Standards of Care for Investigation and Management of Cauda Equina Syndrome

Background

Cauda Equina Syndrome (CES) is a relatively rare but disabling condition which can result in motor and sensory deficits, incontinence of urine and faeces, and loss of sexual function.

Any patient with a possible diagnosis of threatened /partial/complete CES requires urgent investigation.

Presentation

A patient presenting with back pain and/or sciatic pain with any disturbance of their bladder or bowel function and/or saddle or genital sensory disturbance or bilateral leg pain should be suspected of having a threatened or actual CES.

Imaging

The reliability of clinical diagnosis of threatened or actual CES is low and there should be a low threshold for investigation with an emergency MRI scan at the request of the examining clinician and MRI must be available at the referring hospital 24/7.

The decision to perform an MRI does not require discussion with the local spinal services.

The MRI must be undertaken as an emergency in the patient's local hospital and a diagnosis achieved prior to any discussion with the spinal services.

The MRI must take precedence over routine cases and any reasons for a delay or a decision not to perform an emergency scan should be clearly documented.

If MRI is contraindicated, discussion with local spinal services is appropriate.

There are four potential outcomes from the investigation

1. Cauda equina compression confirmed leading to immediate referral to an appropriate surgical service.
2. Cauda equina compression excluded but a potential structural explanation of pain identified. This should precipitate appropriate advice about potential future cauda equina symptoms and may include referral via local spinal pathways during working hours.
3. Non-compressive pathology may be identified (e.g. demyelination) which should precipitate referral to the appropriate service.
4. No explanation of the patient's symptoms may be apparent. An appropriate plan for further management is required and may include a cervico-thoracic MRI and referral to continence services.

Surgery

Nothing is to be gained by delaying surgery and should be undertaken at the earliest opportunity, considering the duration and clinical course of symptoms and signs, and the potential for increased morbidity while operating in the night. We do not consider that there is anything in the literature that justifies contravention of this principle and reasons for any delay in surgery should be clearly documented.

Post-Operative Care

All patients with ongoing sphincter disturbance should be promptly referred to local continence services which may include colorectal and urological services or spinal cord injury services.