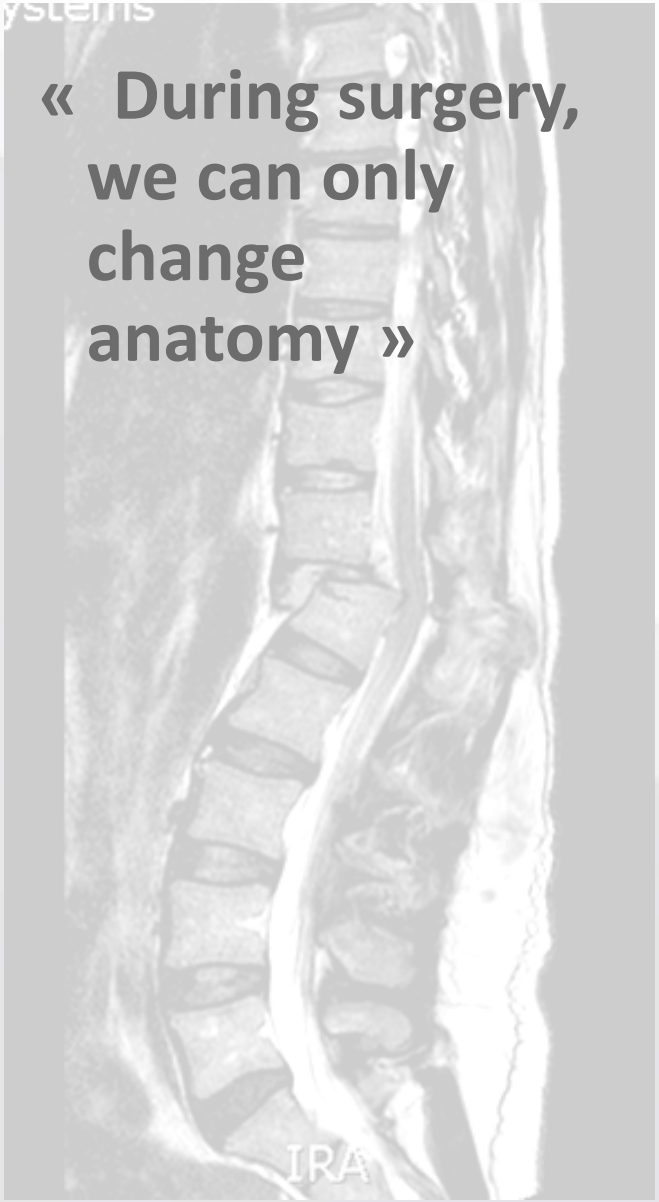
Voor andere interventies, zoals bijvoorbeeld andullatietherapie, kan geen aanbeveling worden geformuleerd wegens het ontbreken aan wetenschappelijk bewijs.

KCE

LAGERUGPIJN.KCE.BE

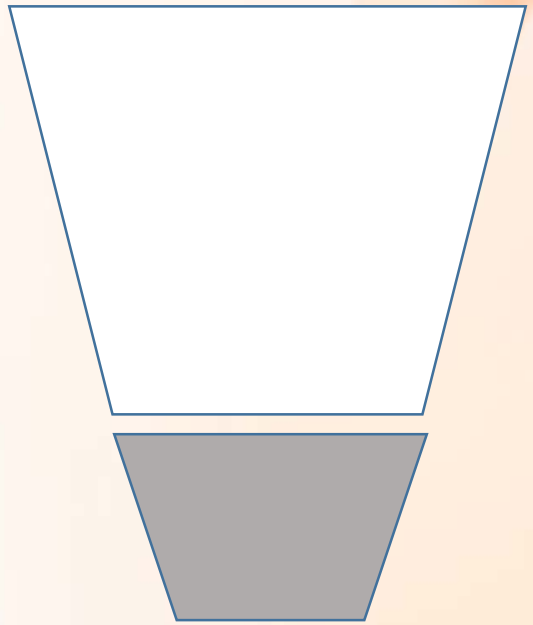
UZ LEUVEN

OVERZICHT: PLAATS VAN CHIRURGIE



- **Rode vlaggen**
  - Neuro deficit
  - Trauma
  - Tumor
  - Infectie

- **Indicaties**
  - Clear zone
    - Neurocompressie
    - Mechanisch
      - Instabiliteit
      - Malalignement
  - Grey zone



RED FLAGS POSITIVE

Pain Management Network

Red Flags- Low Back Pain

Red Flags – low back pain

- **Indicate possible serious pathology**
- **Indicate the need for further investigation and, possibly, specialist referral**

Possible fracture	Possible tumour/infection	Possible significant neurological deficit
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NB: Presence of red flags in acute low back pain suggests the need for further investigation and possible specialist referral as part of overall strategy. If no red flags present, it is safe to reassure the patient and move ahead with a multimodal management approach.

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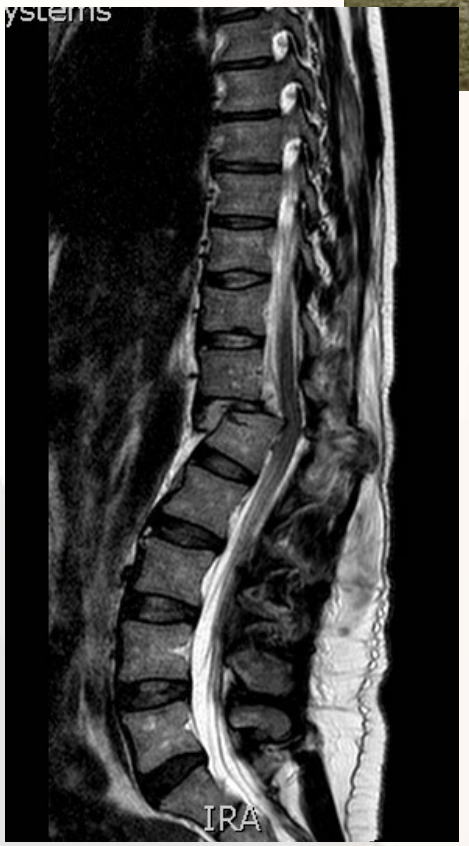
UZ LEUVEN

MAJOR TRAUMA

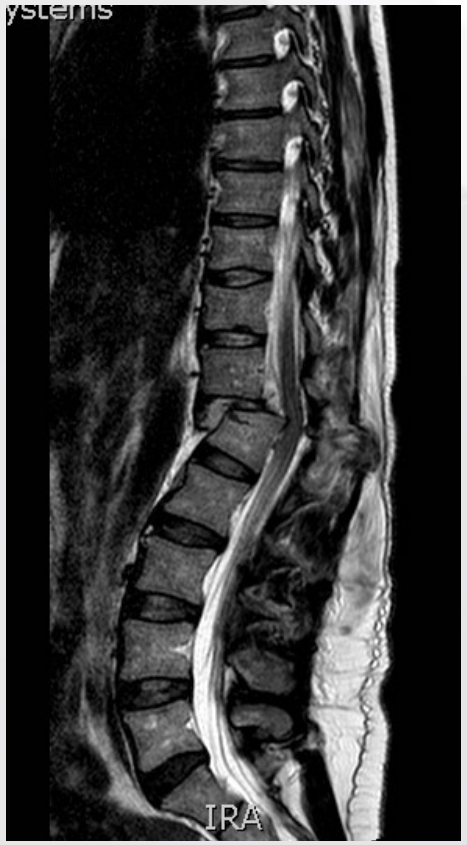
- “Advanced trauma life support”
- Prevention of secondary (neuro)damage
- Important considerations
  - High E versus low E
  - Age
  - Associated lesions
  - Neurology (ASIA)
  - Stability of fracture (AO classification)

