

# Ward Admission Following a Spinal Injury or Fracture

## Trauma and Orthopaedics Patient Information Leaflet

### Introduction

A spinal fracture is any break in the integrity of a vertebra. There are different areas of the bone that may be affected and this will determine the type of treatment you receive.

There are different classifications of spinal fractures and the consultant team looking after you will be able to offer specific advice on the type of spinal fracture you have sustained.

There are several different areas of the spine, the main ones you may hear us talk about are:

- Cervical spine (neck)
- Thoracic spine (upper back)
- Lumbar spine (lower back)

It is common for a person to break more than one vertebra at any one time, so you may find you have injuries in more than one of these places.

## **What happens if I have a spinal injury?**

If spinal injury is suspected or confirmed following scans, you will be transferred to the trauma ward, where a definitive plan will be sought from a local specialist spinal unit.

On arrival to the ward, depending on your injury, you may have to be nursed flat on a spinal bed. This is to ensure your back stays straight and in its correct position. Alongside this you may also have to be 'log rolled', where you will be kept in a straight position and rolled on your side by a team of nurses specially trained in this technique. Don't worry, this is very common practice with any spinal injury and is done to minimise any twisting or moving of your spine.

Alternatively, if your neck is injured, you may find yourself in a hard plastic collar. This will stop you from moving your neck and worsening your injury, much like a plaster cast would on an arm.

## **What happens next?**

All imaging completed here will be sent electronically to the local specialist centre, where a spinal surgeon will review the images and formulate an appropriate plan of care. The consultant team here will then manage that care and relay all the information back to yourself, so you are aware of the long term plans.

## **How long will this take?**

It may take a few days to get an appropriate plan based on your images. In the meantime, please be assured that the care you are receiving is appropriate for your condition, and in no way will waiting for a plan affect your outcome.

## What happens once I receive my plan?

Following the initial assessment process, when a plan has been formulated, you may:

- Be advised to remain on bed rest for a specified period of time.
- Be able to start to mobilise gently.
- Have to have a special brace fitted before you can start to get up and about.

## Wearing a brace

The length of time a brace needs to be worn is dependent on what the specialist advises, in relation to your fracture.

With any brace, whether it's back or neck, skin integrity is one of our main concerns and it is very important that the skin under the brace is checked daily. This is to ensure that there are no sore areas developing. Likewise, if you feel any sore areas developing under your brace, please inform the nurse looking after you right away so this can be reviewed swiftly.

## Will I need to be transferred?

In some cases, it may be necessary for you to be transferred to another hospital for more detailed scanning or surgical intervention. You will be informed of all management plans as soon as we have them and, if this is the case, we will aim to get you over to that hospital as soon as possible.

## When will I be discharged?

Once you have completed all interventions needed as an inpatient, you will be able to be discharged home. You will then be followed up with the consultant team from the specialist hospital that has advised us on your care.

## Further information

If you have any questions or concerns during your stay on the ward, please ask to speak to the nurse in charge of your care, who will be able to help you further.

A dedicated trauma coordinator will be in constant touch throughout your stay to ensure your journey runs as smoothly as possible and that you have all the relevant information you require.

Alternatively, you can make an appointment with the doctor that is looking after you. This can be done by contacting the appropriate consultant's secretary. The ward nurses will be able to provide specific contact details.

## Useful numbers

Ward B2: 01384 456111 ext. 2784

Ward manager: ext. 2774

Trauma coordinator: bleep 7784

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

The trauma coordinator via bleep 7784

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dgft.nhs.uk/services-and-wards/trauma-and-orthopaedics/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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