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Commentary: Spinal cord ischemia following aortic surgery: Survey says?

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On *Family Feud*, a popular North American television game-show, contestants are asked to guess the most common responses to a variety of survey questions. With the famous catch phrase “Survey says...?” the host reveals the most common responses, rewarding contestants for matching answers. Chung and colleagues¹ surveyed surgeons and intensivists across Canada to characterize current practices for the prevention and management of spinal cord ischemia (SCI) in the setting of aortic surgery. Unlike the gameshow, Chung and colleagues¹ found significant variability and lack of consensus in key management areas among the physicians surveyed.

The authors highlight that SCI can be a devastating complication after aortic surgery, yet guidelines for prevention and management are based on limited data, often levels B and C supportive evidence. Currently available guidelines are broad and lack the granularity needed for detailed protocols.²⁻⁴ This has led to individualized institutional algorithms and a void of best practice recommendations. Recognizing this, the authors collaborated with national experts in the field to develop detailed surveys addressing key areas to

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CENTRAL MESSAGE

Prevention and management strategies addressing spinal cord ischemia after aortic surgery are variable. Highly defined guidelines are lacking and based on limited evidence. A survey of clinical practice highlights areas of controversy and points to the need for improved research.

prevent and manage SCI. The comprehensive questionnaires nicely addressed key decision points that arise in the daily management of this patient population, and importantly provide data on real-world clinical practice across a multitude of centers and specialties with survey response rates of more than 90%. The study was not meant to analyze outcomes or provide evidence for best practices; rather, the major influence of this study is in demonstrating the wide variability in managing SCI in these patients. The authors demonstrate a lack of consensus in multiple areas, including transfusion thresholds, staged operations, perioperative management of antihypertension medications, temperature management, and even the effectiveness of lumbar drains—only two-thirds of intensive care unit consultants

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believed they were effective. In demonstrating the variability across centers performing complex aortic surgery, the study highlights areas in need of more research or best practice recommendations.

The notable limitations of the study, which the authors thoroughly address, relate primarily to the inherent issues with bias in survey analysis. Self-reporting may introduce issues due to respondents providing answers that they believe conform with a perceived norm rather than their actual practice patterns. Recent cases or complications may result in recall bias, with respondents providing answers that reflect their recent experience rather than their overall true practice pattern. Despite these limitations, the authors provide valuable insight into current real-world practices in the management of complications in patients undergoing complex thoracic aortic surgery.

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Commentary: Call for teamwork to be a class I, evidence-level A recommendation in all guidelines

Ourania Preventza, MD,^{a,b} and Jessica G. Y. Luc, MD^c

Spinal cord ischemia is one of the most dreaded adverse events after thoracoabdominal aortic surgery, with considerable personal and financial implications not only for patients, but also for their families and for society. On behalf of the Canadian Thoracic Aortic Collaborative and the Cardiovascular Critical Care Society, Chung and coauthors¹ have designed a survey regarding current practices around the prevention and

	CLASS I Benefit >>>Risk	CLASS IIa Benefit >>Risk	CLASS IIb Benefit > Risk	CLASS III No Benefit
Level A Multiple populations evaluated	TEAMWORK			
Level B Limited populations evaluated				
Level C Very limited populations evaluated				

Teamwork in thoracic surgery should be a class I, level A guideline recommendation.

CENTRAL MESSAGE

Surgeons' and ICU consultants' beliefs vary substantially regarding the prevention of spinal cord ischemia in thoracoabdominal aortic surgery patients, suggesting that a team approach may be best.

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management of spinal cord ischemia after aortic surgery. The authors must be congratulated for their outstanding effort that, importantly, brings to light the significant variability among surgeons and intensivists (which included anesthesiologists) in Canada regarding the