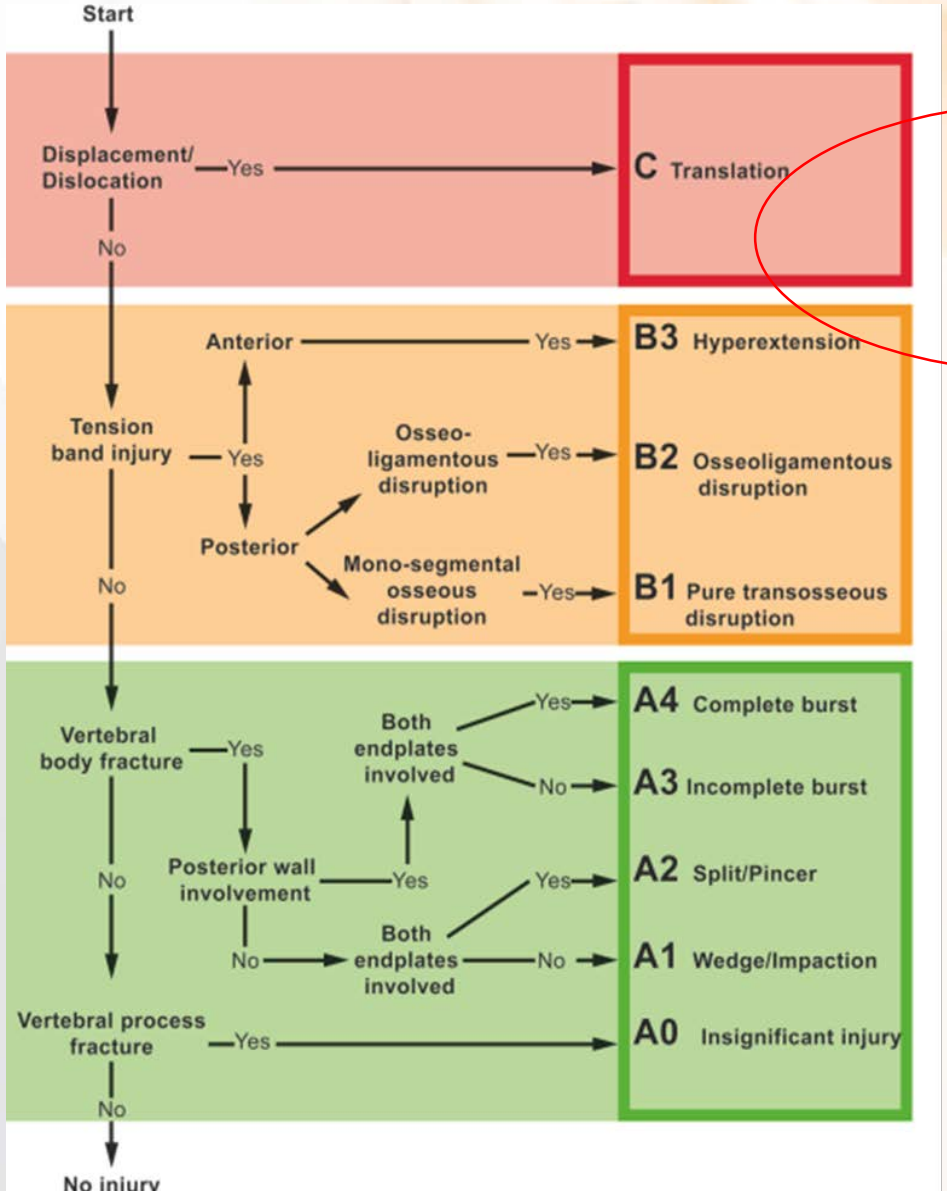


UZ LEUVEN

MAJOR TRAUMA

- Fracture Stability



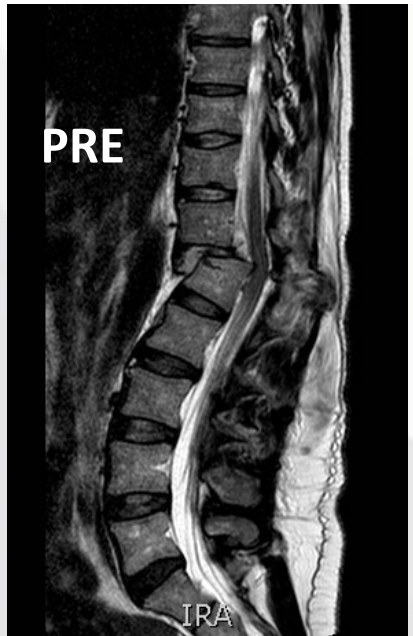


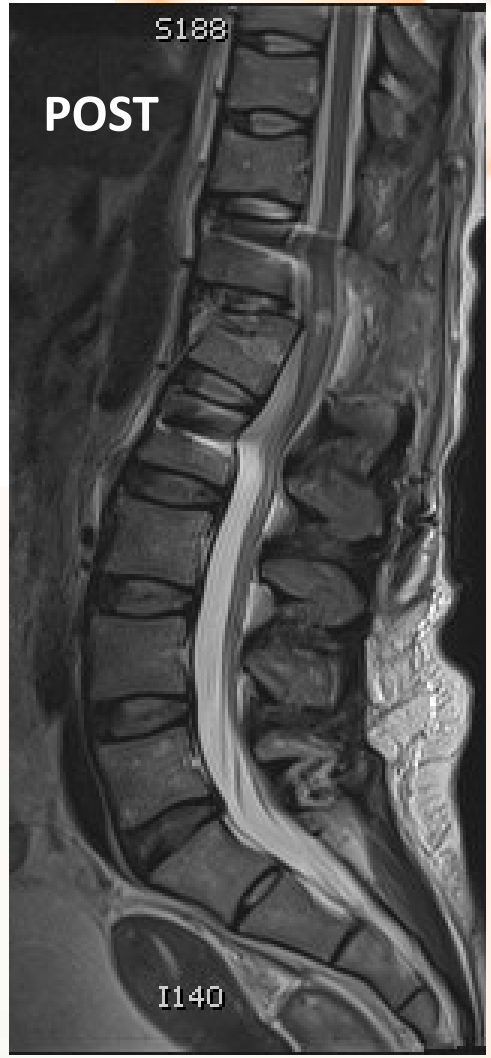
MAJOR TRAUMA

- Neurology

Tabel 2: ASIA Impairment scale

A	compleet	geen sensibele of motorische functie is behouden in de sacrale segmenten S4-S5
B	incompleet	sensibele maar geen motorfunctie is behouden onder het neurologisch niveau en omvat de sacrale segmenten S4-S5.
C	incompleet	motorfunctie is behouden onder het neurologisch niveau en meer dan de helft van de sleutelspieren onder het neurologisch niveau hebben een spierkracht minder dan graad 3
D	incompleet	motorfunctie is behouden onder het neurologisch niveau en ten minste de helft van de sleutelspieren onder het neurologisch niveau hebben een spierkracht groter of gelijk aan graad 3
E	normaal	sensibele en motorfuncties is normaal



