



## AB142. 107. Impact of transfer timing to the National Spinal Injuries Unit: a retrospective review

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**Background:** The optimal timing of spinal fixation in acute spinal fractures is debated. Early spinal fixation (within 72 hours of admission) has been shown to improve patient outcomes. The National Spinal Injuries Unit (NSIU) manages acute spinal injuries from around the country. Patients wait in the referring hospital for a place in the 9-bed spinal high dependency unit (HDU) before undergoing operative intervention. Following operative intervention, patients are transferred back to the referring hospital in order to provide surgery to the next patient. Postoperative complications have the potential to prolong the Mater length of stay (LOS) and thereby impede the unit from

providing surgical fixation to other patients with acute spinal fractures around the country. Hypothesis: delay in transfer to an acute spinal injuries unit adversely affects patient outcome resulting in increased Mater LOS.

**Methods:** A retrospective review of all patients referred with an acute spinal fracture was performed. Data was analysed from 98 patients with acute spinal trauma transferred from 1st September 2016 to 31st October 2017.

**Results:** Median Mater LOS was 6 days (1–42 days). Median days from injury to admission to the NSIU were 5 (range, 0–40). Median days from injury to surgery were 6 (range, 1–42). Delay from injury to surgery did not correlate with duration of Mater LOS.

**Conclusions:** Delayed fixation in acute spinal fractures has not been shown to negatively impact on the turnover of the Mater Misericordiae University Hospital (MMUH) NSIU.

**Keywords:** Transfer; timing; National Spinal Injuries Unit (NSIU)

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