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In Reply to Letter to Editor Regarding “Economic Impact of COVID-19 on a High-Volume Academic Neurosurgical Practice”



LETTER:

We appreciate the interest of Dario et al. in their letter to the editor for our article, and we can certainly empathize with the unique challenges posed by patients with spinal cord stimulators. We also can understand the magnitude of challenges faced in Italy, as King County was one of the first epicenters of coronavirus disease 2019 (COVID-19) in the United States.

In our paradigm, we prioritized the replacement of implantable pulse generators (“functional” procedures) as urgent for deep brain stimulation, spinal cord stimulation, responsive neurostimulation, and vagal nerve stimulation during the pandemic. Furthermore, we also included intrathecal drug-delivery device replacement as urgent as well, with our reasoning being that halting a chronically effective treatment can be dangerous and even life-threatening and can result in the very outcomes that limiting operating room cases hopes to prevent (hospital visits or admissions for worsening

Parkinson symptoms, increased seizures, medication withdrawal, intractable pain, etc.).

From a new implant standpoint, we agree that a delay between trial and implantation can cause significant problems. This can be infection as cited by the authors or also technical. All of our patients undergoing implantation of spinal cord stimulation leads during COVID-19 required laminectomy at additional levels to properly place a paddle electrode due to excessive scarring in the epidural space.

In general, we agree that the treatment of chronic pain has certainly been deprioritized during the pandemic. We as neurosurgeons must continue to advocate for the best interests of such patients, which includes prompt surgery during these challenging times.

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