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Wagih El Masri

Keele University, UK

Traumatic spinal injuries: contribution of computerised tomography, magnetic resonance imaging, improved anaesthesia, surgical intervention and active physiological conservative management (APCM) to relevant outcomes

The management of traumatic spinal cord injury (TSCI) has remained controversial since Charles Bell and Astley Cooper in the early 19th century. Better understanding of the biomechanical instability (BI) of the injured spine, the development of computerised tomography (CT) and MRI, better instrumentation and increased safety of anaesthetic agents have resulted in a change of practice from APCM of the spinal injury and all its effects for the majority patients to a focused surgical management of the injured spine. Surgical stabilization is undoubtedly beneficial to patients with injury of the bony spine without neurological damage. The patient can be discharged within a few days of surgery. Spinal cord injury results in a multi-system impairment and malfunction, paralysis, sensory loss and a potential wide range of medical and non-medical complications. The injured spinal cord is physiologically unstable and can be further damaged by non-mechanical factors such as hypoxia, hypertension, hypotension, sepsis, hypothermia, fluid overload, most of which can easily occur in patients with malfunction of almost every system of their body. These complications can magnify the secondary injury of the cord. Patients with spinal cord injury require scrupulous simultaneous attention of each of the effects of paralysis to ensure maximum neurological recovery, prevention of complications, protection of the injured cord, safe and convenient functioning of body systems, maximum independence to minimize cost of support in the community, enabling the patient to remain healthy and contribute to the society as well as minimize readmission with complications. The prognostic indications of neurological recovery following active physiological conservative management have been repeatedly well documented over the last seven decades. Although there is evidence that early surgical intervention may yield better outcomes than late intervention, the relevant outcomes of surgical intervention (early or late) are yet to be compared to those of APCM. The significance of the BI, canal encroachment and traumatic cord compression as well as the possible advantages, disadvantages, complications of surgical stabilisation, surgical decompression and APCM will be discussed. The outcomes of APCM will be demonstrated. The importance of future research and relevant outcomes to target will be highlighted.

Biography

Wagih El Masri is a Clinical Professor of Spinal Injuries at Keele University, Consultant Spinal Injuries at Hunters Moor Neurorehabilitation Centre, Birmingham and Emeritus Consultant Surgeon in Spinal Injuries at Robert Jones and Agnes Hunt Orthopaedic Hospital. He is the founder member and trustee of a number of charities that support health care professionals and patients. He has raised about six million pounds from charity to rebuild and furnish the Midland Centre for Spinal Injuries (MCSI). He is an Advisor to WHO's International Perspectives on Spinal Cord Injury which was published in 2013 and Member of the NICE Guideline Developing Group in Spinal Injuries. He has obtained a number of awards including: medal of the International Spinal Cord Society, National Hospital Doctor Team Award for Innovation, Outstanding Achievement award from the Chinese Society of Spinal Injuries, Outstanding Consultant Achievement award by the Spinal Injury Association, Honourable Presidency of the Romanian Spinal Cord Society and the prestigious Paul Harris Fellowship of the Rotary Club.

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