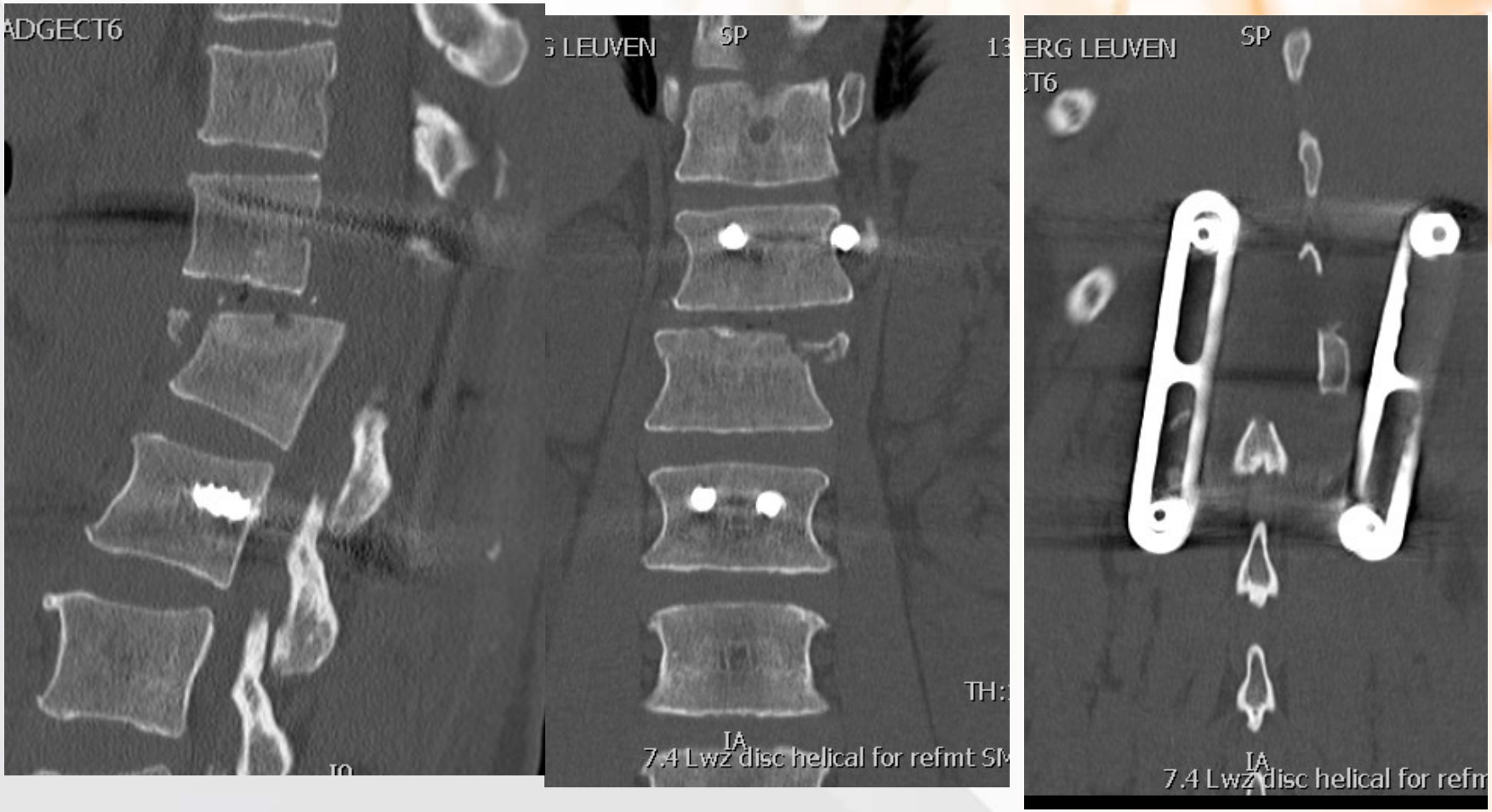


UZ LEUVEN

Table 31.1 Evidence of guideline

Topic	Level of AANS/CNS recommendation	Guideline/recommendation
Hypotension	Level III	Correction of hypotension to systolic blood pressure >90 mmHg as soon as possible
	Level III	Maintenance of mean arterial blood pressure between 85 and 90 mmHg for 7 days
Hypoxia	None	Hypoxia (PaO_2 <60 mmHg or O_2 saturation <90%) should be avoided [3]
ICU monitoring	Level III	SCI patients should be managed in an ICU setting with cardiac, hemodynamic, and respiratory monitoring to detect cardiovascular dysfunction and respiratory insufficiency
Immobilization	Level II	Patients with SCI or suspected SCI (except in penetrating injury) should be immobilized
	Level III	Spinal immobilization should be performed with rigid cervical collar and supportive blocks on a backboard with straps
Specialized centers	Level III	SCI patients should be transferred expediently to specialized centers of SCI care
Examination	Level II	The ASIA ISNCSCI examination should be performed and documented
Imaging	Level I	No cervical imaging is required in awake trauma patients that have no neck pain/tendemess, normal neurological examination, normal range of motion, and no distracting injuries
	Level I	CT is recommended in favor of cervical X-rays
	Level I	CT angiography is recommended in patients who meet the modified Denver screening criteria [4]
Neuroprotection	Level I	Methylprednisolone is not recommended[a]
Spinal cord decompression	None	Surgical decompression prior to 24 h after SCI can be performed safely and is associated with improved neurological outcome [5**]
	Level III	Early closed reduction of fracture/dislocation in awake patients without a rostral injury is recommended, and pre-reduction MRI does not appear to influence outcome

MAJOR TRAUMA



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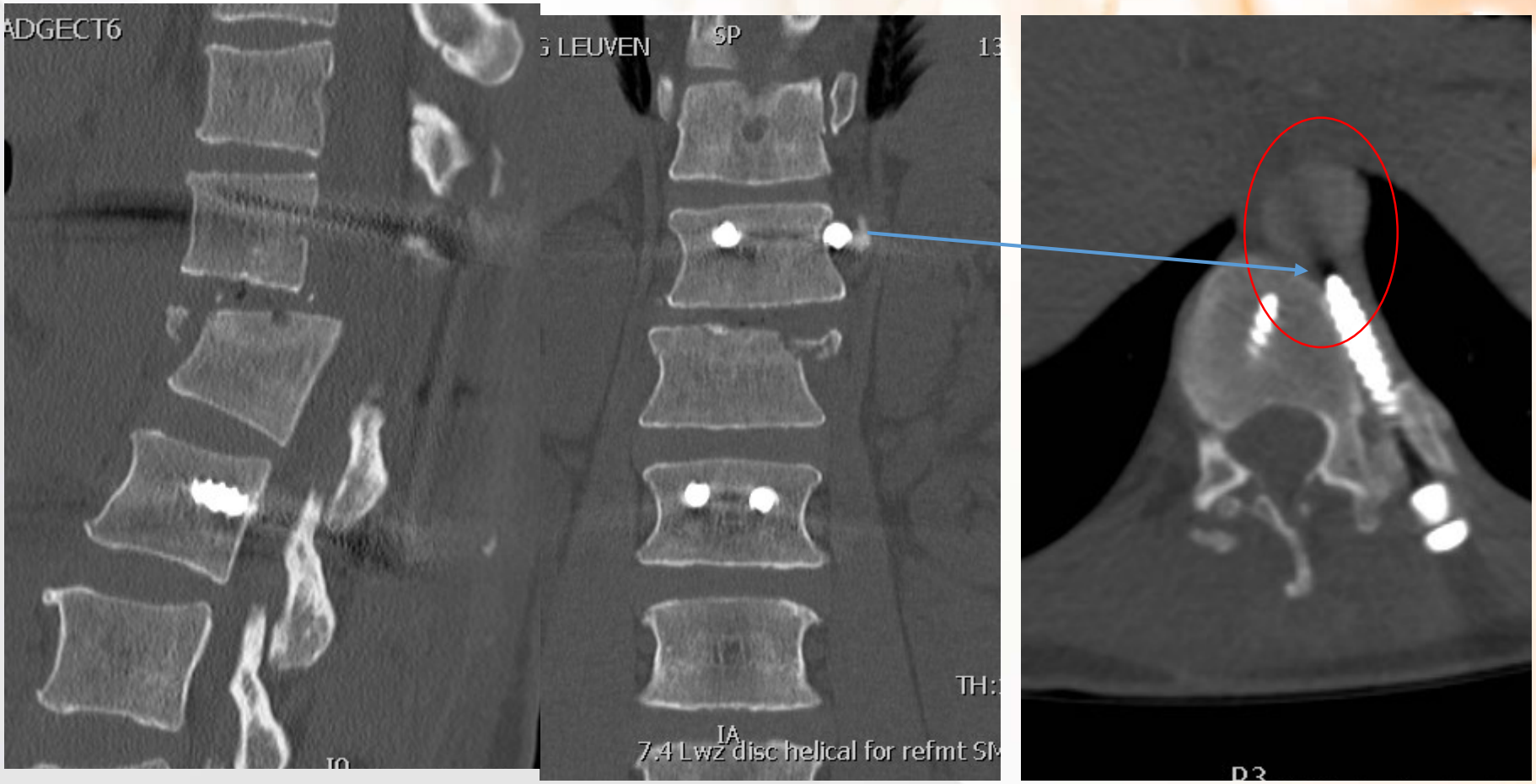

