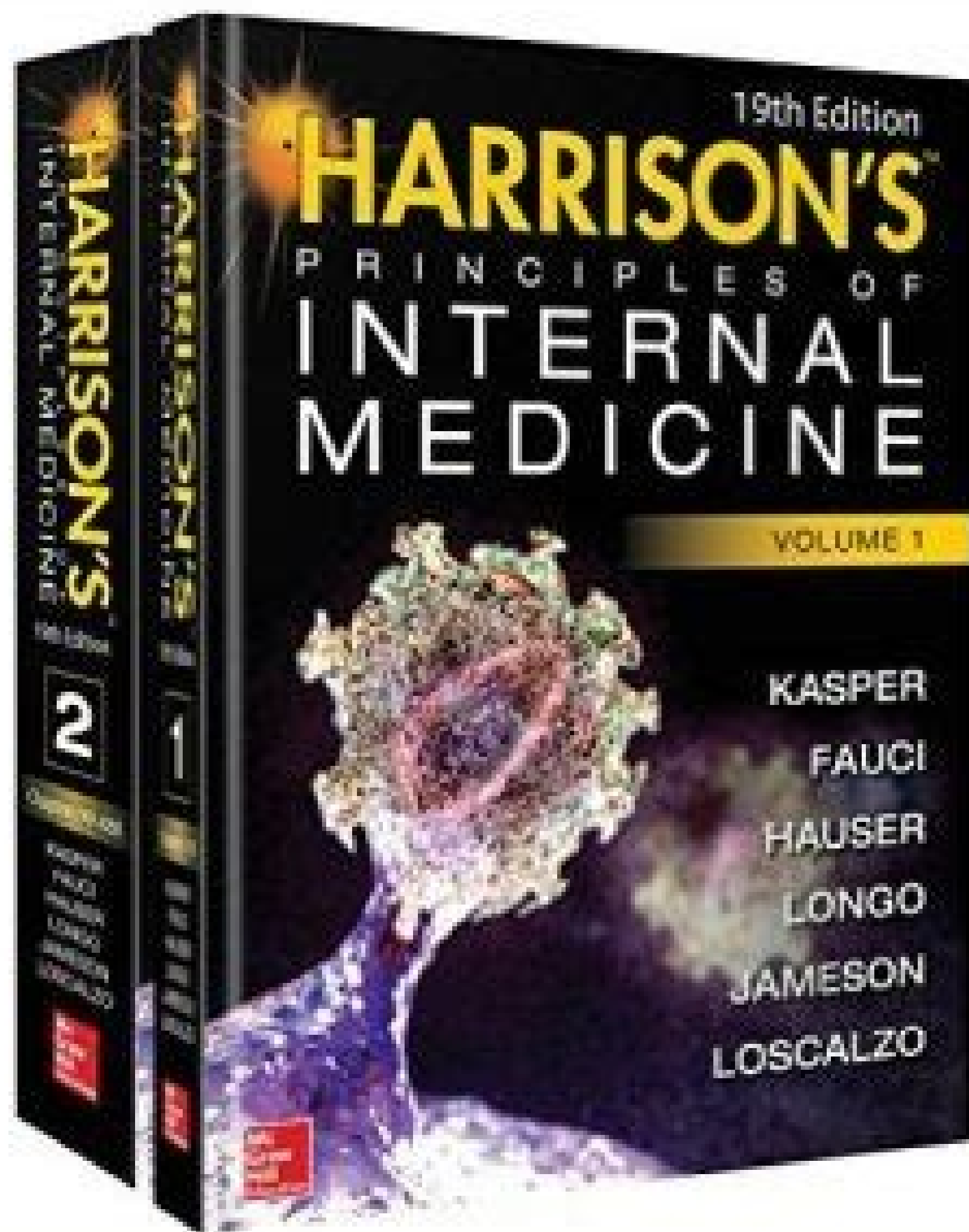


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AOSpine SOUTH AFRICAN LONG-TERM FELLOWSHIP—GUIDELINES

Introduction

Quality, consistency and academic qualification are key elements to a fellowship program. To ensure we achieve these criteria it is necessary to reaffirm the principles behind and guidelines for AOSpine long-term fellowships in South Africa, as part of the AOSpine Europe and Sub-Saharan Africa (AOSEU) fellowship program.

