

## Airway Management after Cervical Spine Surgery

- For all intubated patients with acute ASIA A-C cervical spinal cord injuries **or** upper thoracic spinal cord injuries with concomitant chest wall injuries **contact the on-call intensivist prior to extubation (if between 0700-2200)** for disposition planning. For cases presenting 2200-0700 do not extubate the patient and consult ICU through standard consult pathway.
- When planning extubation in **any** patient following cervical spine surgery (independent of acute spinal cord injury) consider the following algorithm:

### Are there two or more risk factors for post operative airway complications?

- Combined anterior posterior approach
- C1 or C2 levels involved
- Difficult or traumatic intubation
- Estimated Blood loss >300 mls
- Pre-existing myelopathy
- Pre-existing pulmonary disease
- Prolonged operative time >5 hours
- Surgery involving 3 vertebral levels including one C4 or above

### If yes, consider:

- Delayed extubation
- Extubation with close monitoring in a critical care setting
- Extubation over an airway exchange catheter