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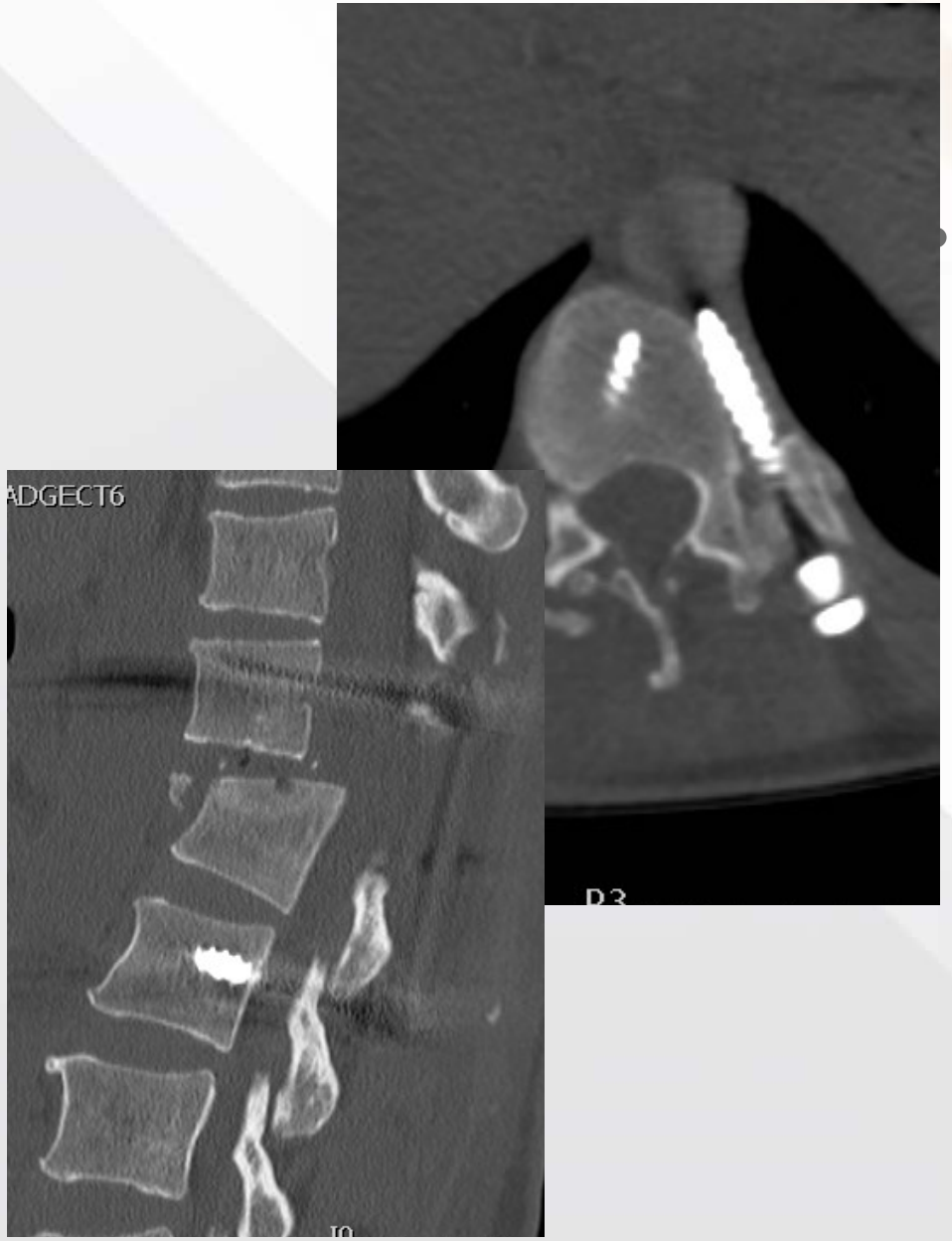
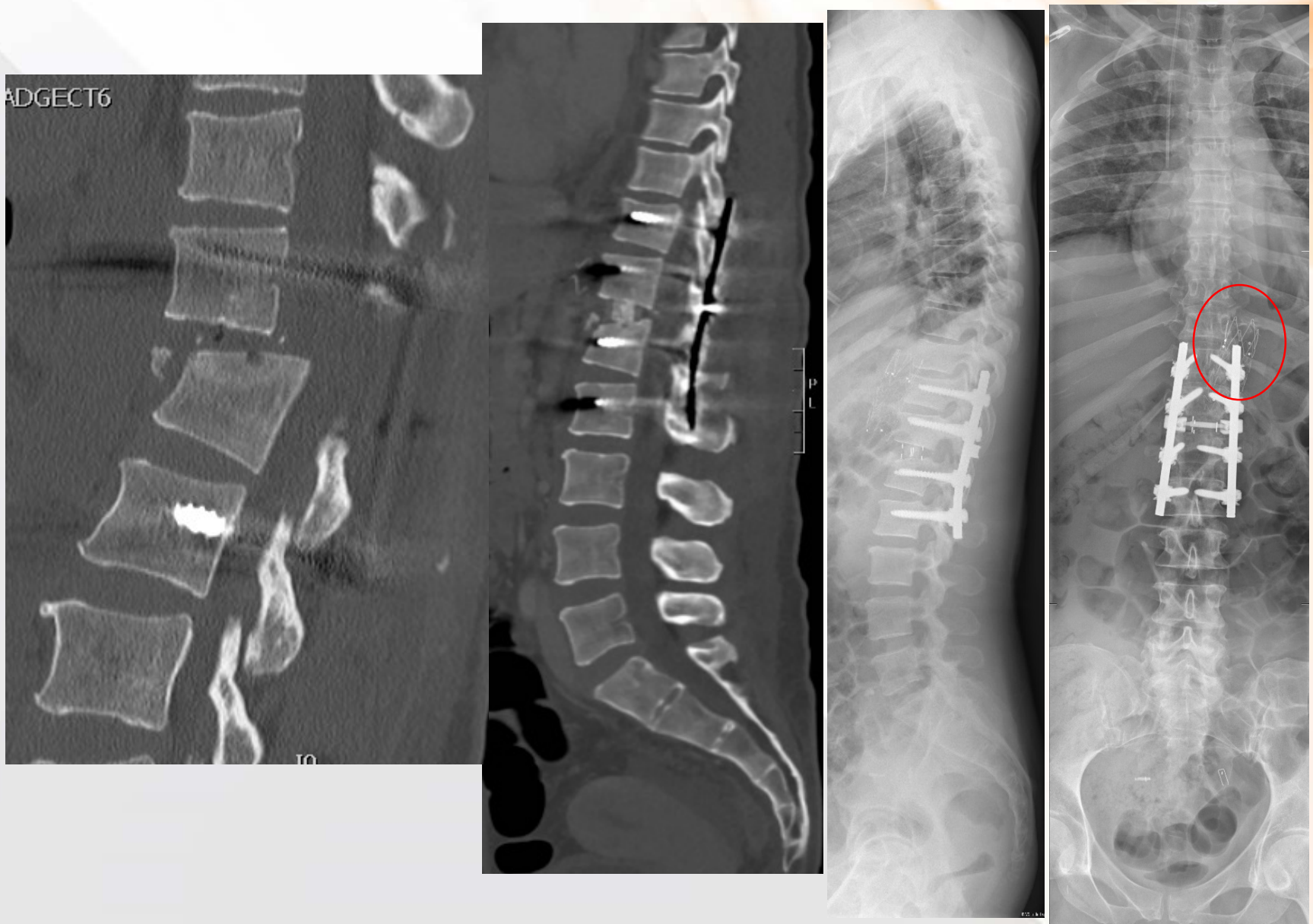


- Need for spezialized centres for high energy spinal trauma
  - Trauma centre incl.
    - 24h/24h spinesurgeon
    - Dedicated nurse staff
    - 24h/24h access to full technical support (implants, navigation, IONM,…)
  - ICU (neuro-highcare)
  - SCI rehab

UZ LEUVEN

MAJOR TRAUMA



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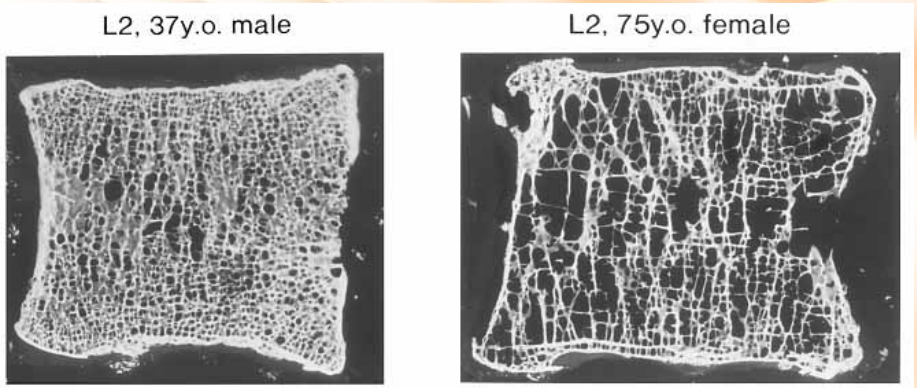
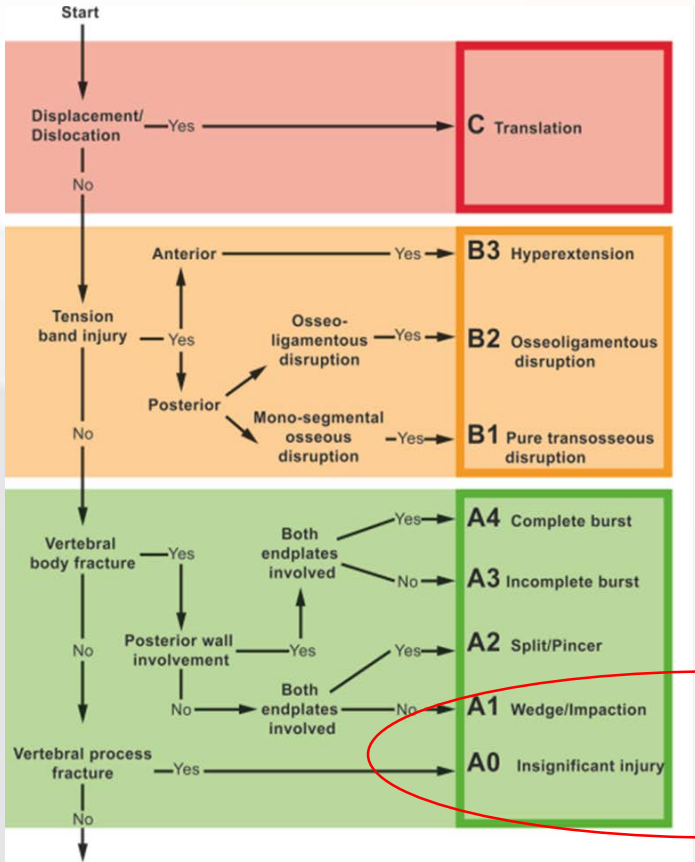
UZ LEUVEN

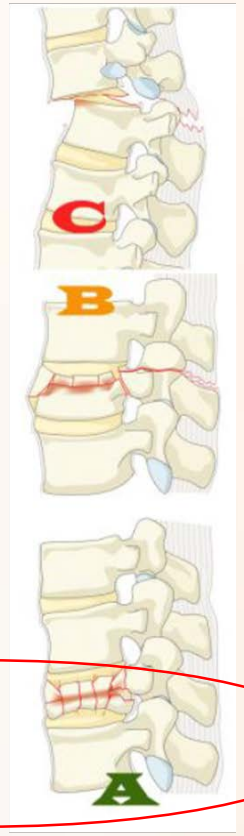
MINOR TRAUMA

- Osteoporosis
- Pathologic fracture
- Ankylosing spondylitis (**B!**)

