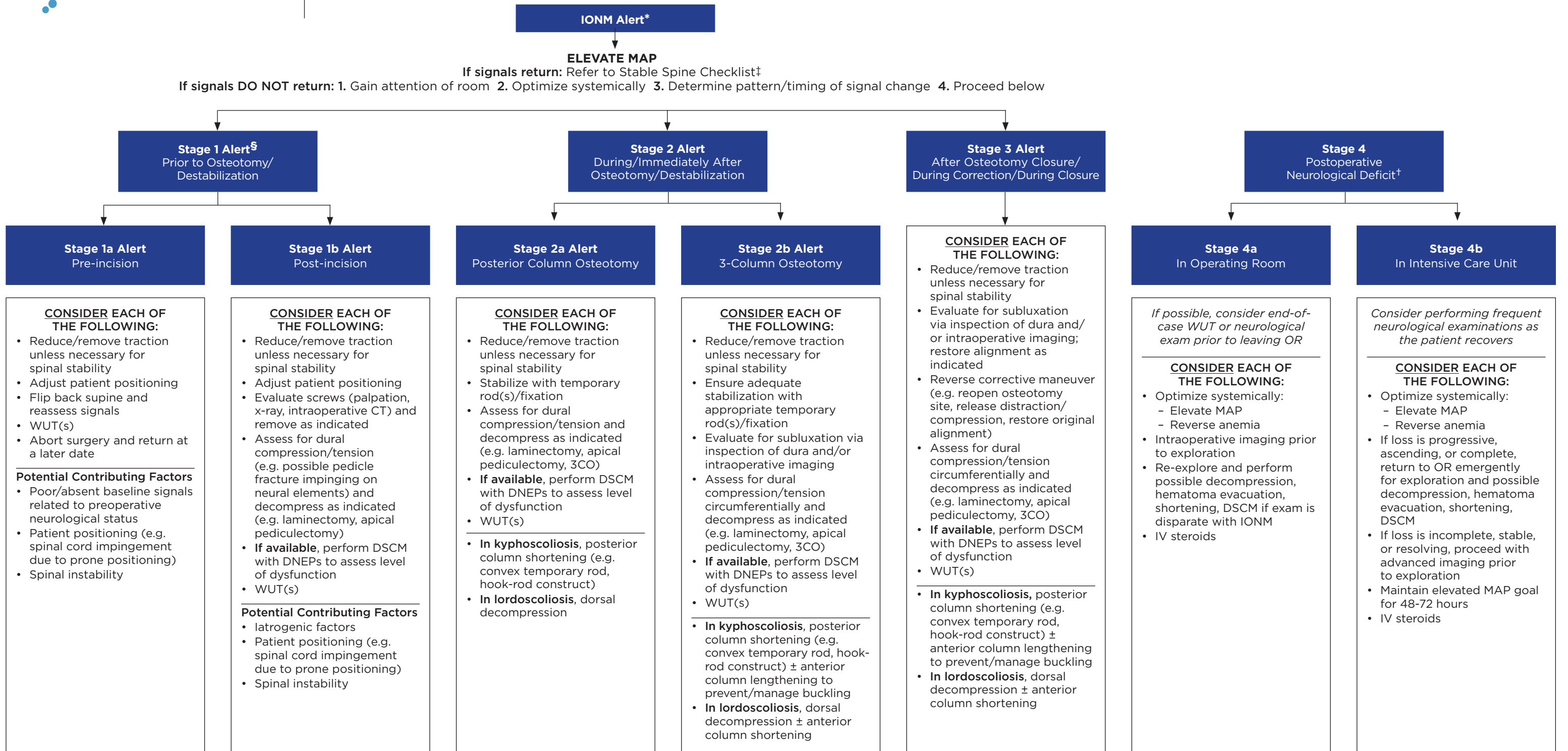


# Best Practice Guidelines

## Response to Intraoperative Neuromonitoring Events in High-risk Spinal Deformity Surgery



**ALWAYS CONSIDER CONSULTATION WITH A COLLEAGUE PRIOR TO PROCEEDING**

**Reference:** Lenke, L., Fano, A., Iyer, R., Matsumoto, H., Sucato, D., Samdani, A., Smith, J., Gupta, M., Kelly, M., Kim, H.J., Sciubba, D., Cho, S., Polly, D., Boachie-Adjei, O., Lewis, S., Angevine, P., Vitale, M. Development of consensus-based best practice guidelines for response to intraoperative neuromonitoring events in high-risk spinal deformity surgery. *Spine Deformity*. In press 5 February 2022. DOI: 10.1007/s43390-022-00485-w

\*IONM alert: signal change (MEP/SSEP) that meets warning criteria per institution **and** signifies spinal cord dysfunction, not nerve root injury

†Postoperative neurologic deficit: significant change from expected based on preoperative neurologic status/IONM data **or** less than anti-gravity strength in one or both lower extremities when full strength is expected

‡Stable Spine Checklist: Vitale et al., Spine Deformity 2014

§Classification adapted from: Jarvis et al., Spine 2013

IONM = intraoperative neuromonitoring; MAP = mean arterial pressure; WUT = wake-up test; CT = computed tomography; DSCM = dynamic spinal cord mapping; DNEP = descending neurogenic evoked potential; 3CO = 3-column osteotomy; OR = operating room; IV = intravenous