

was to describe how spinal surgeons conceptualize, define, and assess frailty in the context of spinal metastatic disease (SMD). Methods: We conducted an international, cross-sectional, 33-question survey of the AO Spine community. The survey was developed using a modified Delphi technique and was designed to elucidate preoperative surrogate markers of frailty in the context of SMD. Responses were ranked using weighted averages. Consensus was defined as $\geq 70\%$ agreement among respondents. Results: Results were analyzed for 312 respondents (86% completion rate). Study participants represented 71 countries. Most respondents informally assess frailty in patients with SMD by forming a general perception based on clinical condition and patient history. Consensus was attained regarding the association between 14 clinical variables and frailty. Severe comorbidities, systemic disease burden, and poor performance status were most associated with frailty; severe comorbidities included high-risk cardio-pulmonary disease, renal failure, liver failure, and malnutrition. Conclusions: Surgeons recognized frailty is important but commonly evaluate it based on general clinical impression rather than using existing frailty tools. We identified preoperative surrogate markers of frailty perceived as most relevant in this population.

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Enhanced Recovery after Surgery (ERAS) in Anterior Cervical Discectomy and Fusion (ACDF). A single center retrospective analysis of prospective collected data

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Background: Enhanced recovery after surgery (ERAS) concept has been implemented in many surgical specialties, with improved surgical and clinical outcomes, all while decreasing

hospital cost. We have established a single center ERAS protocol for Anterior Cervical Discectomy and Fusion (ACDF) same-day surgeries. Methods: A retrospective analysis of prospective collected data of all patients undergoing one to two level ACDF surgeries at the CHUM based on a patient selection criteria's list. Demographics, BMI, patient report outcome measures (NDI, VAS, mJOA), operative time, wake up time, time in recovery room and time till discharge were analysed. Complications were also noted. Results: When compared to our pre-ERAS group, our study showed that an ERAS protocol in select patients is not associated with any peri-operative complications, no 30-day / 90-day readmissions, nor any conversion to admission. All patients were safely discharged as planned. Operative length was similar. There was no dysphagia noted. There was improvement in all PROMs. Conclusions: ERAS protocol for ACDF same day surgeries in carefully selected patients is safe and provide same clinical outcomes. Meticulous surgical techniques, close post operative observation with a follow-up telephone call the next day are all key in assuring a safe and successful surgery and patient discharge.