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**Conservative Approach Saves the Day Anesthesia-Wise and Surgical-Wise**

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**Case Presentation:** A 79-year-old man presented for an elective C1-C2 decompression and fusion. His significant medical history included a 60-pack-year history of tobacco use, alcoholism until 15 years ago, hypertension, less than 4 metabolic equivalents (METs) exercise tolerance, neck range of motion limited with transglottic mass presumed to be T3 glottic cancer, recent right basilar pneumonia, dementia, and current urinary tract infection (UTI) with gram-negative rods. The patient was malnourished and cachectic, and had refused percutaneous endoscopic gastrostomy tube placement. Magnetic resonance imaging revealed an odontoid fracture and C1 on C2 anterior subluxation. A right vocal mass was presumed. Because of the patient's many unresolved medical issues, including an untreated UTI and pneumonia related to aspiration, a multidisciplinary team decided to perform the minimally necessary surgical procedure to stabilize the patient's neurologic status. Following thorough informed consent, the patient underwent halo placement under monitored anesthesia care light sedation with local anesthesia to the scalp. The patient was treated with American Society of Anesthesiologists physical status class 1 and 2 standards. He did well perioperatively and was moved to a nursing unit after 2 hours in the postanesthesia care unit.

**Discussion:** Extensive C1-C2 decompression and fusion might have represented a terminal event for this patient because of his aspiration pneumonia history, significant vocal cord tumor, cachexia, and dementia. Avoiding major surgery with a conservative approach afforded him a month of improved quality of life.