CONCLUSION: Pre-operative UTI status is significantly associated with post-operative infections and worse 30-day outcomes. Spine surgeons should consider delaying or cancelling surgery in patients with post-operative infections and worse 30-day outcomes. Spinal operative infectious complications (IRR: 2.88, 95% CI: 2.25-3.70, P < .001). Patients with a pre-operative UTI had higher rates of infectious and non-infectious complications, return to OR, and unplanned readmissions (for all, P < .001). However, there was no significant difference in mortality (0.6% vs. 0.2%, P = .108). Even after controlling for demographics, comorbidities, labs, and case details, pre-operative UTI status was significantly associated with more post-operative infectious complications (IRR: 2.88, 95% CI: 2.25-3.70, P < .001).

CONCLUSION: Pre-operative UTI status is significantly associated with post-operative infections and worse 30-day outcomes. Spine surgeons should consider delaying or cancelling surgery in patients with a UTI until the infection has cleared to reduce adverse outcomes.

192 Effects of Social Distancing Due to COVID 19 on Trauma Admissions To a US Level I Trauma Center

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INTRODUCTION: The number and types of trauma cases admitted to an emergency department (ED) affected by many factors (size of the city, location, season, etc.). During times of disasters or war, the number of cases and patterns may differ. We present the demographics of trauma cases admitted to a US level I trauma center before and after the implementation of social distancing guidelines (March 16, 2020) due to the COVID 19 pandemic.

METHODS: We reviewed all the cases admitted to our level I trauma hospital ED for the period January- mid April 2020. We generated a battery of descriptive statistics to show the trends of case numbers and patterns over this period.

RESULTS: A total of 944 cases for the period of Jan-mid Apr 2020, Average age 49 years, with 62% males and 78% whites. The total number of cases was comparable in January and February (262, 261). In March and mid-March to mid-April there was an increase in total number of cases (281, 274), especially during afternoon and evening hours. During the period January- mid April there was a decline in number of cases of motor vehicle accidents (89, 87, 80, 72) and falls (87, 77, 76, 60). There was an increase in motorcycle accidents (6, 3, 10, 16), hanging (0, 0, 3, 3), and gunshot wounds (23, 18, 36, 37).

CONCLUSION: Trauma admissions to ED affected by several factors, but overall the patterns are stable over time. For the period of January- mid April 2020, the institution of social distancing due to the COVID 19 pandemics did affect the number and types of trauma cases admitted to a level I trauma center.

193 The Effects of COVID 19 Pandemic on Neurosurgical Training in The United States

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INTRODUCTION: Neurosurgery is one of the youngest and rapidly evolving surgical disciplines. After adequate training, residents graduate with the capability to practice across different settings such as academic centers, community hospitals, and others. We present the effect of COVID 19 pandemic on the surgical case volume in a US training program.

METHODS: We retrospectively reviewed operative case volume at our program for the year 2019 and January-mid April 2020. We chose to include the mid-March to mid-April period as it corresponded to the time when our institution started deferring elective cases. We categorized cases as an elective cranial, elective spine, and emergency (trauma and other non-elective cases). We then summarized and compared the number of cases during this period.

RESULTS: The average number of cases in 2019 was 99 cases per month (37 elective cranial, 42 elective spine, and 20 emergent). In 2020, the total case number in January, February, March, and mid-March to mid-April was 97, 86, 71, and 41 cases respectively. In comparison to January 2020, February, March, mid-March to mid-April showed a 12%, 27%, and 58% reduction in the number of cases. The absolute number of emergent cases was comparable in January through mid-April 2020 (17,11,15, and 16) but in mid-March to mid-April emergent cases constituted 39% of the total case number.

CONCLUSION: Neurosurgical residency is an eighty-four months of rigorous training with a minimum of 800 cases is required to prepare residents for a successful career in neurosurgery. The significant decline in the number of cases due to COVID 19 might affect the quality of training, especially for senior residents.

194 Portending Influence Racial Disparities has on Extended Length of Stay after Elective Anterior Cervical Discectomy and Interbody Fusion for Cervical Spondylotic Myelopathy

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INTRODUCTION: Despite recent progress towards equitable and unbiased healthcare delivery, previous studies exploring anterior cervical discectomy and fusion (ACDF) outcomes have found disparate rates in complications and mortality. However, there is a paucity of data focusing...