

Spinal surgery in the UK - an evolution

Niall Eames



Niall Eames is an orthopaedic spine surgeon in Belfast. He has previously been Education Lead for the UKSSB and is past President of the Spinal Training Interface Group (STIG) Committee. Niall is Honorary Secretary of the British Scoliosis Society and Vice Chair of the BOA Education Committee.

Spinal surgery in the UK has undergone a very significant evolution over the last 50 years. From its early beginnings, it has now grown into a sub-specialty. The establishment of Regional Spinal Networks across the country is part of the wider changes happening within the NHS, mirroring the setting up of trauma and cancer networks, all of which are aimed at improving patient care.

Both orthopaedic and neurosurgeons undertake spinal surgery, but in terms of training and experience, for trainees, there are significant differences between the two specialties. Spinal surgical procedures now comprise 14% of orthopaedic practice and 60% of neurosurgical practice. There are significantly more orthopaedic surgeons than neurosurgeons in the UK. The National Joint Registry lists over 400 hospitals providing hip replacement surgery across the United Kingdom at present compared with approximately 40 neurosurgical units across the United Kingdom and Ireland.

But, conversely, a greater percentage of neurosurgeons compared to orthopaedic surgeons undertake spinal surgery at varying levels of complexity. And the number of trainees differs dramatically with many more orthopaedic than neurosurgical trainees. However, a significantly higher proportion of neurosurgical trainees plan to undertake spinal surgery at the consultant level compared with orthopaedic trainees.

Training is central to any profession and to be successful, training must be of the best standard possible. In 2017, orthopaedics and neurosurgery came together to join the Interface Training Group, to establish a 'network' of cross specialty spinal fellowships across the

UK. This built upon the many high-quality fellowships in the UK in spinal surgery already existing. It provided a standardised curriculum-based fellowship programme jointly between neurosurgery and orthopaedics. Initially running as pre-CCT fellowships, these are now established and running as post-CCT fellowships.

Across the country, many non-spinal orthopaedic surgeons will see and take part in the initial management of patients with spinal pathology. For this short series of articles, the first Spinal Interface Training Group fellows in the UK, now consultants themselves, have come together with their mentors to look at three commonly occurring spinal conditions that all orthopaedic surgeons may encounter.

The first article looks at cauda equina syndrome and describes what to look for and some of the ongoing areas of confusion and research. This condition has the potential to cause devastating morbidity and needs rapid and appropriate care to achieve the optimum result for the patient.

The second article is an overview of spinal infection, looking at the differences between epidural abscesses and discitis and discussing how we manage infections in the spine. Finally, we have an article on thoracolumbar fractures and how we classify them. Stability has always

been a major debate and this article looks at the various historical classifications and what is important when assessing these patients.

All three conditions have the potential to cause very significant patient harm and morbidity. All clinicians need to be aware of the management issues and ongoing debates involved in each, at the very least to allow appropriate initial treatment and referral. ■

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