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Rehabilitation Task Force Technical Note: Spinal Cord Injury Care in Gaza

The war in Gaza has resulted in many hundreds of spinal cord injuries (SCI), which will have a devastating impact on those injured and their families for the rest of their lives.

The optimal management of SCI requires effective pre-hospital care, early specialized imaging (using CT or MRI) and in many cases early surgical interventions by a highly specialised neurosurgical team. Surgery requires many hours of use of a sterile operating room environment and supportive critical care capacity, as well as intensive post-operative care – none of which is currently possible due to the ongoing war, destruction, and disruption of health services in Gaza.

An alternative to surgery is conservative management – this requires intensive nursing care under full spinal precautions for many weeks in order to allow for bone and soft tissue healing and prevent further injury to the spinal cord. The patient is unable to move independently in bed during this period. Those caring for the patient need to be able to safely reposition them every 2 hours, and manage all their bowel and bladder care needs. The patient needs good nutrition and hydration at all times, as well as access to medication to support bowel care, manage pain (including neuropathic pain). A caregiver must remain with the patient to be trained to provide ongoing care and assist with daily care.

Again, in the current context in Gaza, all of the above is near impossible.

Post acute SCI care can be more effective and efficient when patients are cohorted (grouped together) in dedicated units. Without access to experienced SCI care, including ongoing rehabilitation and access to assistive products, patients with SCI will quickly develop life threatening complications. Mental health and psycho-social support is also essential for the patient and their family as they adjust to their new reality.

Of those hospitals that previously provided inpatient SCI care in Gaza;

- The Sheikh Hamad Hospital, in Gaza City, had 40 rehabilitation beds, but was severely damaged in the early stages of the war and is not operational.
- Al-Wafa' Hospital for Medical Rehabilitation & Specialized Surgery, the oldest rehabilitation centre in Gaza, had 70 rehabilitation beds was partially damaged and is currently not accessible for staff or patients.
- Al Amal Hospital, in Khan Younis, was formerly providing rehabilitation services with a 55-bed capacity, and was severely damaged. It is now partially operational, and a small number of beds have re-opened, and only 1 physiotherapist is now present.

The successful rehabilitation of patients with spinal cord injuries during war requires a coordinated, multidisciplinary effort that begins now and continues long after the war has ended. There will be a need for an enormous surge in rehabilitation efforts and assistive products, and the scale up must be coordinated with the rehabilitation task force. Wherever possible, support should be prioritised to existing organisations in Gaza with experience in this domain.

To ensure the best outcomes for people with spinal cord injury in Gaza, the rehabilitation task force recommends that:

- A single SCI pathway from point of injury to surgery and rehabilitation would ensure optimal and efficient patient care recovery with an equitable service without duplication of efforts.

- Medical evacuation of patients needing neurosurgery should be considered a priority where such services are not available in Gaza. Any evacuation needs to include planning for repatriation (if desired) and long-term care and rehabilitation.
- Medical teams in Gaza caring for patients with SCI should include rehabilitation professionals to provide early rehabilitation care.
- Secondary and tertiary care facilities should report all new spinal cord injuries to allow for long term follow up. Ideally, the International Standards for Neurological Classification of Spinal Cord Injury (ISNCSCI) (also known as the ASIA) should be used to determine level and severity of injury.
- Remaining inpatient rehabilitation services should be supported to re-open and scale up as soon as possible.
- Post-acute medically stable patients with SCI should be cohorted (grouped) along with caregivers in a small number of non-acute facilities (step down units) to optimise their care and rehabilitation and the use of scarce resources. These facilities should contain nursing and rehabilitation staff, appropriate beds with pressure reducing mattresses, consumables for bowel, bladder and wound care, and appropriate rehabilitation and assistive technology supplies. Staff should be trained in the management of SCI.
- Medicines and consumables essential to SCI care, including (but not limited to) catheters, wound care materials, and medication for the management of bladder and bowel care, neurogenic shock, autonomic dysreflexia and neuropathic pain must be prioritised as part of supplies.
- Equipment and assistive technology including (but not limited to) pressure mattresses, well-fitted wheelchairs, crutches, splints and spinal orthosis must be brought into Gaza to allow for safe and effective rehabilitation.
- Management of SCI should be in accordance with the draft guidance developed by the RTF.
- Any long-term recovery strategy must include livelihood and MPHSS support for people with permanent disability, while accessibility should be a core component of all reconstruction efforts.

Organisations with an interest in supporting the rehabilitation efforts in Gaza should contact the Rehabilitation Task Force: Hadil Alsaqqa h.alsaqqa@hi.org Heba Al Najjar alnajjarh@who.int

Or visit the trauma working group: https://response.reliefweb.int/palestine/trauma-working-group

More information on the rehabilitation of people with SCI is contained the handbook early rehabilitation in conflict and disasters. English Arabic

Patient information leaflets are available in Arabic are here.