

The Safety and Benefits of Hyperacute Stabilisation for Unstable Spinal Fractures.

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Reduced length of stay in the hypercutely stabilized (all patients)

Time	N	Mean	Std Dev
<12 h	7	4.1	2.8
<24 h	15	5.6	4.0
>72 h	57	9	7

P = 0.07

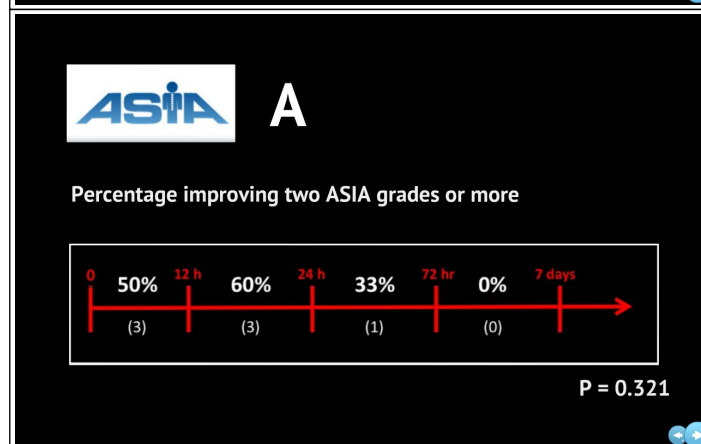
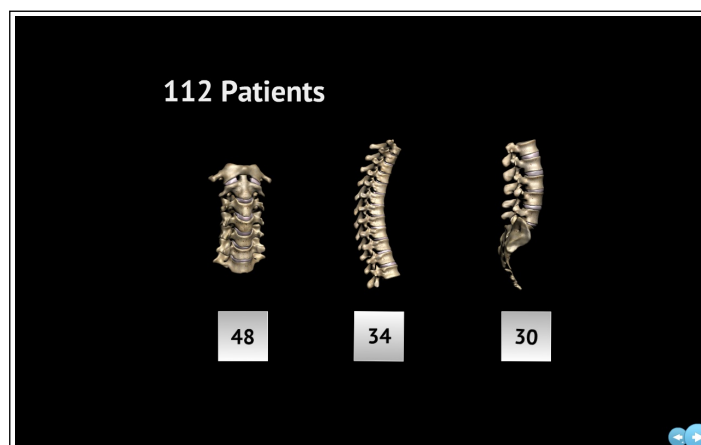
Introduction

Consensus regarding the optimal timing of surgical stabilization for SCI has not been reached. Clinical evidence supports early surgery (<72hours from injury). Our practice is to take patients with SCI, regardless of ASIA score, to the operating room emergently and only operate in a delayed fashion when circumstances (arrival at hospital or other injuries) preclude emergent surgery.

Methods

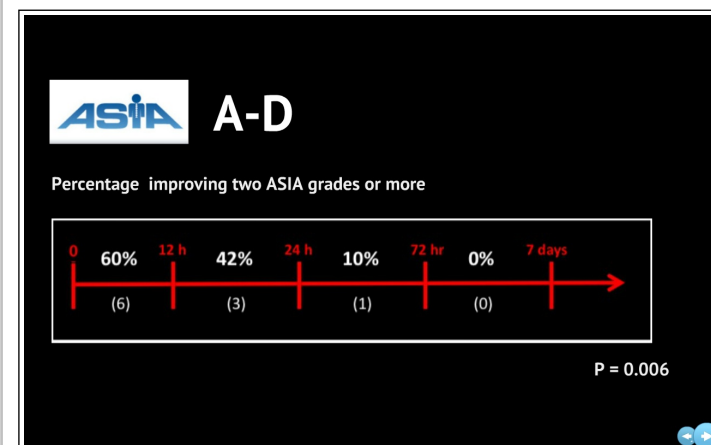
Prospective cohort study of consecutive patients requiring stabilization surgery for an acute unstable spinal fracture at Barnes Jewish hospital over a 10 year period (Jan '00 - Dec '10)

Results



Learning Objectives

Hyper-acute stabilization of unstable spine fractures in patient with polytrauma is safe, reduces hospital stays, and may in select patients improve neurological outcome



Conclusions

Hyper acute stabilization of unstable spine fractures is safe, reduces hospital stays and may in select patients improve neurological outcome