they were individually divided by 2 and multiplied by \( \pi \) (Pi), with 
\[ \text{Area} = \left(\frac{a}{2}\right) \times \left(\frac{b}{2}\right) \times \pi \times \text{constant} \], where the constant is 0.8 when the canal is circular, 0.7 when the canal is elliptical, 0.6 in the presence

\[ \text{of facetectomy compression}, \text{and 0.5 when the compression is caused by the disc and facets.} \]

**RESULTS:** All 61 eligible patients, including 31 in the corticoid group and 30 in the placebo group, completed the study. There were no group differences in female: male ratio and there were no significant differences in height and weight between groups for the males and females. There was no significant difference in the use of paracetamol as a rescue analgesic between groups over the 21-day drug/placebo administration period. The Roland–Morris questionnaire was administered at baseline (T0), after the 3-week drug/placebo trial (T3), and at 6 and 12 weeks after study initiation (T6, T12). The scores suggested a slight improvement in the corticoid group at the beginning of treatment; however, they were not significantly different from those for the placebo group. In fact, no significant differences in total scores were observed within or between groups for any individual assessment period. The VAS scores for pain suggested a mild improvement in both groups at T3, as indicated by the lower scores compared with those at baseline (T0); however, these scores increased thereafter, with no significant change across test periods in either group. The 6-min walk test, performed according to the American Thoracic Society standards on a 22-m track with patients walking as fast as possible, also showed no significant improvement in both groups. In fact, the total distance travelled by the corticoid group decreased by approximately 40–50 m between T3 and T6 and T12 (Table 2). Because this assessment depends on muscular structure, the male and female subgroups were separately compared; this analysis also indicated no benefit of corticoids (not shown). The SF-36 questionnaire assesses current health conditions, with higher values corresponding to a better condition. The SF-36 scores for our patients suggested modest differences in some of the eight domains during the study period; however, the final values at T6 and T12 were similar between groups. Separate comparisons by gender also did not reveal significant differences in condition between groups (not shown). The Likert-type scale, wherein patients were instructed to document how they were feeling after treatment (much better, slightly better, unchanged, slightly worse, or much worse) also indicated no significant benefits of corticoids (not shown). Because the results were very similar, we compared the results of the different assessment instruments. There were no significant differences among instruments, which confirmed the results of the study and the reliability of the instruments in question. The body mass index (BMI) of patients correlated with the Roland–Morris Questionnaire findings; in other words, patients with a greater body weight, regardless of the group, gave more unfavorable answers. This indicated that obese patients with lumbar canal stenosis are more symptomatic.

**CONCLUSIONS:** This placebo-controlled study indicates that a tapering regimen of oral corticoids, starting at 1 mg/kg daily, is not effective in the treatment of lumbar canal stenosis. We found no direct correlation between the degree of stenosis on MRI and symptom severity or quality of life as revealed by the Roland–Morris Questionnaire and SF-36. Lumbar stenosis at L4/L5 is more symptomatic compared with stenoses at the other evaluated levels. BMI was directly associated with the degree of limitation and inversely associated with quality of life.

**FDA DEVICE/DRUG STATUS:** This abstract does not discuss or include any applicable devices or drugs.

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**P59. Giant disc herniation treated with tubular unilateral approach for bilateral decompression**

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**BACKGROUND CONTEXT:** Disc herniations that obstruct the spinal canal by more than 50% are considered “Giant Disc Herniations” (GDHs). GDHs are less common than disc herniations of smaller volume, but they more frequently cause severe pain, cauda equina syndrome and neurological deficits. GDHs are challenging to treat from a surgical perspective due to their size. As a result of their surgical challenges, it is debated if minimally invasive tubular approaches are an effective and safe treatment for lumbar GDHs.

**PURPOSE:** In order to evaluate the efficacy and safety of the surgical treatment of lumbar GDHs using tubular minimally invasive surgery (MIS), we investigated the viability of the procedure.

**STUDY DESIGN/SETTING:** We conducted a retrospective study evaluating patients who had undergone tubular MIS at our clinic by our senior surgeon in the period from 01/2015 to 03/2020 due to a lumbar disc herniation.

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**P58. Telemedicine visits generate accurate interventional procedure plans in spine patients without in person evaluations**

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**BACKGROUND CONTEXT:** The role of telemedicine in the evaluation and treatment of patients with spinal disorders is rapidly expanding. Health systems are working to understand the potential of this modality and optimally leverage telemedicine for spine service line care delivery. Specifically, the ability of pain management specialists (eg, physiatry and anesthesia) to accurately diagnose and plan appropriate interventional spine procedures based on virtual visits remains to be established.

**PURPOSE:** To assess whether spine procedure plans established solely from virtual visits changed following in person evaluation.

**STUDY DESIGN/SETTING:** Retrospective cohort study.

**PATIENT SAMPLE:** We evaluated the records of new patients who were seen virtually between March-June 2020, who were indicated for interventional spine procedures with documented procedure plans, and who subsequently underwent in-person evaluation prior to the procedure.

**OUTCOME MEASURES:** The primary outcome of interest was agreement between procedure plans generated by new virtual visit encounters and subsequent in-person evaluations. Secondarily, we characterized virtual physical exam variability across interventional spine specialists.

**METHODS:** We reviewed virtual and in-person clinical encounters from our academic health system’s 10 interventional spine specialists (anesthesiology and physiatry). We included patients who were seen exclusively via telemedicine encounters and indicated for an interventional procedure with documented procedural plans. Virtual plans were compared to procedures performed following in person evaluation. Demographic data, patient primary complaint, and the extent of physical examination performed by the interventional spine specialist were also recorded.

**RESULTS:** Of the 87 patients included, the pre-procedural plan established by telemedicine did not change for 76 individuals (87%; 95% CI 0.79, 0.94) following in-person evaluation. There was wide variability in the use and extent of virtual physical exams performed by interventional providers.

**CONCLUSIONS:** Our findings indicate that telemedicine evaluations are an accurate means of pre-procedural assessment and demonstrate the capabilities of telemedicine in the evaluation of spine patients and the planning of interventional spine procedures.

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**REFERENCES:**