

RADIOMD Interview Transcript

Melanie Cole (Host): Welcome to this episode From the Experts at Penn Medicine. Today we're discussing when it's important to refer to a spine provider at the Penn Medicine Spine Center. Joining me is Dr. Patrick Connolly. He's the Neurosurgery Chief at Virtua Memorial Hospital, a partner of Penn Medicine and a Clinical Associate of Neurosurgery at Penn Medicine. Dr. Connolly, it's a pleasure to have you join us today. What are some of the most common conditions that you see at the Penn Medicine Spine Center?

Patrick Connolly, MD (Guest): Multiple things that we see as a surgeon that I see at the Spine Center is what you would call degenerative spine disease. As we age and all of us and walk on two legs, our spine can develop arthritis in time and the spinal column that is supposed to be protecting the nerves ends up pinching them and causing pain. And that's most of what patients come and see us for.

Host: So, tell us about some of the services that you offer for other providers that are looking to the Penn Medicine Spine Center. Tell us about the physician services. Describe a few of the program highlights for us.

Dr. Connolly: The Penn Spine Center is a full spectrum service that we're offering to the community. We are all thing spine. So, we have all different kinds of physicians who – we all work together. We have physical medicine and rehabilitation physicians, we have pain medicine specialists, we have orthopedic spine surgeons and neurosurgeons all working together to provide the best care for the patients in the most timely way.

Host: Tell us a little bit how advances in radiologic imaging have significantly augmented your diagnostic and therapeutic capabilities for spine disorders.

Dr. Connolly: MRI has been around and that's kind of the gold standard for us and that's been around for about 30 years in clinical use. But the technology keeps getting better in terms of how specific we can be for diagnosing patients. It really is the whole clinical picture though because a lot of times what happens is that you'll have patients who show up with an MRI and there's all kinds of bad things and they get reports that sound really scary but we really have to connect that to what the symptoms and the physical findings that people have to put it all together for them.

And that's really what we're looking for. As a surgeon, that's what I'm looking for. I need symptoms and physical findings and imaging findings that all fit together to explain the patient's pain syndrome.

Host: Well then Dr. Connolly, what should referring providers have tried before they refer? Tell us a little bit about how Penn specialists work with the primary care physicians and when you feel it's important that they refer.

Dr. Connolly: We've done it a couple of different ways. We want to make sure that the patients and the primary care physicians are getting the things that they need for their patients. So, most of the time, if you have a garden variety back pain which most people will, about 85% of us will have that at least one

time in our lives. For garden variety back pain, most of the time, that gets better on its own with maybe a little bit of like a nonsteroidal anti-inflammatory medication and maybe a little bit of physical therapy. If the patient has tried those two things and they still have symptoms, then that's typically when we would want to see a patient sooner. The other thing that we can do is sometimes primary care physicians, they are not sure what they need. And that's really what the Penn Spine Center is all about. What we're doing internally at least for our internal primary care physicians, we have a consult to spine order and then what happens is that there's a nurse navigator who puts that all together and calls the patient and points them in the right direction to the right kind of clinician who they think they might need. The idea is to make it one call, easy access. It doesn't necessarily matter who you think you need or if you don't know who you need then our service will get you to the right people.

Host: Well it's a very comprehensive approach. So, Dr. Connolly, what symptoms might suggest that there's something more serious going on?

Dr. Connolly: Well, you're right. Most of the time, episodes of back pain that we have are – they tend to be self-limited and tends to get better in time. But there are a few scenarios that make us think about maybe there's something more serious going on. So, if the patient has for instance a history of cancer, particularly breast, lung, kidney cancer, sometimes prostate; those patients can develop metastases and they can manifest as back pain in the spine. Other things would be what we would call constitutional symptoms. So, for instance so it you are losing weight and you are not trying, then that concerns us, loss of appetite, night sweats, chills, or fevers along with back pain. That can be also something more serious going on.

If you have a history of immunosuppression so if the patient has a history of HIV or is on active chemotherapy for cancer and they develop back pain; that can be something more serious. Also a history of trauma or neurological deficits. So, for instance, weakness in the leg or presence of bladder or bowel dysfunction, so if you are having a hard time making it to the restroom, if you are losing control of your urine stream or having abnormality with it; then that can be a sign that there's something more serious going on. Those are the main things that we think about and outside of those associated conditions; the back pain again generally tends to get better on its own.

