Introduction and aim of the essay

About 10% of blunt polytrauma cases have an underlying overt or occult Spinal Cord Injury (SCI). All patients sustaining major trauma, a fall from greater than ten feet, Motor Vehicle Collisions (MVCs) or noticeable injuries to the head or neck should be thoroughly evaluated for evidence of spinal cord injury. Spinal trauma often results in a complex interaction of injuries to the musculoskeletal and nervous systems. This combination of biomechanical and neurological considerations provides a unique challenge to those dealing with the spinally injured patient. The recognition of the great potential for damage to the spinal cord in patients with unstable vertebral injuries is of vital importance, besides the associated high rate of death is a concern **(Hampton.,2005)**.

The anaesthesist may be involved in resuscitation of patient with spinal cord injury either in the acute phase, or the chronic phase:

(a) ***Acute phase*** includes resuscitation in the emergency department, typically airway management, administration of anaesthesia for acute decompression of the spinal cord to preserve or improve function and administration of anaesthesia for surgical treatment of associated injuries.

(b) ***Chronic phase*** includes administration of anaesthesia to chronic spinal patient for related or unrelated surgical procedures **(Bendo et al., 2006).**

This essay considers these issues and aims to present a balanced and useful consideration for anaesthetist to use when faced with spinal injury, and the possible adequate management for such patients.