This offer is exclusively for African residents.

Aims

The purpose of an AOSEU fellowship is to provide additional experience for trained orthopedic and neurosurgeons interested in spinal surgery. It is the responsibility of the host center to ensure that the fellow becomes conversant in the principles, indications, planning, techniques and complications of spinal surgery and develop the hands on surgical skills for general spinal practice. Fellows are expected to enthusiastically immerse themselves in all aspects of the program offered by the host center.

Spine Center

AOSEU long-term fellowships are offered uniquely at the Groote Schuur Hospital (Department of Orthopaedic Surgery, University of Cape Town), Cape Town, South Africa, under the leadership of Spine Center Director Robert Dunn.

Duration

AOSpine long-term fellowships run one year, from 1 January to 31 December, if not agreed otherwise.

Support

An AOSEU stipend is sent to the Spine Center, and paid to the fellow as a monthly salary. The stipend is calculated in order to cover the costs for food and accommodation in the host country. All travel expenses are the responsibility of the fellow or sponsor.

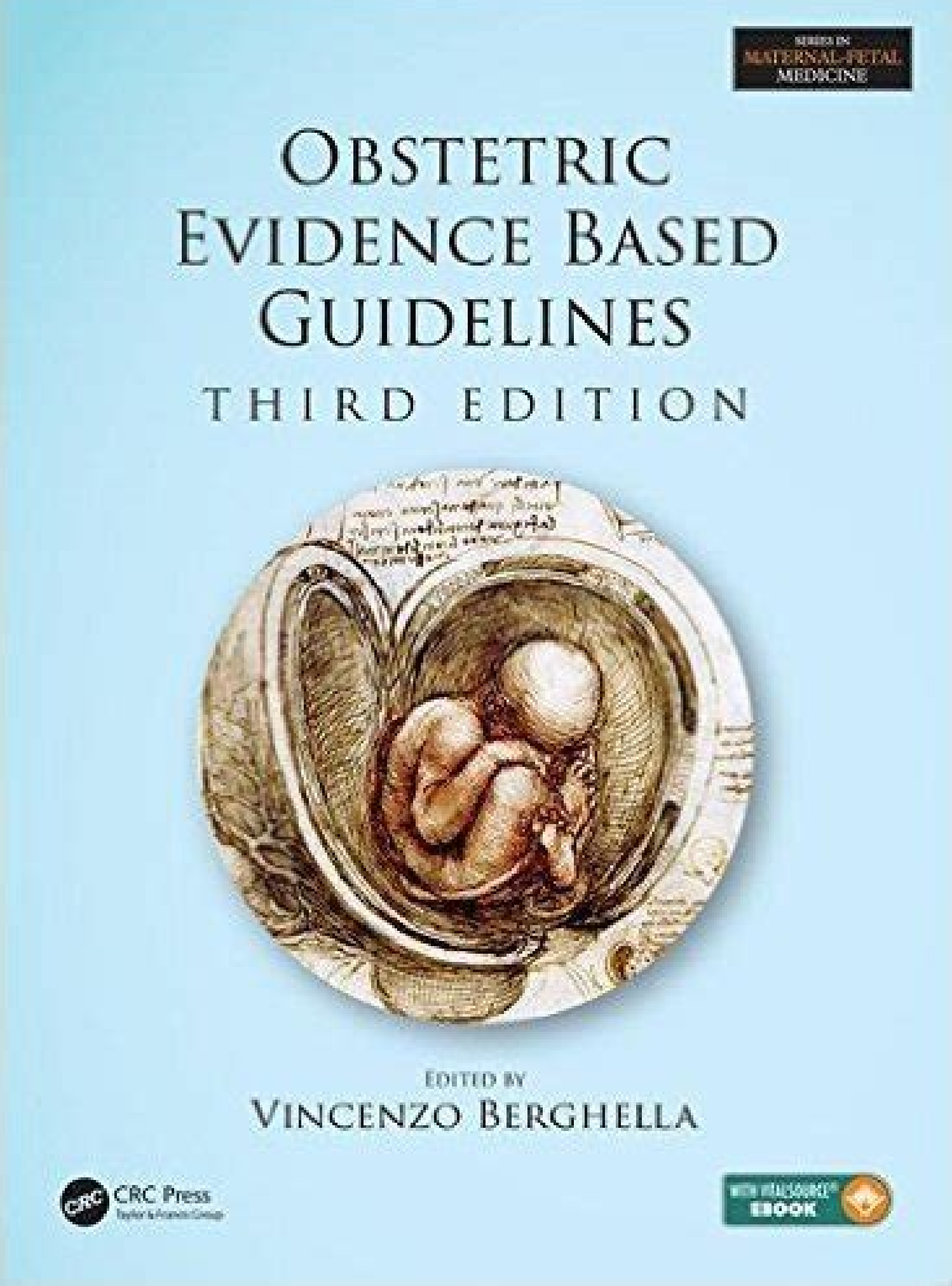
Fellowship Application

Fellows have to apply at least 12 months before they want to start their fellowship.

An AOSEU fellowship is granted at the discretion of AOSEU, based upon the candidate's application and experience. Successful candidates must meet the following criteria:

AOSpine International
Spine Europe
Sietthachstrasse 6, 8600 Döbendorf, Switzerland
Phone: +41 44 200 24 49, Fax: +41 44 200 24 12
fellowshipsEU@aospine.org, www.aospine.org





