

PENNINE MSK REFERRAL PATHWAY FOR SUSPECTED CAUDA EQUINA SYNDROME (CES)

BACKGROUND

Cauda Equina Syndrome is a spinal emergency. It occurs when the nerves below the spinal cord are compressed. It is rare but potentially disabling and early diagnosis and surgical decompression are crucial for a favourable patient outcome.

Suspected Cauda Equina Syndrome Symptoms

Back Pain	Difficulty with micturition
Bilateral leg symptoms	Poor stream
Urinary retention and urine incontinence	Dribbling overflow incontinence
Saddle anaesthesia/paraesthesia	Loss of desire to void
Peri-anal anaesthesia on testing	Peri-anal anaesthesia on testing
NB: presenting symptoms vary so the whole clinical picture must be considered	

Patients with suspected Cauda Equina Syndrome (CES) require emergency MRI as per British Association of Spine Surgeons (BASS) and Society of British Neurological Surgeons publication “Standards of care for suspected and confirmed compressive Cauda Equina syndrome.”

Emergency MRI cannot be reliably arranged on an out-patient basis within the first 24 hours either through outpatient orthopaedics or the Pennine MSK service. Patients therefore require admission under the Orthopaedic team for emergency MRI scan.

AGREED REFERRAL PATHWAY FOR PENNINE MSK TO OLDHAM CARE ORGANISATION

Oldham Care Organisation will accept direct referrals from the Pennine MSK Team for patients with suspected CES. To enable the timely referral and management of patients with suspected CES, Pennine MSK will make arrangement for the patient to attend A&E to be admitted under the on-call Orthopaedic Consultant.

The pathway is documented in Appendix A.

A&E should be telephoned in advance to inform them of the patient and the patient should attend A&E with a letter from the physiotherapist. The letter should state the reason for attending A&E and the main signs and symptoms along with a contact telephone number. A form for completion is included in Appendix B.

Patients with suspected CES will have a copy of their assessment sent to A&E with them and a summary clearly stating that CES is suspected and they will require admission under the Orthopaedic team.

They will then be seen by the on-call SHO (Orthopaedics) and admitted as appropriate

Patients who have lower back pain but no leg pain or other radicular symptoms but who have potential red flags (as per attached pro forma) will have an urgent outpatient scan arranged by the MSK team and Orthopaedics and A&E will not be required to have any input with these patients (unless their condition deteriorates).

The proposed pathway will not result in any increased workload for either A&E or Orthopaedics as these patients are currently sent to A&E if CES is suspected. A&E does not currently have the capacity to offer emergency MRI and patients are therefore currently admitted under the Orthopaedic team. Refining the referral pathway will prevent the potential for patients not being identified as potentially having CES prior to an Orthopaedic assessment where they have been referred by the MSK team.

This pathway has been agreed in conjunction with T&O, Pennine MSK, ED Consultants and Oldham CO Medical Director.

APPENDIX A

SUSPECTED CAUDA EQUINA SYNDROME PATHWAY FOR PENNINE MSK

Clinical Signs and Red Flags for Cauda Equina Syndrome

Back pain (often severe) with: -

- Bilateral radicular pain and/or
- Bilateral sensory disturbance and/or
- Bilateral motor weakness and/or
- Bilateral loss reflexes and/or
- Leg pain

AND

- Altered saddle sensation and/or
- Lower limb weakness and/or
- Altered perianal sensation and/or
- Bladder or bowel dysfunction

Back Pain without radicular symptoms but red flags present

(See appendix B)

Urgent MRI required

- Refer patient for urgent MRI via normal referral route
- Issue red flags card to patient
- Advise patient if symptoms deteriorate or develops leg pain to attend A&E immediately

Emergency MRI required

MSK to send patient to A&E for admission under T&O

- Phone A&E to inform sending patient
- **Phone orthopaedic SHO on call via switchboard on 0161 624 0420 to refer patient**
- Include a copy of clinical assessment and summary clearly outlining possible CES and emergency MRI

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Orthopaedic SHO to review patient on arrival at A&E and arrange for emergency MRI scan. T&O will arrange for any onward referral to SRFT following a review of MRI results

APPENDIX B

Suspected Cauda Equina Syndrome Proforma

Questions to elicit Red Flag symptoms in back pain or sciatica assessment

	Yes	No	Duration of abnormal symptoms/comment
Have you any loss of feeling/pins and needles between your inner thighs or genitals?			
Do you have any numbness in or around your back passage or buttocks?			
Do you have any altered feeling when using toilet paper to wipe yourself?			
Do you have any increasing difficulty when you try to urinate?			
Do you have any increasing difficulty when you try to stop or control your flow of urine?			
Do you have any loss of sensation when you pass urine?			
Do you have any leaking of urine or a recent need to use pads?			
Do you always know when your bladder is either full or empty?			
Do you have any inability to stop a bowel movement or leaking?			
Do you have any loss of sensation when you pass a bowel motion?			
Do you have any change in your ability to achieve an erection or ejaculate?			
Do you have any loss of sensation in you genitals during sexual intercourse?			