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.
REFERENCES:


