

Risk factors for tracheostomy in spinal cord injury identified

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Patient age, severe neurological impairment, and forced vital capacity are useful for predicting the need for tracheostomy in the management of patients with cervical spinal cord injury in the acute care setting, according to research published online Sept. 19 in *Spine*.

(HealthDay)—Patient age, severe neurological impairment, and forced vital capacity (FVC) are useful for predicting the need for tracheostomy in the management of patients with cervical spinal cord injury (CSCI) in the acute care setting, according to research published online Sept. 19 in *Spine*.

Itaru Yugué, M.D., Ph.D., of the [Spinal Injuries](#) Center in Iizuka, Japan, and colleagues conducted a retrospective, consecutive case study involving 319 patients with CSCI to determine risk factors associated with the need for [tracheostomy](#) in the acute care setting. Neurological

impairment was measured within two days of injury.

The researchers found that 32 patients (10.03 percent) received a tracheostomy. Using a multiple regression model, factors identified as associated with the need for tracheostomy included high age (69 years or older), severe neurological impairment, low FVC (500 mL or less), and low percentage of vital capacity to the predicted value (less than 16.3 percent). In 94.4 percent of cases, high patient age, severe [neurological impairment](#) scale score, and low FVC were predictive of the need for a tracheostomy, with high odds ratios for FVC and percent VC.

"In conclusion, a high age, severe American Spinal Injury Association impairment scale, and low FVC (percent VC) were all considered to be independent risk factors for the need of tracheostomy in patients with CSCI," the authors write. "Early tracheostomy should therefore be considered in patients with these risk factors because it may facilitate pulmonary care."

More information: [Abstract](#)
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