Host: Which diagnoses in particular might require neuro and ortho to work together? You mentioned before that you work together in a very multidisciplinary way. Tell us for other providers, how you work together with neuro and ortho?

Dr. Connolly: For orthopedic spine and for neurosurgery, there's a lot of overlap in the kinds of things that we do so, all of us will generally do what you would call degenerative spine surgery. What that would be is treating arthritis. Sometimes patients would need an operation where you take the pressure off of the nerve and other times, they need something additional like what's called a lumbar fusion. In other cases, there's a trauma component to it so there's some mechanical instability and then other times somebody has a spinal cord tumor of some sort and that's something that we're usually getting a neurosurgeon involved in.

Host: So, then tell us about any innovation. Do you have an clinical trials or technology you'd like to

mention? How are you staying in touch with all the innovation coming out today?

Dr. Connolly: There's a number of people in our group who are working on doing things less invasively. So, we have Dr. Neil Malhotra is a Neurosurgeon and he's doing endoscopic disk surgeries so through a tiny incision with scopes that's a different approach than a traditional open kind of spine surgery. So, that's one thing. Another thing that we're using pretty commonly is spinal navigation and what that is is we've had brain navigation, sort of a brain GPS for a long time for about 20 years in the operating room but there have been some technical limitations in terms of being able to do that for spine. Little by little, we solved a lot of that so we're bringing a lot of the spinal navigation technology into the operating room.

That can be pretty handy for somebody who has had surgery before if they have what's called a scoliosis or a big deformity and it's hard to figure things out. The older way that we learned things, the navigational technology a lot of times when patients ask about it, I'll compare it to sort of an analog versus digital photography, right? With film, you have to wait and develop the roll and see what you got whereas with a digital image, you can see what you have right then and there. And for us, that's great because it helps us to confirm the location of any screws or rods that we're putting in and it's really confidence inspiring when I can walk out of the operating room and say well, I have a scan, and everything looks great and your loved one should do really well.

Host: And what can a referring provider expect from your team in so far as communication with the referring physician and your team approach. Tell them what they can expect about how involved they are.

Dr. Connolly: We try hard to get letters to everybody just to make sure that everybody is in the loop and then in terms of contact time, so if they put an order in for a spine consultation, particularly in-house, those patients will usually hear from our nurse navigator within a day or two. So, we're calling the patient to kind of get them set up and to navigate them, which is really nice, so the patient is not on the hook for making a bunch of phone calls and they don't have to worry that they are calling the right number, getting voicemail. We've solved a lot of that in terms of ease of access.

Host: And how do you see this program and the way that your comprehensive approach helps patients and navigates them through their situation? How do you see the way that this will change how they receive care for any related conditions, back problems can cause a myriad of other conditions as well.

Dr. Connolly: We have great doctors and great clinicians all across our health system but a lot of times, it's the getting in part that's the hardest part. So I think our system is – we've been able to streamline a lot of that. Patients are very happy. The referring physicians are very happy about that and they can get care a lot faster and to the right people, right, instead of getting bounced around from one person to another and well you should try this, and you should see Dr. X for this. They get to the right person not 100% of the time, but they have a much greater chance of getting to the right person the first time and getting what they need.

Host: As we wrap up, please reiterate for us some of the more important benefits of referring to a Penn

Medicine Spine Center Specialist.

Dr. Connolly: We've got a great number of spine attendings that are on the cutting edge of spine technology in terms of surgery and other injection therapies. We've got ease of access. Patients are able to call. We have nurse navigator who is helping them navigate a legitimately pretty complex system. We're trying to make it easy for folks. And then the type of care that they're getting is really our on the edge in terms of the technological things that we can do. And we also have human touch too. The people that I work with are great people and I'd be happy for them to take care of me or my family. We're all just very human and very decent people. So, I think that that's something that patients are – they generally seem to appreciate that when they meet me or one of my partners and they find an actual person talking to them.

Host: Thank you so much Dr. Connolly for coming on and sharing your expertise with us today. And that concludes this episode From the Experts at Penn Medicine. To refer your patient to Dr. Connolly at the Penn Medicine Spine Center, please visit our website at www.pennmedicine.org/refer or you can call 877-937-PENN for more information and to get connected with one of our providers. Please remember to subscribe, rate and review this podcast and all the other Penn Medicine Podcasts. I'm Melanie Cole.