



# American Association of Neurological Surgeons and Congress of Neurological Surgeons



## Position Statement

on

## OPTIMIZING NEUROSURGICAL EMERGENCY CARE FOR THE PEDIATRIC PATIENT

### **Background**

There is an emerging crisis in the availability of pediatric neurosurgical emergency care in many regions of the country. This is driven by a shortage of pediatric neurosurgeons, a societal expectation for care delivery by fellowship trained pediatric neurosurgeons, and individual neurosurgeons' concerns regarding heightened medico-legal exposure. This confluence of events places the pediatric patient in need of emergency neurosurgical procedures at risk for excessive delays in treatment leading to suboptimal outcomes.

### **Position Statement**

Optimal pediatric neurosurgical emergency care is delivered when a BE/BC Neurosurgeon performs necessary lifesaving and stabilizing neurosurgical interventions and procedures for a pediatric patient prior to elective transfer to a pediatric hospital when that transfer will result in a significant delay. Regional hospitals and trauma centers, children's hospitals, and state legislatures should work collaboratively with their neurosurgeons to develop the financial and capital infrastructure, medico-legal protections, appropriate credentialing profiles, and efficient triage and transfer protocols to insure emergent neurosurgical intervention is provided for the pediatric patient at the earliest opportunity.

### **Rationale**

1. All ABNS board eligible or board certified neurosurgeons are trained and certified to competently perform emergency pediatric neurosurgery, and as such are not obligated to transfer pediatric patients to a fellowship trained pediatric neurosurgeon prior to the diagnosis and stabilization of the patient. Many neurosurgeons may choose to electively transfer pediatric neurosurgery patients to colleagues as their individual practices develop along certain subspecialty interests.
2. Some members of society have developed the unreasonable expectation that any neurosurgical procedure performed in a pediatric patient be done in a children's hospital by a fellowship trained pediatric neurosurgeon. There are only approximately 150 fellowship trained pediatric neurosurgeons in the United States and it is impossible that all pediatric neurosurgical emergencies can be covered by this small subspecialty. The medico-legal exposure created by this societal expectation has led many neurosurgeons to electively quit caring for pediatric neurosurgical patients.
3. The decision process and technical skills required for emergency neurosurgical intervention for the pediatric patient parallels that for the adult. Even for the BE/BC neurosurgeon who no longer routinely practices neurosurgery on the pediatric population, the slight risk theorized from the lack of recent experience is overshadowed by the irreversible disability or mortality that can result from increased delay in treatment resulting from a transfer.