I. Definition

This procedure is necessary when a patient has an overly prominent spinous process from prior spine surgery that needs to be removed. This procedure is to allow the Advanced Health Practitioner to safely remove the spinous process.

II. Background Information

A. Setting:
The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision: The necessity of this protocol will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the protocol. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications

This procedure is indicated when a patient’s spinous process is either eroding through the previous incision, or when the prominence of the spinous process causes significant discomfort.

A. Precautions/Contraindications

Intolerance to anesthesia or any other anesthesia complication
Decompensation
Abnormal lab values inconsistent with safe surgical outcome, platelets < 50,000
Any other condition deemed unsafe for appropriate surgical outcome
Attending not available by phone or pager to assist if needed

III. Materials

1. Proper sterile drapes and supplies
STANDARDIZED PROCEDURE
SPINOUS PROCESS REMOVAL (Adult, Peds)

2. Surgical equipment for initiation of surgery
3. Appropriate surgical instrumentation
4. High speed drill
5. Bone cutting tip for high speed drill
6. Bone removing rongeurs
7. Drain if needed
8. Appropriate wound closure suture

IV. Spinous Process Removal

A. Pre-treatment evaluation
   In office evaluation of the Patient and particular complaints related to prominence of spinous process. Must review chart, have proper consents and notes. Review contraindications and patients current clinical condition. Ensure consent is obtained.

B. Set up (if applicable)
   In conjunction with OR nurses to make sure all materials are present

C. Patient Preparation

D. Procedure
   1. After induction of anesthesia, position patient appropriately
   2. Prep and Drape Patient in sterile fashion
   3. Incise skin directly over the spinous process
   4. Dissect out spinous process to be removed
   5. Using either rongeurs or high speed drill, remove spinous process
   6. Ensure hemostasis
   7. Perform wound closure

E. Post-procedure
   Write correct post-operative orders, accompany patient to recovery, report any deviation of normal to attending physician.

F. Follow-up treatment
   Patient will be followed up on the neurosurgery floor until discharge. Patient will then be followed in the clinic until patient is deemed recovered.

G. Termination of treatment
   Treatment is terminated once patient has healed, and no longer needs follow-up treatment.

V. Documentation

A. Documentation is in the electronic medical record
   1. Documentation of the consent, pretreatment evaluation and any abnormal physical findings.
STANDARDIZED PROCEDURE
SPINOUS PROCESS REMOVAL (Adult, Peds)

2. Record the time out, indication for the procedure, procedure, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

B. All abnormal findings are reviewed with supervising physician

VI. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.

2. The Advanced Health Practitioner will demonstrate knowledge of the following:
   a. Medical indication and contraindications of spinous process removal.
   b. Risks and benefits of the procedure
   c. Related anatomy and physiology
   d. Consent process (if applicable)
   e. Steps in performing the procedure
   f. Documentation of the procedure
   g. Ability to interpret results and implications in management.

3. The Advanced Health Practitioner will observe this procedure at least 3 times in its entirety

4. Under the direct supervision of the attending physician, the AHP will perform removal of spinous process successfully three times and will be evaluated for competence and technical skill.

5. The Advanced Health Practitioner will ensure the completion of competency sign-off documents and send them directly to the medical staff office.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.

2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least three times per year. In cases where this minimum is not met, the attending, must again sign-off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.

4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY
Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF POLICY
Revised Sept 2012 by Subcommittee of the Committee for Interdisciplinary Practice
Reviewed Sept 2012 by the Committee on Interdisciplinary Practice
Prior revision April 2008
Approved Sept 2012 by the Executive Medical Board and the Governance Advisory Council.

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