

Cauda Equina Syndrome:

Top tips to save your arse (and your patient's!)

1 Suspect? Investigate.

If CES (threatened, partial or complete) is a "possible diagnosis", you must investigate urgently

This means any patient with back and/or sciatic pain
PLUS
any disturbance in bladder or bowel function
AND/OR
saddle or genital sensory disturbance
AND/OR
bilateral leg pain
AND/OR (NICE includes)
severe or progressive bilateral neuro deficit of legs

2 Emergency MRI. Even overnight.

Don't call spinal surgeons first, unless MRI is contraindicated

The 2018 guidelines say "MRI must be available at the referring hospital 24/7" (aspirational for most places!) - and make clear that MRI for ?CES "must take precedence over routine cases"

Most importantly, they remind clinicians that, "any reasons for a delay or decision not to perform an emergency scan should be clearly documented"

Consider NBM/clear fluids only from time of booking scan

3 MRI result: 4 possibilities.

1. **Cauda equina compression confirmed**
→ **immediate referral to spinal surgeons**

2. CES excluded, but structural cause for pain identified. May need referral to spinal services in office hours. Teach patients about CES symptoms

3. Non-compressive pathology (e.g. demyelination)

4. No explanation for patient's symptoms: keep looking for cause (may include cervico-thoracic MRI) and refer to continence services

So, that's the current UK guidance...

Be mindful of it: CES is rare (most MRI scans for ?CES will be negative) but delays in diagnosis/treatment can worsen outcomes and are a major cause of morbidity and medico-legal claims.

Infographic by @DrLindaDykes (Consultant EM) and Sally Price (Neurosurgical SpR) @saspist
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Full resolution PDF available if you want to print this out:
LindaDykes.org/downloads

Finally, let's bust some myths...

MYTH

If there's no urinary retention, it's not CES

Nope. It could still be partial CES - and these are the patients with the most to lose. By the time retention is established, the prognosis is worse

MYTH

If the anal tone is normal, it's not CES

Nope. No single examination finding excludes CES (and NICE updated the list in mid-2018 to lower the threshold for urgent MRI)

MYTH

The MRI can wait till morning

The 2018 UK guidelines are explicit about the need for 24/7 access to MRI. If you're forced to delay a scan, document why

**SAFETY-NET EVERY BACK PAIN:
TEACH YOUR PATIENT THE SYMPTOMS OF CAUDA EQUINA SYNDROME**

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