<< PERCUSSION PAIN OF SPINE >>

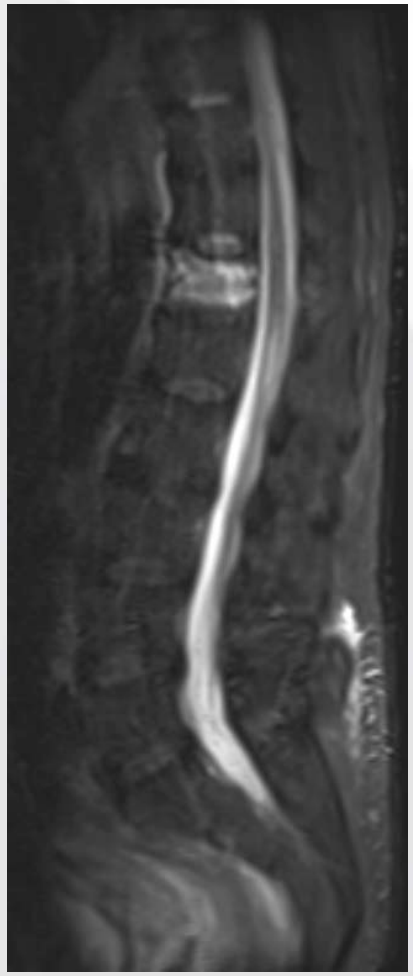


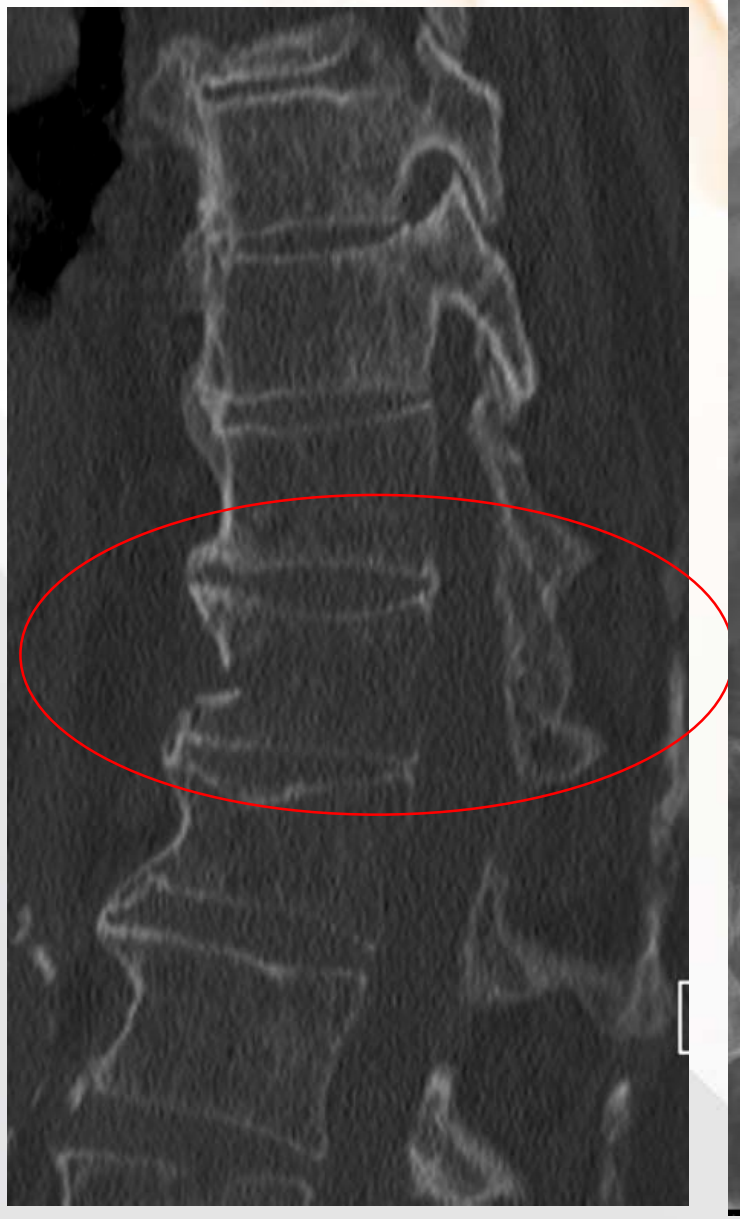


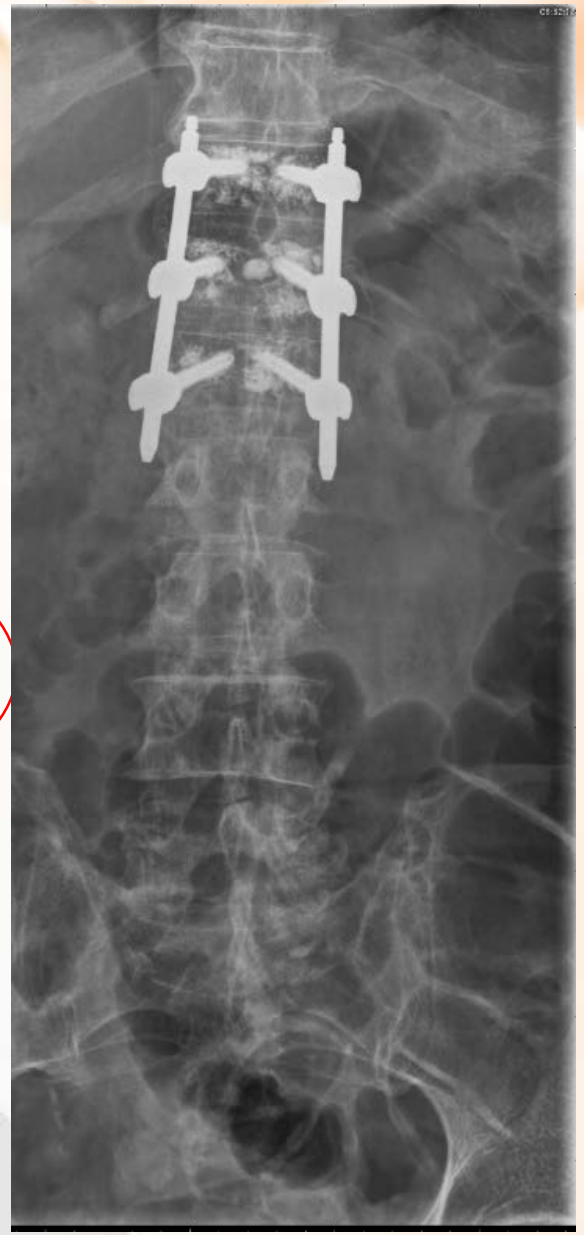


MINOR TRAUMA

- Ankylosing spondylitis







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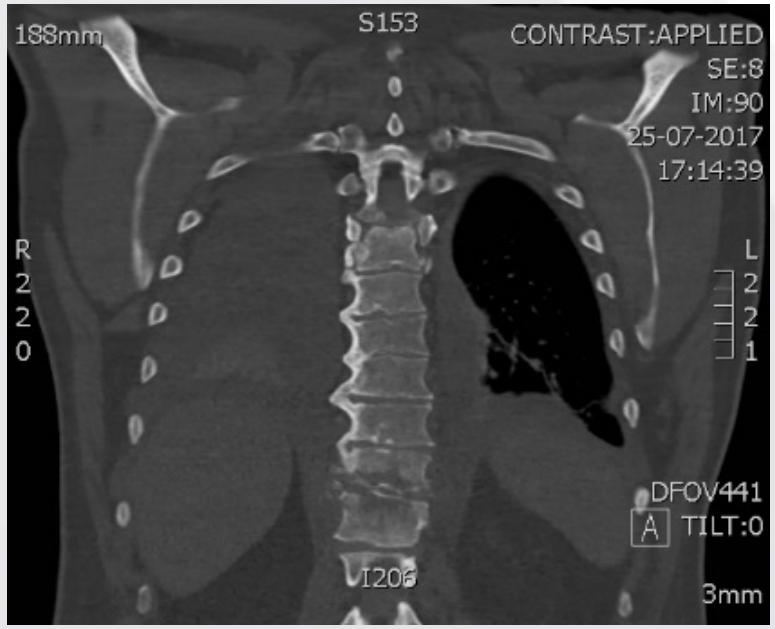
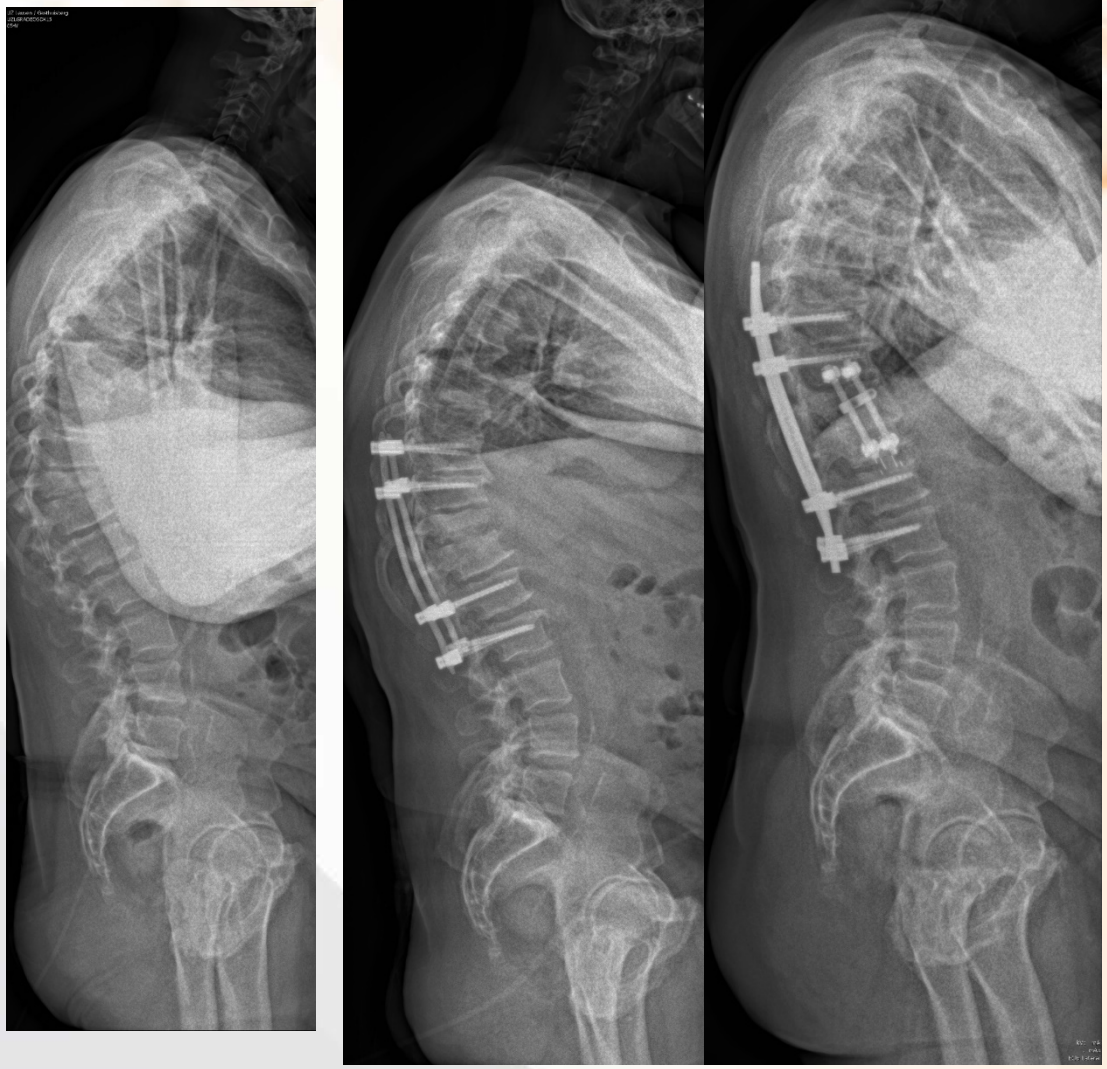
UZ LEUVEN

INFECTION

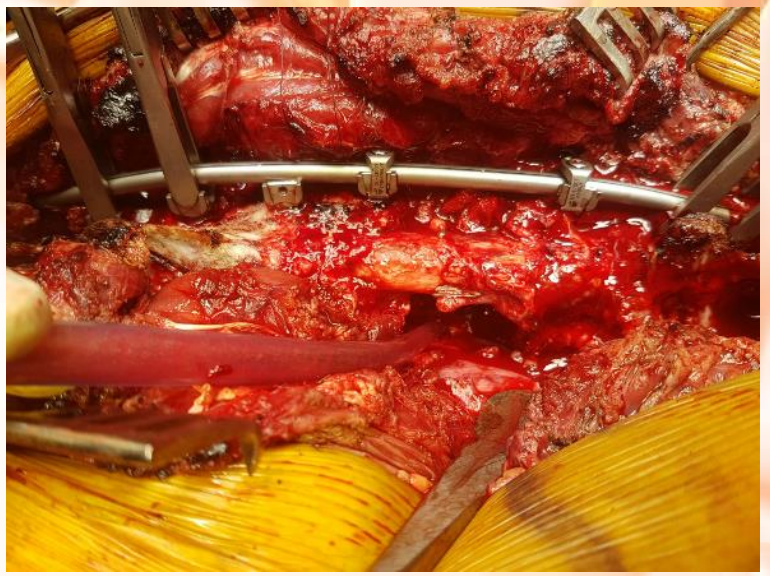
