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Comparison of Patient Outcomes and Cost of Overlapping versus Non-overlapping Spine Surgery

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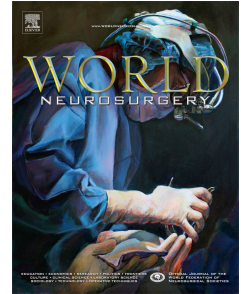
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Introduction

Overlapping surgery, also known as simultaneous/concurrent surgery or “running two rooms”, has recently garnered significant media attention¹ and prompted a senate inquiry into its safety and efficacy.² In response, Massachusetts General Hospital released a formal statement on its website describing the importance of overlapping surgeries in academic medical centers³ and outlining a policy for their safe implementation⁴. The American College of Surgeons⁵ and the major neurosurgical societies⁶ also clarified the definition of concurrent versus overlapping procedures. Concurrent surgeries are those in which the critical portion of the procedure occurs simultaneously in two separate operating rooms (ORs), while overlapping procedures are those in which the primary attending surgeon performs the critical portion of the procedure, but others assist with non-critical elements of the procedure, such as opening and closure (Figure 1).⁶ The neurosurgical professional societies explicitly state that concurrent surgeries are “not appropriate.”⁶ In contrast, overlapping procedures may be performed, but should be done in a way that does not “negatively impact the seamless and timely flow of either procedure.”⁶

To support these position statements, there is limited published data on the safety and efficacy of overlapping surgery. Several opinion pieces in the surgical literature have posited that overlapping surgery is safe,^{7, 8} but the only available data is a non-controlled, non-peer-reviewed description of 418 cases on the Massachusetts General Hospital website⁹ and an unpublished study on 1,378 cardiothoracic patients presented at a national meeting.¹⁰ Our institution recently performed a comprehensive analysis of 1,219 overlapping versus non-overlapping vascular neurosurgery cases¹¹, as well as 7,358 overlapping versus non-overlapping neurosurgery cases.¹² We found longer operative times for overlapping procedures, but otherwise equivalent patient outcomes in both analyses.^{11, 12}

To date, there has been no analysis of the safety or efficacy of overlapping surgery in the spine literature. The goal of this study was therefore to compare the patient outcomes and cost of overlapping versus non-overlapping spine surgeries at our institution.

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