New guidelines suggest that a 24-hour infusion of high-dose methylprednisolone be offered to adult patients who present within 8 hours of acute spinal cord injury, but not to patients who present 8 or more hours after injury. The guidelines were developed under the guidance of AOSpine North America, AOSpine International, and the American Association and Congress of Neurological Surgeons (AACNS), and were published in a special focus issue of the open-access Global Spine Journal. Based on the guidelines, the decision of whether or not to use methylprednisolone in acute spinal cord injury (SCI) is left up to the physician. However, physicians should explain the risks and benefits of methylprednisolone patients using a shared decision-making approach, said Michael G. Fehlings, MD, PhD, FRCS, FACS, who led the multidisciplinary group that developed the guidelines. High-dose methylprednisolone should be offered to adult patients who present within 8 hours of acute spinal cord injury. Photo Source: 123RF.com. Controversy Stems from 3 RCTs The controversy surrounding use of methylprednisolone in patients with acute SCI stems from the 3 randomized controlled National Acute Spinal Cord Injury Studies (NASCIS), explained Dr. Fehlings, who is Professor of Neurosurgery and Co-Director of the University of Toronto Spine Program in Ontario, and Chair of the AOSpine International Spinal Cord Injury Knowledge Forum. NASCIS I compared high (1000 mg) vs low dose (100 mg) methylprednisolone given for 10 days after acute SCI, and showed no difference in motor or sensory outcomes, Dr. Fehlings said. "When the study was initiated, it was felt that it would be unethical to conduct a placebo-controlled study on this topic, Dr. Fehlings explained. In light of NASCIS I findings, it was no longer felt that a placebo-controlled study of methylprednisolone would be unethical, and NASCIS II was initiated to compare 3 treatment arms: "Methylprednisolone (30 mg/kg bolus and 5.4 mg/kg/hr for 23 hours) Naloxone (5.4 mg/kg bolus and 4.0 mg/kg/hr for 23 hours) Placebo The results showed that while methylprednisolone did not improve outcomes when given within 24 hours of acute SCI, a subanalysis showed that this protocol was associated with improved neurological outcomes in motor and sensory testing when given within 8 hours of acute SCI. "Based on these findings, methylprednisolone became widely used and was considered defacto standard of care for acute SCI," Dr. Fehling said. "In fact, a number of lawsuits arose in cases where methylprednisolone was not administered following acute SCI. However, there was a sense among the spine community that perhaps it was not appropriate that methylprednisolone be considered a standard of care in absence of careful review by professional societies. "Medical and Legal Controversies in Spinal Cord Injury A 2002 guideline from Congress of Neurological Surgeons (CNS) and the American Association of Neurological Surgeons (AANS) listed methylprednisolone as a reasonable option for acute SCI, but stated that the level of evidence did not support this practice as a standard of care because the positive effects from NASCIS II were seen in a secondary analysis, the effect size was small, and there was a potential for complications, Dr. Fehlings told SpineUniverse. "Had things been left at that level--ie, to leave the decision in the hands of physicians--our group would not have felt it necessary to revisit this topic," Dr. Fehlings said. "However, in 2013, CNS/AANS guidelines group published