- Biopsy before AB!!!
- Surgery in case of
  - Neurology
  - Instability

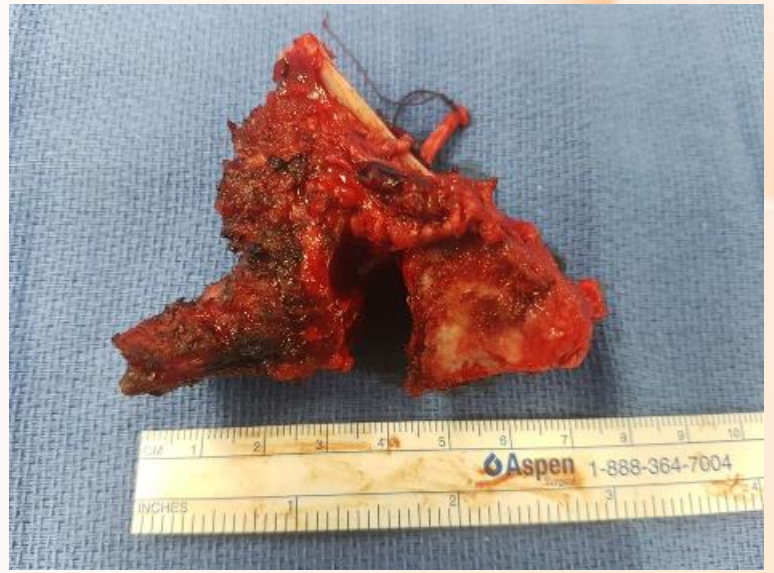


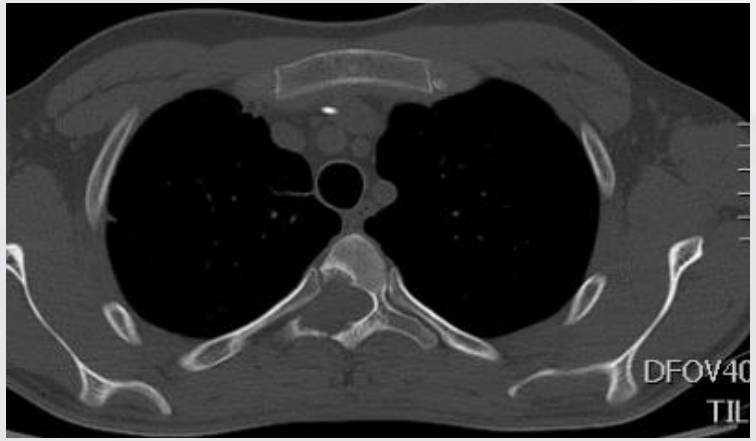


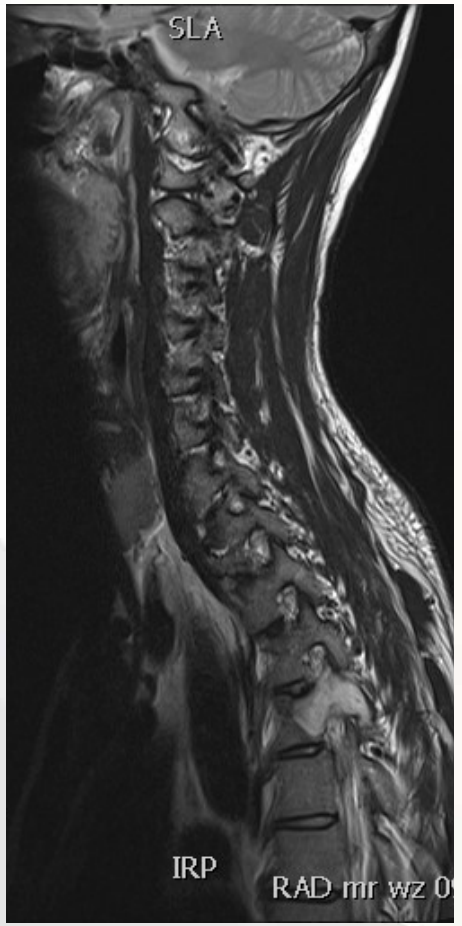
TUMOR

- Previous Medical History?
- Meta or primary tumor?
  - Don’t burn bridges in case of primary tumors!
  - IN SOME CASES EN BLOC RESECTION IS POSSIBLE









