SIRIS Spine

A) Inclusion criteria (valid from January 2025)
B) Verification of registered surgery figures using CHOP codes

Version 3.0; June 2026

The relevant clarifications in this version 3.0 are highlighted. The inclusion criteria remain unchanged.

A) Inclusion criteria (valid from January 2025)

The following are included

- all operations performed in Switzerland and the Principality of Liechtenstein
- on patients aged 18 and over,
- who are proficient in German, French, Italian or English and have consented to the processing of their data in SIRIS Spine.

All operations must be registered where an implant is

a) is newly inserted (new implantation),
b) remains in place (reoperation or revision without replacement), or
c) is removed (explantation with or without replacement).

Explanatory notes

These inclusion criteria cover all implant-related operations on the lumbar spine up to and including S1. This also includes extensive procedures (primary operations, reoperations or revisions) extending beyond the lumbar spine (for example, extension of instrumentation or spondylodesis to the thoracic spine or the pelvis), in which an implant is newly inserted, remains in situ or is explanted in the lumbar spine. Furthermore, all reoperations or revisions following an implant-associated operation must also be included, for example wound revisions or decompression procedures on the adjacent segment alone, even if the implants remain unchanged.

Examples of operations subject to registration

- XLIF, OLIF, ALIF, TLIF, PLIF
- Disc prostheses, elastic rods, interspinous spacers or spondylodesis
- Corrective spondylodesis at Th10–S2–ilium
- Lengthening spondylodesis and/or decompression at Th11/12 following spondylodesis
- Th12–ilium
- Revision surgery involving decompression alone following spondylodesis of the lumbar spine (regardless of when the primary operation took place) at the same or an adjacent segment
- Revision with wound debridement following spondylodesis of the lumbar spine
- Revision with removal of metal implants following spondylodesis of the lumbar spine
- Stand-alone screw fixation of S1

B) Verification of registered surgery figures using CHOP codes

An internal and external review of the recorded surgical figures is currently only possible and meaningful on the basis of CHOP codes[1] .

Table 1: Combinations of CHOP codes relevant to the SIRIS Spine Register.

Lumbar spine	Surgeries	
7A.B1.31 or 03.04.4*	7A.43*	Vertebroplasty
	7A.44*	Kyphoplasty
	7A.6*	Implantation, removal and revision without replacement of prostheses and implants in the spine
	7A.7*	Spinal stabilisation and correction of misalignment
	7A.8*	Revision without replacement and removal of osteosynthesis material and other devices, spine

* – including all subcategories

Columns 1 and 2 must be considered together (e.g. 7A.B1.31 + 7A.6 for a spondylodesis of the lumbar spine)

Primary operations

Using the CHOP codes 7A.43*, 7A.44*, 7A.6*, 7A.7* and 7A.8* in combination with CHOP code 7A.B1.31 or 03.04.4* for the lumbar spine, all primary operations subject to registration, as well as most revisions and reoperations, can be identified and cross-referenced with registered operations (Table 1).

Reoperations and revisions

The challenge in verification lies with a small proportion of revisions performed on the same and/or adjacent segments, which are coded as primary operations (for example, as decompression) and therefore cannot be identified using the CHOP codes mentioned above. Their coding may vary. There is currently no CHOP code that codes implants in situ and indicates a link between the previous and subsequent operations on neighbouring segments. For this reason, these types of revision cannot, for the time being, be readily verified using the CHOP codes.

However, amongst patients with the CHOP codes mentioned above, it is possible to identify those who have undergone a subsequent operation (for example, by using a duplicate patient ID in an Excel spreadsheet). These subsequent operations can then be checked individually to determine whether they were performed on the same or an adjacent segment and thus fall within the register's inclusion criteria.

We would appreciate your assistance with this detailed review of the case figures to ensure a high capture rate at your hospital or clinic, as well as in the register as a whole. The SIRIS Foundation has applied to the Federal Statistical Office for new, more specific CHOP codes to close this validation gap.

[1] Coding is carried out in accordance with the relevant guidelines issued by the Federal Statistical Office. For guidance on CHOP code 7A.6, see, for example, the 2024 Circular for Coders No. 1 - To be applied to cases with a discharge date on or after 1 January 2024 | Publication | Federal Statistical Office (admin.ch) (https://www.bfs.admin.ch/asset/de/29665590).