EUROSPINE 2019

Delegate Survey
Pre-day Course II: The Intervertebral Disc: From Basic Science to High-end Surgery and other Novel Treatments across European Borders

16-18 October 2019
Helsinki, Finland

Response rate: 60%
(this corresponds to 69 people responding)

as per 14.11.2019
DEMOGRAPHICS
How old are you?

- 34.78%: 35 or less
- 23.19%: 36-45
- 11.59%: over 55
- 30.43%: 46-55
What is your gender?

Female 13.04%
Male 86.96%
What are your fields of work?

- Surgeon - Trauma: 1.45%
- Surgeon - Spine: 15.94%
- Surgeon - Orthopaedic: 39.13%
- Surgeon - Neuro: 31.88%
- Research field - Clinical studies: 4.35%
- Research field - Biomechanics: 1.45%
- Other: 1.45%
- Non-Surgeons-Clinical practice - Physiotherapist: 1.45%
- Non-Surgeons-Clinical practice - Osteopath: 1.45%
- Non-Surgeons-Clinical practice - Chiropractor: 1.45%
SCIENTIFIC CONTENT
How do you rate the overall quality of the pre-day course?

- 1 = very poor
- 2 = poor
- 3 = fair
- 4 = good
- 5 = excellent

- 2% rated it as 1 = very poor
- 4% rated it as 2 = poor
- 7% rated it as 3 = fair
- 25% rated it as 4 = good
- 62% rated it as 5 = excellent
The programme was for specialists.
Is CME-CPD (or equivalent) important for you?

- Yes, needed for my national accreditation validation. 62.32%
- Not for my personal validation, but CME accreditation is proof of scientific quality. 18.84%
- Not needed for validation, I just need a participation confirmation. 15.94%
- Other 1.45%
How would you rate the following statements?
This event has fulfilled my educational goals and my expected learning outcomes.
I have learned information at this event that will help me to improve my practice.
The event was excellently organised.

- 1,45% strongly disagree
- 13,04% disagree
- 50,72% undecided
- 34,78% agree
- 1 = strongly disagree
- 2 = disagree
- 3 = undecided
- 4 = agree
- 5 = strongly agree
The education provided at this event consistently was very good or excellent.
There was sufficient time for discussion, questions/answers and learner engagement.
The information presented consistently was supported by valid scientific evidence base.
The speakers consistently were very good or excellent.
There was no bias in any of the presentations I attended.
Please list your top three learning points from the Pre-day Course 2019.

1. Importance of inflammation of the disc
   - Modic changes - relevance
   - New Belgian guidelines
2. Pain intervention
   - Pain generators in back pain (basic sciences)
   - Endoscopic spinal procedures
   - Conservative treatment and symptomatic treatment.

Fusion or not-full endoscopic-data register
- Utilidad radiografia bending para elegir donde terminar
- Fusión corta mejor calidad vida menos complicaciones
- Las estética es importante

Total disc replacement
- Infiltrations spine
- Microdiscectomy

Alternative treatment bridges, comparing results, validation of my own practice

Conservative treatment for LBP
- microdiscectomy
- Emphasis on clinical examination

Clinical evidence is important
- MRI findings are not conclusive
- Every country should have a national registry

Endoscopic spine surgery, future medical approaches on disc degeneration, conservative approaches
- 1. non operative method evidence especially therapy
- 2. Role of mediators in low back pain
- 3. That there is lots more we need to study in the field of low back pain and many unsolved mysteries not answered yet

Shoulder balance, uiv liv, stf
- Good selection of patients is a key to succes
- Registry is important for benchmarking
- DDD remains a controversial pathology
- Future non surgical strategies long way to go

Lumbar disk prosthesis
- lumbar discectomy , a Gold standart?
- MIS discectomy

Modic changes, still not clear correlate
- Importance of clinical exam
- Look more at disc for cause of pathologies

Endoscopic discectomy
- ALIF and ADR
- Bridge unfiltrarion therapy


Disc anatomy understanding, clinical impact, options for treatment

The benefit of conservative treatment.

1. Natural history of disc degenerative.
   - Treatment options
   - Surgical technique options.
1) That conservative management may be good for most of the degenerative disc disease.
2) That decompression and Fusion in degenerative disc without instability is not warranted.
3) That there is no evidence that Pregabalin and baclofen must be routinely given in degenerative disc disease with radiculopathy.

Inflammatory mediators in disc degeneration, gold standard discectomy, to fuse or not to fuse.

Update on pathogenesis of discogenic back pain, necessity to collect international data of outcome, role of disc replacement surgery

The possibilities for disc regeneration are improving. Discectomy remains a good operation. The role of Lumbar Disc Replacement is supported by long term follow up.

Steps to Fusion and Non Fusion Strategy
Tips on Total Disc Replacement Standards in Micro-Discectomy and Endoscopic Micro-Discectomy

Pre-day Course should continue, but we can switch to a trauma issue, for example cervical trauma-spinal cord injury.

Very interested in learning endoscopic spinal decompression techniques. Confirmation that anterior lumbar disc replacement has value.

Modic changes are not fully understood yet. Maybe I shall change my view on epidural injections and disc prosthesis

Info about conservative treatment, Endoscopic surgeries and disc prosthesis

Endoscopic spine surgery
Cell Therapy
1. Registry
2. Endoscopic discectomy
3. Disc arthroplasty

Uno de los principales aprendizajes que adquirí y que quizá el menos desarrollado que tenía es: Registro es lo más importante, y que este debe ser honesto, debe seguir un excelente seguimiento, debemos manejar un lenguaje común, con aporte de datos relevantes como: los resultados de tratamiento, complicaciones, monitoreo de lo que se haga (seguimiento de nuevos implantes).

UIV & LIV
Shoulder balance
Different

Infección
Please list areas where we could have improved the meeting for you.

- XLIF - pros and contras
- ALIF - pros and contras
- Basic science
- Disk replacement
- Discussion for bulging discs
- For protruded discs
- For extruded discs
- Correlation between MRI and clinical presentations
- Tumors
- More plenaries from international experts/faculty
- Uno de los problemas de lumbago yendo a la cronificacion y hallazgos imagenenologicos que aportan cambios tipo modic. Que hacer con los que no son candidatos a fijacion.
- Location initially difficult to find for meeting room
- There was no ARS voting system available. Room was small.
- The review for non operative techniques is weak and can be improved.
- Scientifically it was good but a cup of coffee would be nice not only during but also before the meeting:
- Spine Tango and registry discussions are not useful at such conferences it was wasting time.
- Conventional disectomy against endoscopic disectomy, but Edith teje results, long term study.
- Ensure ALL speakers have at least some scientific justification for their claimed treatment superiority/success.
- Invited faculty from outside Europe eg. from Asia, to give a wider perspective.
- Just keep going.
- Moderate speech, not busy slide.
- Better facilities like writing table should be equipped.
- More info on other targeted drug therapies in managing low back pain/ discogenic pain.
- I am very happy with this meeting and I have learned or confirmed new aspects.
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Thank you for your attention!