

MANAGEMENT OF SPINAL CORD INJURIES



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GW

56 yr old – 12 yrs post T7 ASIA A SCI

Chronic Pain Syndrome Pressure sore – osteomyelitis Suprapubic catheter – urosepsis CTS – Ulnar neuropathy



EPIDEMIOLOGY

40 cases/million – 12,000/year 4:1 men/women

Etiology MVA Falls GSW Diving

Mean age - 33



Level of Injury

Cervical 53% Thoracic 34% Lumbosacral 10%



Life Expectancy Treated at Model Systems

AgeNo InjuryParaplegiaTetraplegiaAge 3049.336.732.3 (L) 28.8 (H)



Primary Causes of Death

Respiratory Cardiac Infection



LIFETIME COSTS – model systems (age 25) 2008 dollars

High Cervical - \$3,160,000 Low Cervical - \$1,786,000 Paraplegia - \$1,055,000



CLASSIFICATION

ASIA scale



Acute SCI Management Surgical Medical Respiratory Cardiovascular DVT PE BP



Acute and Chronic Spinal Cord Injury Rehabilitation

Pressure ulcers Spasticity Neurogenic bowel and bladder Pain



Musculoskeletal Heterotopic Ossification Contractures Autonomic Dysreflexia Neurologic Compression Neuropathy Syrinx Spasticity



ADJUSTMENT Education Self Management Lifestyle Weight Smoking **Substances**



SEXUALITY



PSYCHOSOCIAL VOCATIONAL

Caregivers



AVOCATIONAL / SPORTS



FOLLOW-UP CARE PCP Physiatrist Urologist



Aging with Spinal Cord Injury Skin MSK Equipment Psychosocial



Research



Chronic Complications of Spinal Cord Injury

Sezer, et.al World Journal of Orthopedics January 18, 2015, 24-33

Spinal Cord Medicine

Kirshblum, et.al 2011



ASIA scales refer to

- 1) Customer satisfaction data for Far East travel
- 2) Classification scheme for spinal cord injuries
- 3) Ranking system for Asian economics



A patient with ASIA A spinal cord injury has no motor or sensory function below the level of lesion.

> True False



All of the following are recognized complications of spinal cord injury except 1) Pressure sores 2) Neurogenic bladder 3) Heterotopic ossification 4) Cataracts





18 yr old – T12 ASIA A

Colostomy Indwelling Catheter Heterotopic Ossification