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UZ LEUVEN

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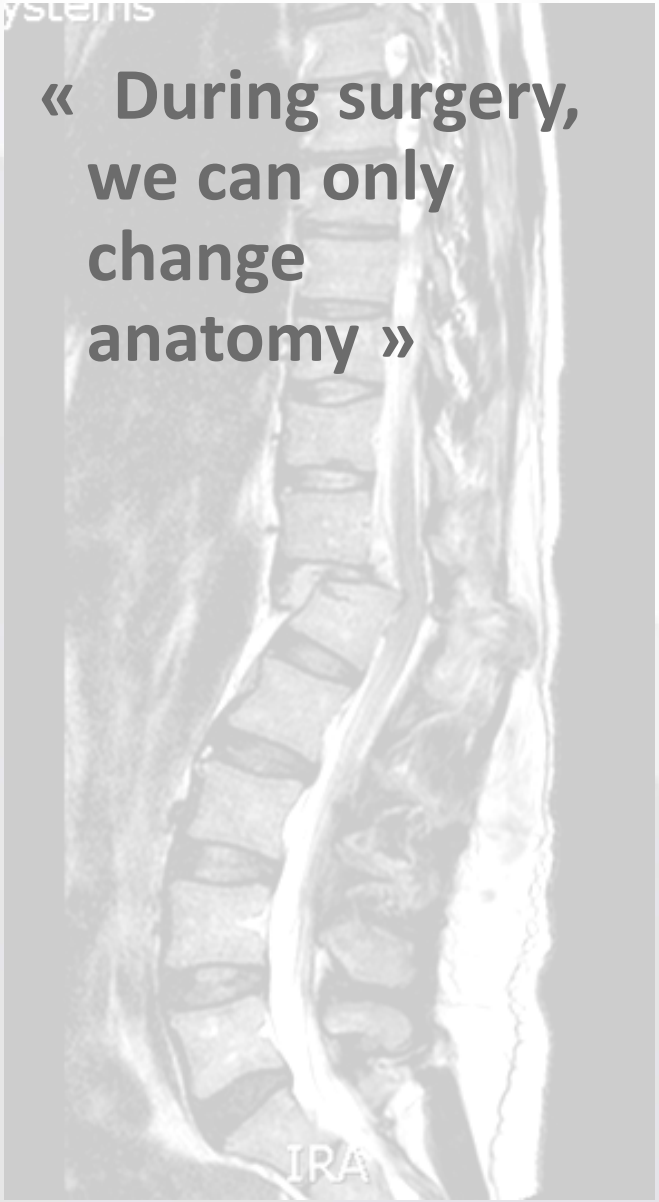

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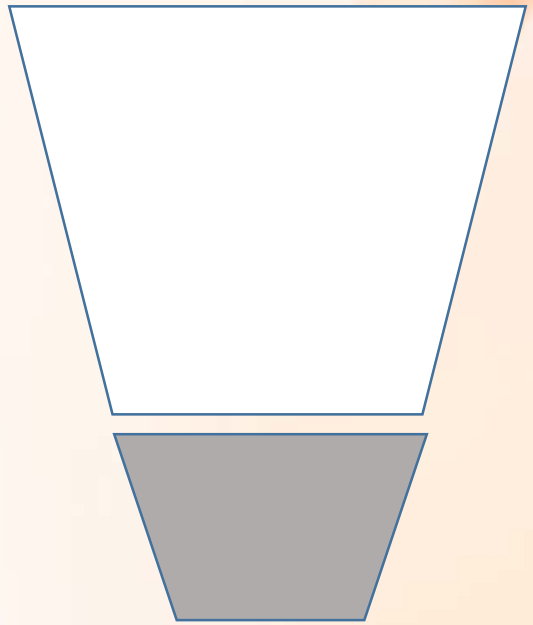
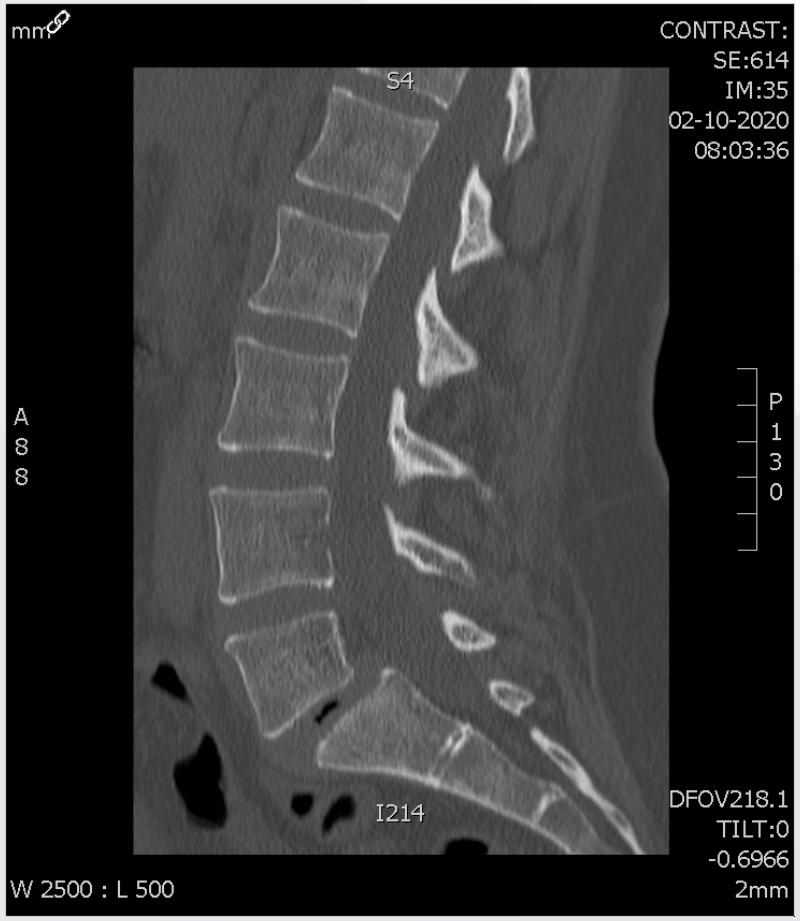
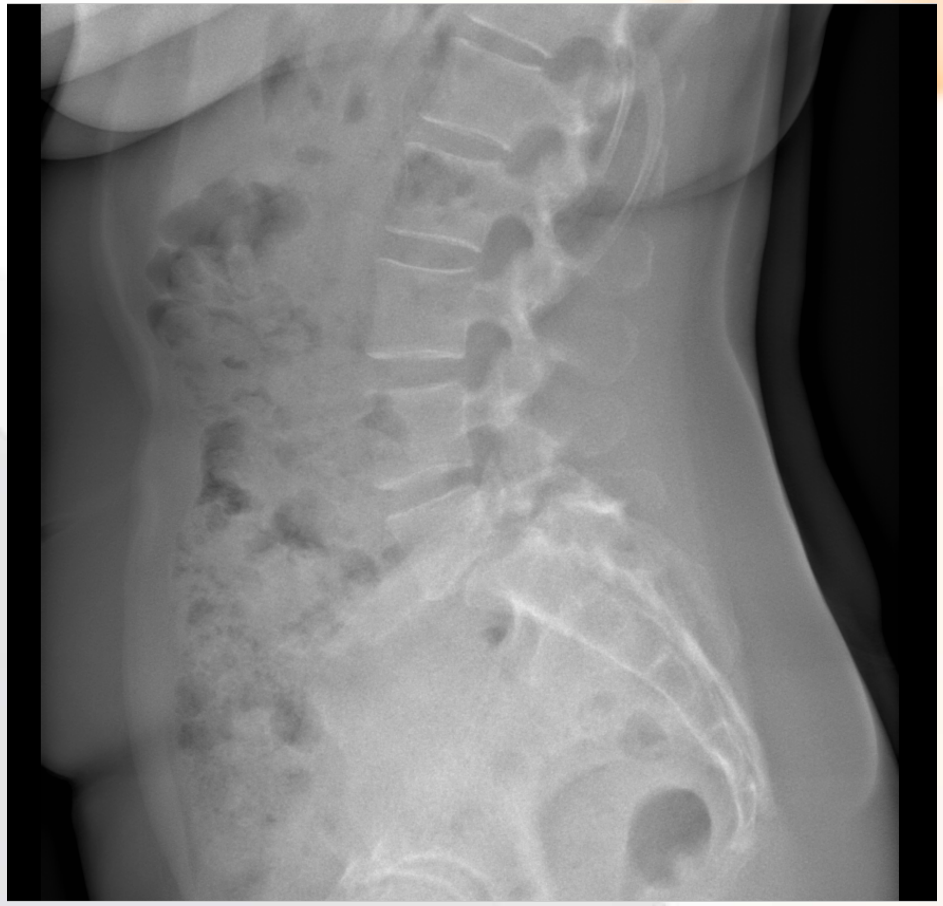
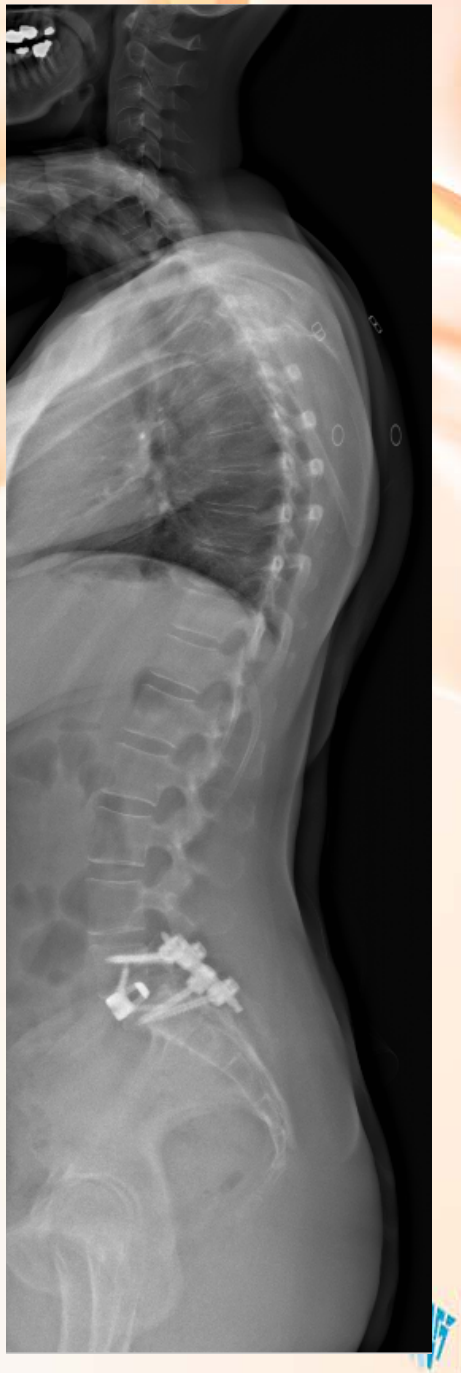


