

Parent Policy: InsertLinkToParentPolicy	Title:	Standard Operating Procedure
	Transverse Process Fracture: Consultation Guidelines	Effective Date: 02/22/2021

WAKEMED TRAUMA CENTER TRANSVERSE PROCESS FRACTURES: CONSULTATION GUIDELINES

WHO SHOULD READ THIS PROCEDURE:

This procedure shall be read by WPP Surgery and all practitioners caring for trauma patients.

BACKGROUND:

- I. Transverse process fractures involve the transverse process only and do not extend into the lamina, pedicle, body, or facet complex.
- II. Isolated thoracic and lumbar spine transverse process fractures do not result in ligamentous injury and are considered stable spine injuries.
- III. Isolated sub-axial cervical spine transverse process fractures may be associated with blunt cerebrovascular injury
- IV. Transverse process fractures are associated with other spinal (non-transverse process fractures) and non-spinal injuries (solid organ injury, pelvis fractures, etc.). A high index of suspicion for other injuries should be maintained.
- V. Isolated transverse process fractures do not require surgical intervention or immobilization. Treatment is typically pain control.

Contributing teams:

- Trauma surgery
- Emergency medicine
- Neurosurgery
- Orthopedic surgery

GUIDELINES:

- I. Spine consultation is required for any number of isolated CERVICAL spine transverse process fractures.
- II. Spine consultation is not required for any number of isolated transverse process fractures of the THORACIC or LUMBAR spine (consecutive or otherwise).
- III. Outpatient follow-up with the trauma surgery team can be offered to patients with isolated transverse process fractures of the thoracic or lumbar spine on an as needed basis.

Prepared by: MGR, TRAUMA PROGRAM
Approved by: MEDICAL DIR TRAUMA - RALEIGH

No: 9148



Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Parent Policy: InsertLinkToParentPolicy	Title:	Standard Operating Procedure
	Transverse Process Fracture: Consultation Guidelines	Effective Date: 02/22/2021

REFERENCES:

1. Boulter JH, Lovasik BP, Baum GR, Frerich JM, Allen JW, Grossberg JA, Pradilla G, Ahmad FU. Implications of Isolated Transverse Process Fractures: Is Spine Service Consultation Necessary? World Neurosurg. 2016 Nov;95:285-291.
2. Bradley LH, Paullus WC, Howe J, Litofsky NS. Isolated transverse process fractures: spine service management not needed. J Trauma. 2008 Oct;65(4):832-6; discussion 836.
3. Bui TT, Nagasawa DT, Lagman C, Jacky Chen CH, Chung LK, Voth BL, Beckett JS, Tucker AM, Niu T, Gaonkar B, Yang I, Macyszyn L. Isolated Transverse Process Fractures and Markers of Associated Injuries: The Experience at University of California, Los Angeles. World Neurosurg. 2017 Aug;104:82-88.
4. Homnick A, Lavery R, Nicastro O, Livingston DH, Hauser CJ. Isolated thoracolumbar transverse process fractures: call physical therapy, not spine. J Trauma. 2007 Dec;63(6):1292-5.
5. Lombardo G, Petrone P, Prabhakaran K, Marini CP. Isolated transverse process fractures: insignificant injury or marker of complex injury pattern? Eur J Trauma Emerg Surg. 2017 Oct;43(5):657-661.
6. Nagasawa DT, Bui TT, Lagman C, Lee SJ, Chung LK, Niu T, Tucker A, Gaonkar B, Yang I, Macyszyn L. Isolated Transverse Process Fractures: A Systematic Analysis. World Neurosurg. 2017 Apr;100:336-341.
7. Schotanus M, van Middendorp JJ, Hosman AJ. Isolated transverse process fractures of the subaxial cervical spine: a clinically insignificant injury or not?: a prospective, longitudinal analysis in a consecutive high-energy blunt trauma population. Spine (Phila Pa 1976). 2010 Sep 1;35(19):E965-70.