



Is there a damage control surgery in sick patients with PSI (or) Should we do extensive debridement with instrumentation when the patient is very ill/ septic?



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# 3rd Meeting of the International Consensus Meeting 8-10 of May, 2025 Istanbul



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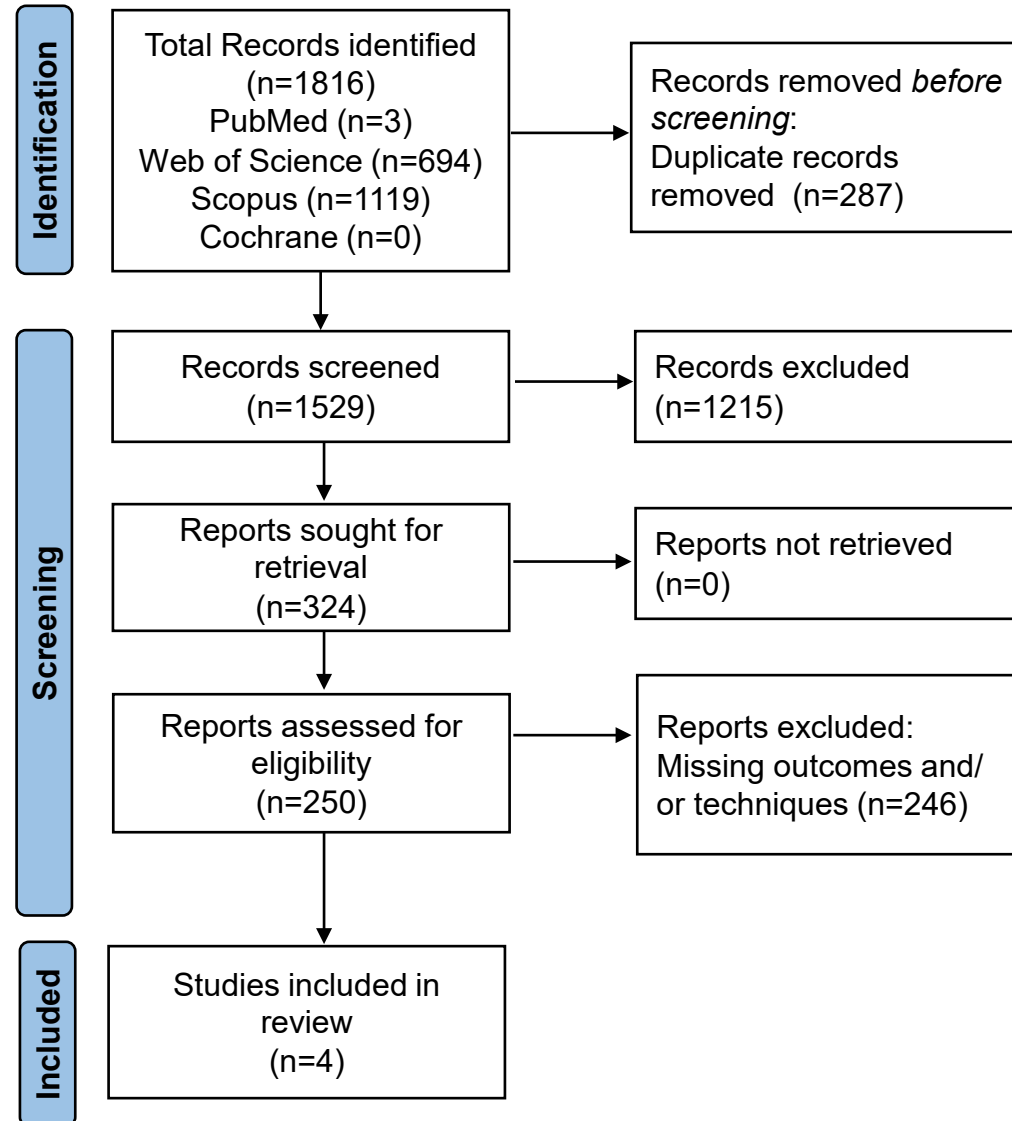


## Why is this topic Important

The role of damage control surgery in septically sick patients with PSI has not been specifically addressed, and therefore no such relevant blanket recommendation can be provided. None of the studies we have systematically reviewed have evaluated the role of specific surgical procedures in very ill or septic patients with PSI. There are no comparative studies available between extensive debridement versus other procedures specifically in this group of patients.



## Literature Review/ Process





## Findings from Literature

Several techniques have been described without a single study addressing the specific question as posed. For example, local antibiotic instillation to the disc space for two weeks via a drain has been described in twelve spondylodiscitis patients. (1)

A single centre article by Hiazi et al studied the efficacy of daily local antibiotic lavage via epidural suction – irrigation technique in spondylodiscitis & isolated epidural empyema. (2)

1. Suresh V, H S S, Raju B, Jindal H, Ozair A. Management of Postoperative Discitis with Debridement and Novel Technique of Local Antibiotic Instillation: Functional Outcomes from a Resource-Limited Setting. World Neurosurg. 2024 Jan;181:52-58. doi: 10.1016/j.wneu.2023.10.031. Epub 2023 Oct 13. PMID: 37839576.
2. Hijazi MM, Siepmann T, El-Battrawy I, Schröttner P, Podlesek D, Engellandt K, Schackert G, Juratli TA, Eyüpoglu IY, Filis A. The Efficacy of Daily Local Antibiotic Lavage via an Epidural Suction-Irrigation Drainage Technique in Spondylodiscitis and Isolated Spinal Epidural Empyema: A 20-Year Experience of a Single Spine Center. J Clin Med. 2023 Aug 2;12(15):5078. doi: 10.3390/jcm12155078. PMID: 37568480; PMCID: PMC10420211.





## Findings from Literature

Endoscopic surgery has been reported to be safe for treating infectious spondylodiscitis in the thoracic or lumbar spine and may be considered a new trend in treating diseases of this type with possibly good clinical outcomes and a high causative pathogen identification rate. (3).

It provides a minimally invasive surgical option for obtaining a culture sample, while also providing a route for adequate drainage. (4) Its cost-effectiveness however has not been studied, and as a technique it is not in widespread use in LMICs.

3. Lin CY, Chang CC, Chen YJ, Tsai CH, Tsou HK, Lin CS, Ho MW, Chen HT, Hsu HC. New Strategy for Minimally Invasive Endoscopic Surgery to Treat Infectious Spondylodiscitis in the Thoracolumbar Spine. *Pain Physician*. 2019 May;22(3):281-293. PMID: 31151336.

4. Giordan E, Liu Y, Suvithayasiri S, Russo S, Lee C, Hasan GA, Jin-Sung K. Endoscopic Treatment of Thoracolumbar Spondylodiscitis: A Systematic Review and Meta-Analysis. *World Neurosurg*. 2024 Sep;189:296-306. doi: 10.1016/j.wneu.2024.06.051. Epub 2024 Jun 19. PMID: 38901480



## **Question:**

**Is there a damage control surgery in sick patients with PSI (or)  
Should we do extensive debridement with instrumentation  
when the patient is very ill/ septic?**



## Response:

- ❖ There is a role for minimally invasive procedures to perform debridement with or without stabilisation in this select group of patients





## ❖ **Vote:**

**Agree – 87.1%, Disagree – 0%, Abstain – 12.9%**  
**(Strong Consensus)**