a level 1 recommendation against use of methylprednisolone in the routine management of acute SCI. There was a huge outcry about this recommendation, because there was no evidence from randomized controlled trials suggesting that methylprednisolone was unsafe or harmful. The 8-Hour NASCIS I Outpoint As part of the latest assessment, a formal systematic review was performed by Spectrum Research, and a multidisciplinary guidelines group evaluated the evidence and developed recommendations. "One of the main criticisms of the NASCIS II trial was that the positive effect was found in a posthoc analysis," Dr. Fehlings said. "However, the AOSpine group obtained a copy of the original NIH grant for the study and found that the 8-hour analysis was preplanned. "Our guidelines group determined that a 24-hour infusion of methylprednisolone is a reasonable treatment option when given within 8 hours of injury, and left it up to the physician's judgment on whether the treatment would be beneficial to the individual patient based on presentation and an assessment of the risks and benefits of treatment," Dr. Fehlings said. "The reality is that when things are in a grey area in medicine, the decision should be left in the hands of the clinician," Dr. Fehlings said. Complications associated with methylprednisolone in acute SCI were more likely to occur with 48-hour administration than with 24-hour administration, as shown in NASCIS III, Dr. Fehlings explained. "Patient Preference Dr. Fehlings also noted that patients should be included in the treatment decision, with a majority of patients with acute SCI recently surveyed subsequent to hospital discharge being in favor of receiving methylprednisolone with "little concern" regarding the potential side effects (eg, wound infection and deep venous thrombosis). "These findings are consistent with the feedback we received from patients and patient advocates, as well as from the entire multidisciplinary guidelines group, in which the consensus was overwhelmingly in favor of considering methylprednisolone a reasonable treatment option," Dr. Fehlings said. Disclosure Dr. Fehlings disclosed no relevant financial relationships. Fehlings MG, Wilson JR, Tretreault LA, et al. A clinical practice guideline for the management of patients with acute spinal cord injury: recommendations on the use of methylprednisolone sodium succinate. Global Spine J. 2017;7(35):2035-2115. Available at: References 1. 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JAMA. 1997;277(20):1597-1604. 6. Bowers CA, Kundu B, Rosenbluth J, Hawryluk GW. Patients with spinal cord injuries favor administration of methylprednisolone. PLoS One. 2016;11(1):e0145991. Notes: This article was originally published October 19, 2017 and most recently updated April 16, 2019. Treatment recommendations ready for use in your daily clinical practice--developed by AO Spine Knowledge Forums AOSpine Knowledge Forum (KF) Spinal Cord Injury (SCI) addresses the controversies around treatment of traumatic SCI and outlines how to best manage these patients. We encourage clinicians to make evidence-informed decisions to improve outcomes and help patients accept a new lifestyle. The DCM guidelines ensure appropriate management in the elderly population and define treatment strategies for patients whose professional duties or daily activities are significantly impaired. The guidelines were published in Global Spine Journal (GSJ), September 5, 2017, Vol. 7(3). 1. 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