48Y. MECHANICAL LBP.
L5 SCIATIC PAIN STANDING/WALKING







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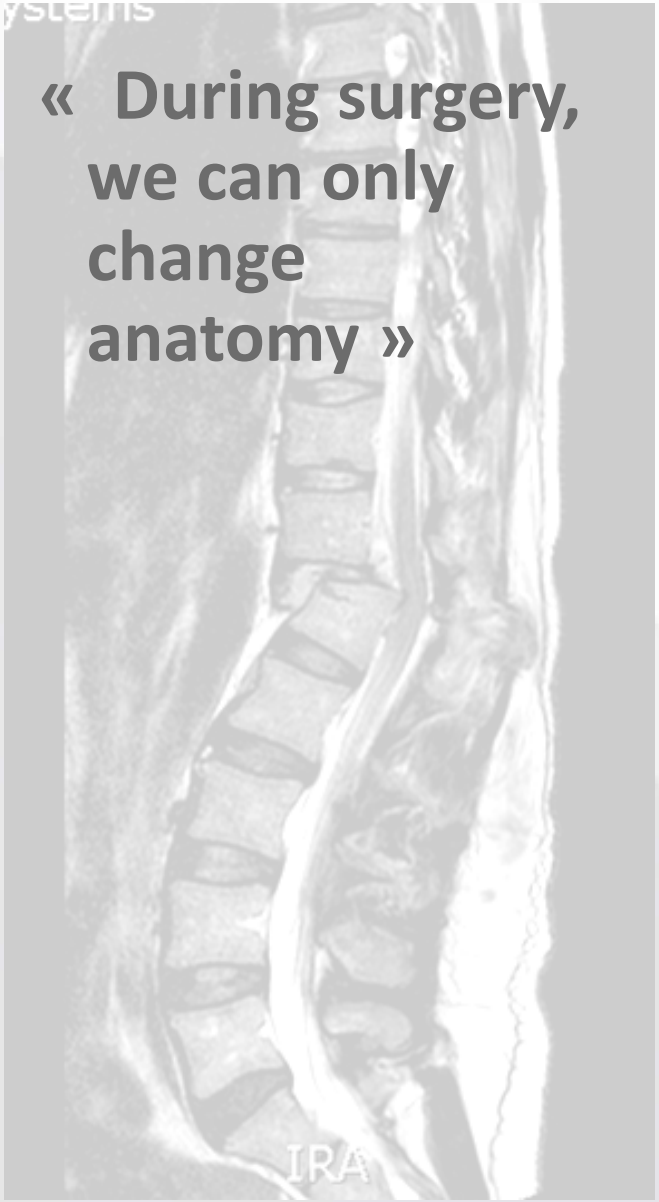
PLAATS VAN CHIRURGIE



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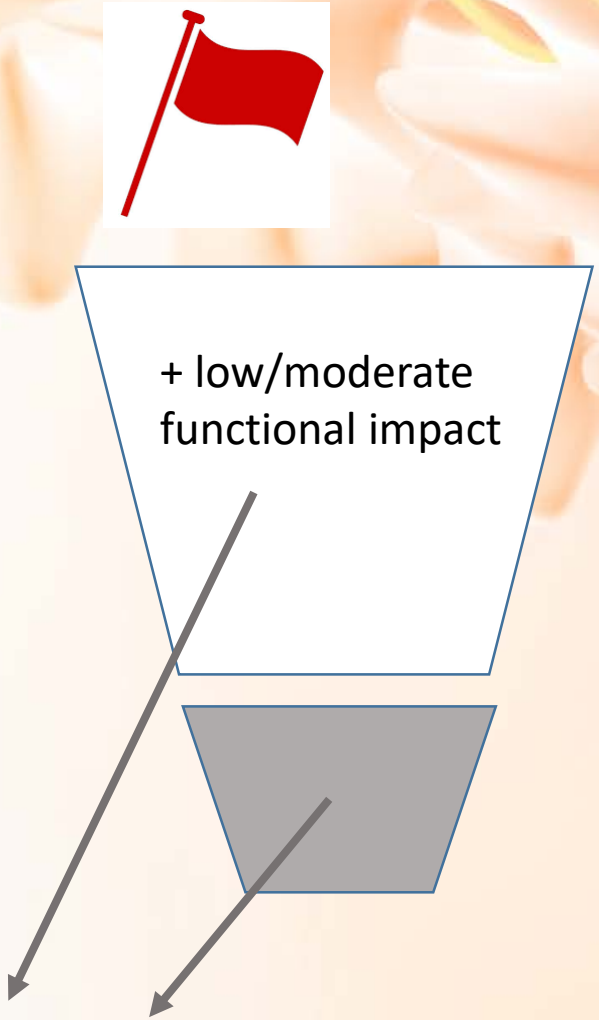
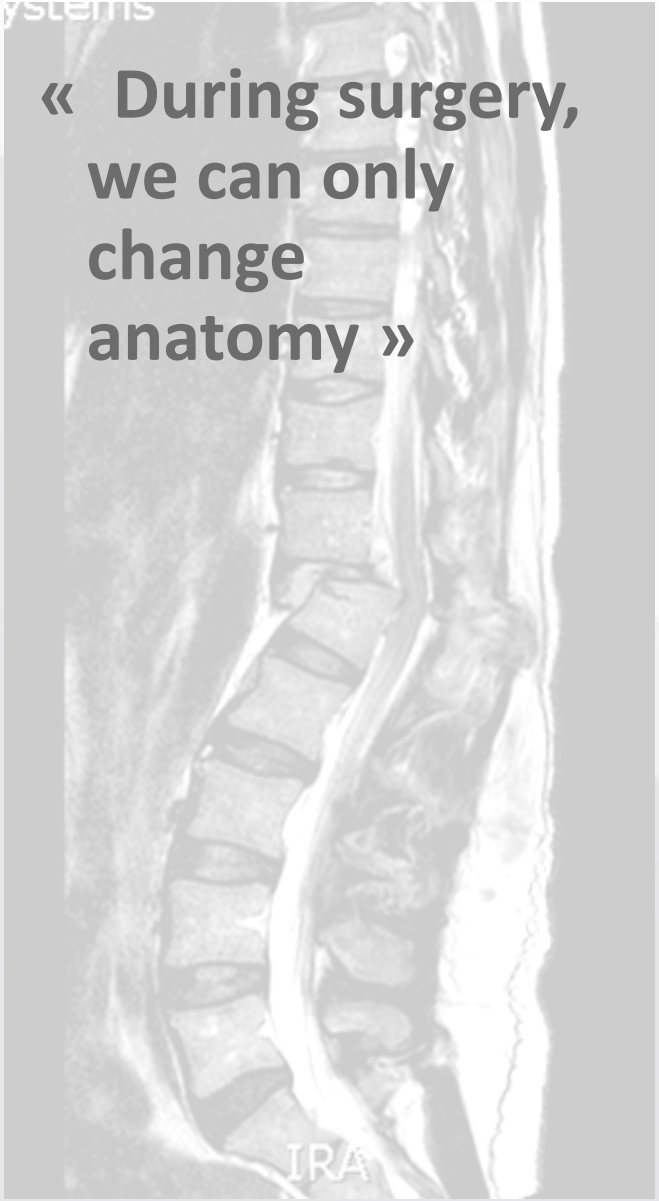


Primary **specialized** NON-operative treatment

UZ LEUVEN

THANK YOU FOR YOUR ATTENTION



- QUESTIONS?